

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 148
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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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. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245066, Rm 4410

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2019

Transaction ID : 448A9BCC6C814F6918A1

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Nicastrì, Guy, , ,

Mailing Address 25 Bow St

City

East Greenwich

State

RI

Zip Code

02818-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : E5298CBB14C54D749199

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Norman, Earl, M., ,

Mailing Address 5879 Blue Jay Dr

City

Kalamazoo

State

MI

Zip Code

49009-0800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan State University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2019

Transaction ID : 8D9476920FD93493BB9

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

916.66

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