

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 148

☒ 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. Sutherland, Michael, J., ,

Mailing Address 181 Taylor Ave

Osu East Department of Surgery, St

City

Columbus

State

OH

Zip Code

43203-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2019

Transaction ID : 4F379EC364B02FDC323A

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Sutton, Beth, , ,

Mailing Address 1600 Brook Ave

City

Wichita Falls

State

TX

Zip Code

76301-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2019

Transaction ID : 88C783BE9F91FF1EB64

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Sutton, Beth, , ,

Mailing Address 1600 Brook Ave

City

Wichita Falls

State

TX

Zip Code

76301-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2019

Transaction ID : BF8CC12EC96F1E2EB40

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2666.66