

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 246
(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. Davis, William, H., ,

Mailing Address 258 Adams Rd

City
ChulaState
GAZip Code
31733-4322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Circulation, LLCOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	01	2017

Transaction ID : 4EF590B4C9098C99E988

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Day, Carolyn, Shanley, ,

Mailing Address 1416 Mackinaw Dr

City
Wake ForestState
NCZip Code
27587-9841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VidantOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	19	2017

Transaction ID : 66721F79BE478D9151B

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. De Moya, Marc, Anthony, ,Mailing Address 165 Cambridge St
Suite 810, Ste 810City
BostonState
MAZip Code
02114-2747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Massachusetts General HospitalOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	04	2017

Transaction ID : 7430CFE072BA44F6B1B3

Amount of Each Receipt this Period

250.00

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

583.33

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