

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Masiakos, Peter, Theodore, ,

Mailing Address 55 Fruit St

Massachusetts General Hospital, De

City

Boston

State

MA

Zip Code

02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts General Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : AB7DA1E6315344498AE8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maxwell, Robert, Allen, ,

Mailing Address UT College of Medicine

Suite 401

City

Chattanooga

State

TN

Zip Code

37403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ut College of Medicine

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2019

Transaction ID : 1AA1CB26B79A8F6EE30

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCarthy, Mary, C., ,

Mailing Address 128 E Apple St

Wright State University Department

City

Dayton

State

OH

Zip Code

45409-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Miami Valley Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2019

Transaction ID : 4D5A3B31B2FF45B89958

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►