Image# 201801319091044331						PAG	GE 1 / 253
FEC	REPORT ( AND DISB For Other Than A	URSE	MENT	s		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M		
American College of S	Surgeons Profess	sional Asso	ciation PA				
ADDRESS (number and street)	20 F St NW, Ste 100	0					
Check if different	Attn: Sara Morse						
than previously reported. (ACC)	Washington					20001	-
2. FEC IDENTIFICATION N		CITY 🔺		S		ZIP CO	DE 🔺
C C00382424		3. IS THIS REPORT		N) <b>OR</b>	AM (A)	ENDED	
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report ( July 15 Quarterly Report ( October 15 Quarterly Report (	Q2) (C) 12-Day PRE-Elect Report for		Primary (12P Convention (		General( Special(		Runoff (12R)
January 31 Year-End Report (		Election on	M M /	D D /	Y Y Y Y Y	in the State o	of
July 31 Mid-Year Report (Non-electiv Year Only) (MY)	on (d) 30-Day <b>POST</b> -Ele Report for		General (300	à)	Runoff (3	0R)	Special (30S)
Termination Repor (TER)		Election on	M M /	D D /	Y = Y = Y = Y	in the State c	of
	M / D D / Y 7 01	2017	through	M M 12	/ D D / 31	2017	
I certify that I have examined t Type or Print Name of Treasure	Shalgian, Christian,		wledge and t	pelief it is true	e, correct and	l complete.	
Signature of Treasurer	lgian, Christian, , ,		[Electronically	Filed] Da	ate 01	/ D D / 31	2018
NOTE: Submission of false, error	neous, or incomplete info	ormation may su	bject the pers	son signing thi	is Report to th	e penalties of 52	U.S.C. § 3010
Office Use Only						FEC FOR Rev. 05/2	

01/31/2018 12 : 15

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

#### American College of Surgeons Professional Association PAC

R	eport Covering the Period: From: 07	M / D D / Y Y Y Y 01 2017 To	b: 12 / D D / Y Y Y Y 31 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		182546.52
	(b) Cash on Hand at Beginning of Reporting Period	226771.57	
	(c) Total Receipts (from Line 19)	178434.54	476149.59
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	405206.11	658696.11
7.	Total Disbursements (from Line 31)	124890.46	378380.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	280315.65	280315.65
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### American College of Surgeons Professional Association PAC

R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 2017	To: 12 / D D / Y Y Y Y 31 2017
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	161675.23	413740.08
	(i) Itemized (use Schedule A)	4 4 4	
	(ii) Unitemized	15759.31	61409.51
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	177434.54	475149.59
	(b) Political Party Committees	0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	177434.54	475149.59
10	Totals to Line 33, page 5)►	177434.34	473143.33
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
16	(Carry Totals to Line 37, page 5) Refunds of Contributions Made		
10.	to Federal Candidates and Other		
	Political Committees	1000.00	1000.00
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	178434.54	476149.59
20	Total Federal Receipts		
_0.	(subtract Line 18(c) from Line 19)▶	178434.54	476149.59

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 2960.46 Expenditures ..... 2940.46 (c) Total Operating Expenditures 2960.46 (add 21(a)(i), (a)(ii), and (b)) 2940.46 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 374150.00 and Other Political Committees... 121650.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1270.00 300.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 300.00 1270.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds ..... 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 124890.46 378380.46 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 124890.46 378380.46

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016
---------------------------

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

177434.54
200.00
300.00
177134.54
2940.46
0.00
2940.46

475149.59 1270.00 473879.59 2960.46 0.00 2960.46

COLUMN B

Calendar Year-to-Date

#### Page 5

#### SCHEDULE A (FEC Form 3X) - . . . . . . DEOEIDTO

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
	mation copied from such Reports and Stat mmercial purposes, other than using the n				or the p		ose of	soliciting	g contribut	tions
\ \	OF COMMITTEE (In Full)									
	erican College of Surgeons Pr	ofessio	nal Association PAC							
	ame of Individual (Last, First, Middle Initial nd, Mary, Oline, ,	) or Full O	rganization Name	D	ate of	Re	ceipt			
Mailin	g Address 1103 Broadway N				м м 08	/	08	/ Y	y y 2017	Y
City		State	Zip Code		Trans	acti	on ID :	258D7D	4E-06A4-4	45C6-
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	ersity of North Dakota	Surg	geon	_						
	pt For: Primary General	Aggregate	Year-to-Date 🔻							
	Other (specify) V		1000.00							
	ame of Individual (Last, First, Middle Initial	) or Full O	rganization Name							
	ms, Reid, Barton, ,				ate of	Re	ceipt			
Ivialiin	g Address University of Virginia Health Syst Department Of Surgery, Box 800			11	M M	/	23	/ Y	2017	Y
City	Department of ourgery, box ou	State	Zip Code		Transa	actio		7790576	615C2C42	BCB493
Charl	ottesville	VA	22908-0001						nis Period	
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	ame of Individual (Last, First, Middle Initial nya, Idatonye, Ibibama, ,	) or Full O	rganization Name	D	ate of	Re	ceipt			
	g Address 605 Summit Ave			_	<sup>M</sup> 10	/	16	/ Y	ү ү 2017	Y
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Crool		MN	56716-2712	A	mount	of	Each R	eceipt th	nis Period	
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	view Health System	Surg	jeon	_						
	pt For: Primary General	Aggregate	Year-to-Date ▼	_						
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## SCHEDULE A (FEC Form 3X)

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	TEMIZED RECEIPTS Use separate schedule(s) for each category of the			(check only one)							-
	.17 13		for each category of the Detailed Summary Page	<b>X</b> 11	H	_	11b 14	11c 15	12	_	17
			y not be sold or used by any p dress of any political committe	erson for	the p	ourpo	ose of	soliciting	g contril	butior	ns
NAME OF COMMITT	. ,	rofessior	nal Association PAC								
A. Alexander, Edwar		l) or Full Or	ganization Name	Dat	e of	Rec	eipt				
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B. Alpern, Louis, M		l) or Full Or	ganization Name	Dat	e of	Rec	eipt				
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City El Paso		State TX	Zip Code 79902-1400					4611EB			2E23
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Mailing Address 110 Virg City	0 9th Ave Inia Mason Medical Center	State	Zip Code		07	/	24	/ Y 4CDBB	2017		2C6B
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PAGE 8 OF

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	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for	the		pose of	soliciti		ontributi	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American College of Surgeons P	rofessio	nal Association PAC								
A.	Full Name of Individual (Last, First, Middle Initia Alseidi, Adnan, Ali, ,	l) or Full O	rganization Name	Da	te of	Re	ceipt				
	Mailing Address 1100 9th Ave				M	/	D	D /		Y Y	Y
	Virginia Mason Medical Center City	State	Zip Code		08		24	40.400	-	2017	
	Seattle	WA	98101-2756					Receipt		8216862 Period	IFE09
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— B.	Full Name of Individual (Last, First, Middle Initia Alseidi, Adnan, Ali, ,	l) or Full O	rganization Name	Da	te of	Re	ceipt				
	Mailing Address 1100 9th Ave			M	M	/	D			YY	Y
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Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and a	ay not be sold or used by any p ddress of any political committee	erson for the e to solicit cor	purpose of sontributions fro	oliciting m such	contribut committe	ions e.			
NAME OF COMMITTEE (In Full American College of S		nal Association PAC								
Full Name of Individual (Last, F A. Alseidi, Adnan, Ali, ,	rst, Middle Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 1100 9th Ave Virginia Mason			M M	/ D D 24	/ Y	y y 2017	Y			
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Mailing Address 1100 9th Ave Virginia Mason			M M 12	/ D D 20	/ Y	y y 2017	Y			
City Seattle	State WA	Zip Code 98101-2756		action ID : 4F t of Each Rec			68307F			
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Mailing Address 1001 Main St Ste 300			M M 10	/ D D D 23	/ Y	y y 2017	Y			
City Peoria	State IL	Zip Code 61606-2036		action ID : 28	-		4F902D			
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#### SCHEDULE A (FEC Form 3X) DEOEIDTO

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ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)						
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
angle American College of Sur	geons Professio	onal Association PAC							
Full Name of Individual (Last, First, <b>A.</b> Anthony, Brian, Thomas, ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 512 Turner St			07 / D D / Y Y Y Y 07 11 2017						
City Waveland	State MS	Zip Code 39576-3438	Transaction ID : 09D93ACB8F438F23950 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
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Other (specify) ▼		500.00	1						
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Mailing Address PO Box 245131 University Of Arizor		Zin Oode	10 / D D / Y Y Y Y 2017						
City Tucson	State AZ	Zip Code 85724-5131	Transaction ID : F2F5A2D6F4D44A44B1 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) University of South Carolina		upation (for Individual) gical Oncology	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 250.00	1						
Full Name of Individual (Last, First, <b>C. Bailey, Jeffrey, Allen,</b> ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8801 Spring Valley			12 / D D / Y Y Y Y Y 12 30 2017						
City Chevy Chase	State MD	Zip Code 20815-6727	Transaction ID : 2EBB0ECA-198D-4841- Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) USAF	Occ Surg	upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
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PAGE 11 OF

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NAME OF COMMITTEE (In Full)										
American College of Surgeor	ns Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle Bailey, Patrick, Vance, ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 20 F St NW	_									
American College Of Surg City	eons, Ste State	Zip Code	07 02 2017 Transaction ID : 4585A27CAE36FA71BA							
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FEC ID number of contributing federal political committee.	С		200.00							
Name of Employer (for Individual) American College of Surgeons		upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		2585.00	1							
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Full Name of Individual (Last, First, Middle B. Bailey, Patrick, Vance, ,	Initial) or Full C	rganization Name	Date of Receipt							
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American College Of Surg			08 02 2017							
City	State DC	Zip Code	Transaction ID : 4DE592F87CB8C5C737							
Washington	DC	20001-6701	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		200.00							
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Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		2585.00	]							
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Mailing Address 20 F St NW										
American College Of Surg	eons, Ste State	Zip Code	09 02 2017 Transaction ID : 4F8BB52E81C2576C2B							
Washington	DC	20001-6701	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		, 200.00							
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		_							
American College of Surge	ons Professio	onal Association PAC							
Full Name of Individual (Last, First, Mic A. Bailey, Patrick, Vance, ,	ddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 20 F St NW									
American College Of S	urgeons. Ste		10 02 2017						
City	State	Zip Code	Transaction ID : 4E1CB6550AF97D0EAA						
Washington	DC	20001-6701	Amount of Each Receipt this Period						
FEC ID number of contributing	С		200.00						
federal political committee.	C								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
American College of Surgeons	Sur	geon							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		0505.00	1						
Other (specify) <b>v</b>		2585.00	1						
Full Name of Individual (Last, First, Mic	dle Initial) or Full C	Proanization Name							
B. Bailey, Patrick, Vance, ,			Date of Receipt						
Mailing Address 20 F St NW		M M / D D / Y Y Y Y							
	American College Of Surgeons, Ste								
City	State	Zip Code	Transaction ID : 46E6A15E32CD3ED6F9						
Washington	DC	20001-6701	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		200.00						
Name of Employer (for Individual) American College of Surgeons		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		2585.00	]						
Full Name of Individual (Last, First, Mic C. Bailey, Patrick, Vance, ,	ddle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 20 F St NW									
American College Of S			12 02 2017						
City Washington	State DC	Zip Code 20001-6701	Transaction ID : 4995BB7E4606F9BD092 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
	0	unation (for Individual)	Memo Item						
Name of Employer (for Individual) American College of Surgeons		upation (for Individual) geon							
Receipt For:		-							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		2585.00	1						
SUBTOTAL of Receipts This Page (optio	nal)		600.00						
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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	American College of Surgeons F	Professio	nal Association PAC									
A.	Full Name of Individual (Last, First, Middle Initia Barber, Annabel, Elizabeth, ,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 1701 W Charleston Blvd Department Of Surgery, Ste 490	0			10	/	D 11		/ Y	y y 2017	Y	
	City Las Vegas	State NV	Zip Code 89102-2309							<b>3808738</b> s Period	EB798	
	FEC ID number of contributing federal political committee.	С			_			_	-9	1500.	00	
	Name of Employer (for Individual) Univeristy of Nevada School	Occu Surg	ipation (for Individual) jeon		M	emc	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2700.00	]								
в.	Full Name of Individual (Last, First, Middle Initia Baril, Nicole, Basia, ,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 10800 Magnolia Ave Kaiser Permanente				10	/	D 23		/ Y	y y 2017	Y	
	City Riverside	State CA	Zip Code 92505-3043		Transaction ID : 5D297F2045714397BD03 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					, ipt till	250.	00			
	Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Surgeon			M	emc	ltem					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		250.00									
с.	Full Name of Individual (Last, First, Middle Initia Bass, Barbara, Lee, ,	al) or Full O	rganization Name	Da	ate of	f Re	ceipt					
	Mailing Address 6550 Fannin St Department Of Surgery, Ste 16	1		_ L	08		0	5		2017 <sup>°</sup>		
	City Houston	State TX	Zip Code 77030-2765							<b>7-17D7-</b> s Period	4036-	
	FEC ID number of contributing federal political committee.	С			_		, .		y	2000.	00	
	Name of Employer (for Individual) Houston Methodist Hospital		Occupation (for Individual) Surgeon			emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]								
s	UBTOTAL of Receipts This Page (optional)						, .		y	3750.	00	
т	OTAL This Period (last page this line number o	nly)		. Γ					T			

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) American College of Surgeons Profe	essional Association PAC	
Los Gatos C. FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed	ate Zip Code 95032-2600 Occupation (for Individual) Surgeon regate Year-to-Date ▼	Date of Receipt 07 08 2017 Transaction ID : 4369A8976C0CA9804477 Amount of Each Receipt this Period 83.33 Memo Item
Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or         B. Bastidas, Jefferson, Augusto, ,	999.96 Full Organization Name	Date of Receipt
Los Gatos C FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Pacoint For:	ate Zip Code 95032-2600 Occupation (for Individual) Surgeon regate Year-to-Date ▼	Markan / 08       08       2017         Transaction ID : 452D8A373AC2694149B1         Amount of Each Receipt this Period         83.33         Memo Item
5	Full Organization Name       ate     Zip Code       A     95032-2600	Date of Receipt 09 08 2017 Transaction ID : 4073AFF7417482645920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Self Employed         Receipt For:       Agg         Primary       General         Other (specify)       Image: Committee	Occupation (for Individual) Surgeon regate Year-to-Date ▼ 999.96	Memo Item
SUBTOTAL of Receipts This Page (optional)	<u>_</u>	249.99

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1	17						
	ny information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American College of Surgeons P	ame and a	ddress of any political committee								
Α.	Full Name of Individual (Last, First, Middle Initia Bastidas, Jefferson, Augusto, , Mailing Address 14981 National Ave	l) or Full O	rganization Name	Date of Receipt							
	City Los Gatos	State CA	Zip Code 95032-2600	Transaction ID : 4734AC6F1BC32D1059 Amount of Each Receipt this Period	2B						
	FEC ID number of contributing federal political committee.	С		83.33	]						
	Name of Employer (for Individual) Self Employed Receipt For:	Aggregate	upation (for Individual) geon Year-to-Date ▼ 999.96	Memo Item							
в.	Full Name of Individual (Last, First, Middle Initia Bastidas, Jefferson, Augusto, ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 14981 National Ave Ste 4	State	Zip Code	11 / D D / Y Y Y Y 2017							
	Los Gatos	CA	95032-2600	Transaction ID : 40ADA2F3E2AB77A0CF							
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C.	Full Name of Individual (Last, First, Middle Initia Bastidas, Jefferson, Augusto, ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 14981 National Ave Ste 4 City	State	Zip Code	12 08 2017							
	Los Gatos	CA	95032-2600	Transaction ID : 4DBAB42C44A8BC1C0 Amount of Each Receipt this Period	)/9/						
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			not be sold or used by any pe Iress of any political committee		or the		oose of	solicitin	ng con	ntributio	ons
NAME OF COMMITTEE American Colleg	(In Full) e of Surgeons Profe	ssion	al Association PAC								
Full Name of Individual ( A. Beauchamp, Robert,	Last, First, Middle Initial) or I Daniel, ,	Full Org	anization Name	D	ate of	Re	ceipt				
Mailing Address Section	of Surgical Sciences ilt University Medical Cent				м м 07	/	12			17	1
City Nashville	Sta TN		Zip Code 37232-0001	A				443E83 Receipt t			72B9F
FEC ID number of contra federal political committe	ŝ.									50.00	)
Name of Employer (for I Vanderbilt University	ndividual)	· ·	ation (for Individual) on, professor, department chair		Me	emo	Item				
Receipt For: Primary □ C Other (specify) ▼	àeneral Aggra	Aggregate Year-to-Date ▼ 600.00									
Full Name of Individual ( B. Beauchamp, Robe	Last, First, Middle Initial) or I rt, Daniel, ,	Full Org	anization Name	D	ate of	Re	ceipt				
	of Surgical Sciences bilt University Medical Cent				™ 08	1	D 12		γ 201	۲ ۲ 17	
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Mailing Address Section of Surgical Sciences Vanderbilt University Medical Cent City State			Zip Code					4591A3	20 <sup>.</sup> 30E74	D014E	
Nashville FEC ID number of contri federal political committe	ŝ.	•	37232-0001	A	mount	of	Each F	leceipt t	this Pe	eriod 50.00	)
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	sional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or Fu         Beauchamp, Robert, Daniel, ,         Mailing Address Section of Surgical Sciences         Vanderbilt University Medical Cent         City       State         Nashville       TN         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       T		Date of Receipt
Bossint For:	Surgeon, professor, department chair gate Year-to-Date ▼ 600.00	
Vanderbilt University		Date of Receipt
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Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F A. Berger, David, L., , Mailing Address 15 Parkman St Wang 460 City Boston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mass General Hospital	e Zip Code	Date of Receipt 09 / 17 / 2017 Transaction ID : 96BCBC0E-042E-4367- Amount of Each Receipt this Period 500.00 Memo Item
Dessint For:	egate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Initial) or F         B. Berndtson, Allison, Elizabeth, ,         Mailing Address 200 W Arbor Dr         Mail Code 8896         City         San Diego         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         UC-San Diego         Receipt For:	e Zip Code 92103-1911 Occupation (for Individual) Trauma Surgeon	Date of Receipt          12       08       2017         Transaction ID : ED440043-BA8A-49A9-         Amount of Each Receipt this Period         250.00         Memo Item
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or F	egate Year-to-Date ▼ 250.00	
C. Bianchi, David, Alan, , Mailing Address 2415 Musgrove Rd Ste 203 City Salver Spring MD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Drs. Hauck, Bianchi and Driscoll PA Receipt For: Primary General Other (specify) General		Date of Receipt
SUBTOTAL of Receipts This Page (optional)		775.00

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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle I Bianchi, David, Alan, , Mailing Address 2415 Musgrove Rd <u>Ste 203</u> City Silver Spring FEC ID number of contributing federal political committee. Name of Employer (for Individual) Drs. Hauck, Bianchi and Driscoll PA	State MD C	Drganization Name Zip Code 20904-5228 upation (for Individual) geon	Date of Receipt 10 14 2017 Transaction ID : 4605AFF228836A640A97 Amount of Each Receipt this Period 25.00 Memo Item
Receipt For:       Primary       Other (specify) ▼		Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle II         B. Bianchi, David, Alan, ,         Mailing Address 2415 Musgrove Rd         Ste 203         City         Silver Spring         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Drs. Hauck, Bianchi and Driscoll PA         Receipt For:         Primary       General         Other (specify) ▼	State MD C Occ Sur	Zip Code 20904-5228 cupation (for Individual) rgeon Year-to-Date 300.00	Date of Receipt
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American College of Surgeor	ns Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle Bieligk, Samuel, Corwin, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7910 S Braden Ave			M M / D D / Y Y Y Y Y 09 06 2017							
City Tulsa	State OK	Zip Code 74136-8461	Transaction ID : 4835B0768491A06ADD3 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) St. Agnes Hospital		upation (for Individual) geon	Memo Item							
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Mailing Address 7910 S Braden Ave			10 / Y Y Y Y Y 10 06 2017							
City Tulsa	State OK	Zip Code 74136-8461	Transaction ID : 4192A4A42B2304D2DD46 Amount of Each Receipt this Period							
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Name of Employer (for Individual) St. Agnes Hospital		upation (for Individual) geon	Memo Item							
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City Tulsa	State OK	Zip Code 74136-8461	Transaction ID : 4D55B448DEC06C1E00 Amount of Each Receipt this Period							
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NAME OF COMMITTEE (In Full)												
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Mailing Address 7910 S Braden Ave			12 06 2017									
City Tulsa	State OK	Zip Code 74136-8461	Transaction ID : 4B3D88268B02FC3ABA1 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		25.00									
Name of Employer (for Individual) St. Agnes Hospital		upation (for Individual) geon	Memo Item									
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Full Name of Individual (Last, First, Middle Ir B. Biffl, Walter, Lanier, ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 550 S Beretania St The Queen's Medical Center	, Ste 50		07 25 2017									
City	State	Zip Code	Transaction ID : 4A3391A095E0AE8B2B2									
Honolulu	HI	96813-2496	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) University Surgical Associates		upation (for Individual) geon	Memo Item									
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Mailing Address 550 S Beretania St The Queen's Medical Center	<i>′</i>		08 / D / Y Y Y Y 25 / 2017									
City Honolulu	State HI	Zip Code 96813-2496	Transaction ID : 43DDB7C4486F4380F071 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) University Surgical Associates	Occi Surg	upation (for Individual) Jeon	Memo Item									
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American College of Surgeons Professional Association PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Biff, Walter, Lanier,         Mailing Address 550 S Benetania St         The Queen's Medical Center, Ste 50         City         Honokulu         FEC ID number of contributing federal political committee.         Penilty For:         Primary         City         Mailing Address 550 S Benetania St         The Queen's Medical Center, Ste 50         Surgeon         Receipt For:         Primary         Cohr (specify)         Full Name of Individual         Mailing Address 550 S Benetania St         The Queen's Medical Center, Ste 50         City       Seretania St         The Queen's Medical Center, Ste 50         City       Sitate         Date of Receipt         Mailing Address 550 S Benetania St         The Queen's Medical Center, Ste 50         City       Sitate         Surgeon       Surgeon         Receipt For:       Aggregate Yaa-to-Date V         Primary       General         Other (specify)       Aggregate Yaa-to-Date V         Full Name of Individual       S						for the p		oose of	soliciting	g contribu	tions
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Data of Receipt         A. Biff, Walter, Lanier, .       Mailing Address 550 S Beretania St The Queen's Medical Center, Ste 50       Data of Receipt         City       Hill Self3-2466       Account of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Account of Each Receipt this Period         Name of Employer (for Individual) University Surgical Associates       Surgeon       Account of Each Receipt this Period         Biff, Walter, Lanier, .       Aggregate Vaar-to-Date ▼       Other (specify) ▼       Date of Receipt         Biff, Walter, Lanier, .       State       Zip Code       Transaction ID : 36C2334ABBC93700DB9         Hondulu       Hill 9813-2496       C       C         FEC ID number of contributing federal political committee.       C       C       C         Name of Employer (for Individual) University Surgical Associates       C       C       C         Name of Employer (for Individual) University Surgical Associates       C       C       C         Name of Employer (for Individual) University Surgical Associates       C       C       C         Name of Employer (for Individual) University Surgical Associates       C       C       C         Name of Employer (for Individual) Cher (specify)       Full O	$\overline{\ }$	· · · · · ·									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons P	Professio	nal Association PAC	
Full Name of Individual (Last, First, Middle Initia A. Biffl, Walter, Lanier, , Mailing Address 550 S Beretania St The Queen's Medical Center, St City Honolulu FEC ID number of contributing federal political committee. Name of Employer (for Individual) University Surgical Associates Receipt For:	te 50 State HI C Occu Surg	Zip Code 96813-2496	Date of Receipt 12 25 2017 Transaction ID : 4FB48AAFE6DCCCACD51 Amount of Each Receipt this Period 50.00 Memo Item
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Full Name of Individual (Last, First, Middle Initia         B. Birkett, Desmond, H., ,         Mailing Address Lahey Hospital & Medical Ctr         Department Of General Surgery         City         Burlington         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Lahey Hospita & Medical Center         Receipt For:         Primary       General         Other (specify) ▼	y State MA C Occu Surg	Zip Code 01805-0001	Date of Receipt
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
American College of Surgeon	s Professio	nal Association PAC						
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Mailing Address 165 Indian Hills Dr NE			M M / D D / Y Y Y Y 10 24 2017					
City Corydon	State IN	Zip Code 47112-7257	Transaction ID : 8E5E6C8BAE7347AF88 Amount of Each Receipt this Period					
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Full Name of Individual (Last, First, Middle <b>B. Bonne, Stephanie</b> , , ,	Date of Receipt							
Mailing Address 158 Harrison Ave	07 07 2017							
City Westfield	State NJ	Zip Code 07090-2433	Transaction ID : 462184A58A643086225 Amount of Each Receipt this Period					
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle   A. Bonne, Stephanie, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 158 Harrison Ave			09 07 2017					
City Westfield	State NJ	Zip Code 07090-2433	Transaction ID : 4E02B7A7CE76C69E544 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Rutgers		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]					
Full Name of Individual (Last, First, Middle   <b>B. Bonne, Stephanie</b> , , ,	Date of Receipt							
Mailing Address 158 Harrison Ave	10 07 2017							
City Westfield	State NJ	Zip Code 07090-2433	Transaction ID : 4AD09D8F931BBCB87D Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l							
Name of Employer (for Individual) Rutgers		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]					
Full Name of Individual (Last, First, Middle <b>C. Bonne, Stephanie</b> , , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 158 Harrison Ave								
City Westfield	State NJ	Zip Code 07090-2433	Transaction ID : 472E930FE30E610B746 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Rutgers		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1					
SUBTOTAL of Receipts This Page (optional).			150.00					
TOTAL This Period (last page this line number	er only)							

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		Use separate schedule(s)	(check only one)					
ILEWIIZED RECEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		_						
American College of Su	urgeons Professio	nal Association PAC						
Full Name of Individual (Last, Firs A. Bonne, Stephanie, , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 158 Harrison Ave	}		12 07 2017					
City	State	Zip Code	Transaction ID : 4E9BA8359225EBB2E114					
Westfield	NJ	07090-2433	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) Rutgers		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify) ▼		500.00	]					
Full Name of Individual (Last, First	st, Middle Initial) or Full O	rganization Name						
B. Bonville, Daniel, James, ,	Date of Receipt							
Mailing Address Department Of S Houston Methodi	10 / D D / Y Y Y Y 25 / 2017							
City Houston	State TX	Zip Code 77030	Transaction ID : C80E7104AE974DD88926 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Albany Medical Center	,	upation (for Individual) geon	Memo Item					
Receipt For:		Year-to-Date ▼	_					
Primary General			1					
Other (specify) ▼		, 500.00						
Full Name of Individual (Last, Firs C. Borman, Karen, R., ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 635 Westwood D	)r		12 04 2017					
City	State	Zip Code	Transaction ID : 27CD056365B7CEEC160					
Aberdeen	MD	21001-2336	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1500.00					
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
Self Employed Receipt For:	Surg		_					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	]					
SUBTOTAL of Receipts This Page	(optional)		2050.00					
TOTAL This Period (last page this	line number only)							

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a	ts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F         Borruso, John, Joseph, ,         Mailing Address 7 Galilee Way         City       Stat         Newtown       CT         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Danbury Office Physician Services         Receipt For:       Aggre         Other (specify) ▼       C		Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         B. Borst, Marilyn, Jane, ,         Mailing Address 2545 Broadway St         City       Stat         Toledo       OF         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Self       C         Receipt For:       Aggree         Other (specify) ▼       Image: C	e Zip Code	Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         Borst, Marilyn, Jane, ,         Mailing Address 2545 Broadway St         City       Stat         Toledo       OF         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Self         Receipt For:       Primary         Other (specify)       General	e Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· · ·	475.76

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surge	eons Professic	onal Association PAC						
Full Name of Individual (Last, First, M Borst, Marilyn, Jane, ,	ddle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2545 Broadway St			09 03 2017					
City Toledo	State OH	Zip Code 43609-3116	Transaction ID : 4989804870144626F505 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		37.88					
Name of Employer (for Individual) Self		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.01	]					
Full Name of Individual (Last, First, M B. Borst, Marilyn, Jane, ,	ddle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2545 Broadway St	10 / Y Y Y Y 2017							
City Toledo	State OH	Zip Code 43609-3116	Transaction ID : 4E37B595196E7B6825D2					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period					
Name of Employer (for Individual) Self		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.01	]					
Full Name of Individual (Last, First, M C. Borst, Marilyn, Jane, ,	ddle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2545 Broadway St			11 / D D / Y Y Y Y 2017					
City Toledo	State OH	Zip Code 43609-3116	Transaction ID : 41808FF819E20C1CB4D4 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		37.88					
Name of Employer (for Individual) Self		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.01	]					
SUBTOTAL of Receipts This Page (opti	, onal)		113.64					
TOTAL This Period (last page this line i	number only)							

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		oose of	soliciting	g contribut	tions
$\overline{\ }$	NAME OF COMMITTEE (In Full)		_							
	American College of Surgeons P	rofessio	onal Association PAC							
 A.	Full Name of Individual (Last, First, Middle Initia Borst, Marilyn, Jane, ,	al) or Full O	Prganization Name	D	ate of	Re	ceipt			
	Mailing Address 2545 Broadway St			_	M M	/	03	/ Y	2017	Y
	City	State	Zip Code			acti		431AB1	E247997C	D8A335
	Toledo	ОН	43609-3116	A	mount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С							37.8	38
	Name of Employer (for Individual) Self		upation (for Individual) geon		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify) ▼		500.01							
в.	Full Name of Individual (Last, First, Middle Initia Bosworth, John, Michael, , Jr.	al) or Full O	Prganization Name	D	ate of	Re	ceipt			
	Mailing Address 15235 Shady Grove Rd Ste 100			_	12 31 2017					
-	City	State	Zip Code	-	Transa	acti	on ID :	DED857	60-BE33-4	4D57-
	Rockville	MD 20850-6273				of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				_			250.0	)0
	Name of Employer (for Individual) Siegel and Bosworth ENT Center		upation (for Individual) geon		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary     General       Other (specify) ▼		250,00							
— c.	Full Name of Individual (Last, First, Middle Initia Bradley, Kevin, Michael, ,	al) or Full O	organization Name	D	ate of	Re	ceipt			
	Mailing Address 64 Lenfant Ct				<sup>M</sup> 10	/	30	/ Y	2017	Y
	City Clan Milla	State PA	Zip Code						C6490710	1EBEF
	Glen Mills		19342-1669	A	mount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С		Į,		_	y		500.0	)0
	Name of Employer (for Individual) Christiana Hospital	Occupation (for Individual) Surgeon			Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]						
s	UBTOTAL of Receipts This Page (optional)						,		787.8	38
Т	OTAL This Period (last page this line number o	nly)		. [						

#### SCHEDULE A (FEC Form 3X) \_ \_\_\_\_\_

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Use separ		Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16					
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC						
 A.	Full Name of Individual (Last, First, Middle Initi Breaux, Charles, Warren, , Jr.	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2643 Patterson Rd, Ste 603 The Pediatric Specialty Clinic A	t		M M / D D / Y Y Y Y Y 08 08 2017					
	City Grand Junction	State CO	Zip Code 81506-1937	Transaction ID : 4459F557-636E-4019-           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) St. Mary's Hospital		upation (for Individual) atric Surgeon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
B.	Full Name of Individual (Last, First, Middle Initi Brewer, Brian, , , Mailing Address 2509 N Talbott St	Date of Receipt							
	City	State	Zip Code	07 24 2017 Transaction ID : 47EFA392ECD1CF3F846					
	Indianapolis FEC ID number of contributing federal political committee.	IN C	46205-4234	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Indiana University School of Medicine		upation (for Individual) geon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	]					
с.	Full Name of Individual (Last, First, Middle Initi Brewer, Brian, , ,	Date of Receipt							
	Mailing Address 2509 N Talbott St			09 / D D / Y Y Y Y 24 2017					
	City Indianapolis	State IN	Zip Code 46205-4234	Transaction ID : 4F8DB5A253C0CA1AA Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		83.33					
	Name of Employer (for Individual) Indiana University School of Medicine	Occu Surg	ipation (for Individual) eon	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.30	]					
-	UBTOTAL of Receipts This Page (optional)			416.66					
Т	OTAL This Period (last page this line number o	nly)							

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose of	f soliciting	g contribut	ions	
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name of Individual (Last, First, Middle In Brewer, Brian, , ,	nitial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 2509 N Talbott St						D 24		ү ү 2017	Y	
	City Indianapolis	State IN	Zip Code 46205-4234					: 4940A35 Receipt th	527909801 his Period	D2A576	
	FEC ID number of contributing federal political committee.	С						-	83.3	33	
	Name of Employer (for Individual)     Occupation (for Individual)       Indiana University School of Medicine     Surgeon					emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	1							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brewer, Brian, , ,					Re	eceipt				
	Mailing Address 2509 N Talbott St			M M	1	D 24		2017	Y		
	City Indianapolis	State IN	Zip Code 46205-4234				-	<b>43C995F</b> Receipt th	FBB7B01 his Period	DB9B48F	
	FEC ID number of contributing federal political committee.	С					-	-	83.3	33	
	Name of Employer (for Individual) Indiana University School of Medicine	Occupation (for Individual) Surgeon				emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	]							
C.	Full Name of Individual (Last, First, Middle In Brewer, Brian, , ,	nitial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 2509 N Talbott St				<sup>M</sup> 12	1	D 24		2017	Y	
	City Indianapolis	State IN	Zip Code 46205-4234					: 4BA985 Receipt th	3D812FC	2171989	
	FEC ID number of contributing federal political committee.	С					y	,	83.3	33	
	Name of Employer (for Individual) Indiana University School of Medicine					emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.30	]							
s	UBTOTAL of Receipts This Page (optional)	· 					,		249.9	99	
т	OTAL This Period (last page this line numbe	r only)						1.40			

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)				
			for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	11c	12 16	17	
	nformation copied from such Reports and Sta commercial purposes, other than using the n								
	ME OF COMMITTEE (In Full) merican College of Surgeons P	rofessio	nal Association PAC						
<b>A</b> . B	ll Name of Individual (Last, First, Middle Initia ritt, Stephen, Lyle, ,	l) or Full Oi	rganization Name	Date c	of Receipt	;			
	iling Address 7938 Al Highway 69 Ste 120			M 12		31 / Y	2017	Y	
Cit Gu	y untersville	State AL	Zip Code 35976-7135			D:E5766C		F5083	
	C ID number of contributing leral political committee.	С					250.0	00	
	me of Employer (for Individual) If Employed	Occu Surg	ipation (for Individual) jeon		lemo Iterr	١			
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
<b>в</b> . В	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brownstein, Michelle, , ,				of Receipt	:			
	Mailing Address 105 Glen Haven Dr					25 / Y	2017		
	y napel Hill	NC	27516-4044			D:16ABCE		<u>9748AEE</u>	
	C ID number of contributing leral political committee.	С					250.0	00	
	me of Employer (for Individual) If Employed	upation (for Individual) geon		lemo Iterr	ı				
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brunt, L., Michael, ,					:			
	iling Address 660 S Euclid Ave Campus Box 8109	1		M 12		31 / Y	2017	Y	
Cit Sa	y aint Louis	State MO	Zip Code 63110-1010			D:986FE9		)1088B	
	C ID number of contributing leral political committee.	С			7	y	500.0	00	
Wa	me of Employer (for Individual) ashington University School of Medici	dici Occupation (for Individual)			lemo Iten	n			
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00						
SUB	TOTAL of Receipts This Page (optional)				y	,	1000.0	00	
тот	AL This Period (last page this line number or	ıly)	••••••		-				

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		Use separate schedule(s)	(check only one)				
			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the						
$\backslash$	NAME OF COMMITTEE (In Full)						
$\sum$	American College of Surgeons P	rofessio	nal Association PAC				
Α.	Full Name of Individual (Last, First, Middle Initia Buchmiller, Terry, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address Department Of Surgery Boston Children's Hospital			09 / 23 / Y Y Y 2017	Y		
	City Boston	State MA	Zip Code 02115-5724	Transaction ID : F1EBC2CF-71C9           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150	.00		
	Name of Employer (for Individual) Boston Childrens Hospital		upation (for Individual) iatric Surgeon	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
В.	Full Name of Individual (Last, First, Middle Initia Bunn, Wiley, Douglas, , Jr.	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 475 Irving Ave Suite 204, Ste 204A City	State	Zip Code	10 / D D / Y Y Y 2017	Y		
	Syracuse	NY	13210-1558	Transaction ID : C07B6840-680B- Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	D number of contributing					
	Name of Employer (for Individual) Gyn Oncology of CNY		upation (for Individual) geon	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
С.	Full Name of Individual (Last, First, Middle Initia Byers, Patricia, M., ,	Date of Receipt					
	Mailing Address PO Box 16960 Department Of Surgery (D-40)			10 / D D / Y Y Y 2017	_		
	City Miami	State FL	Zip Code 33101-6960	Transaction ID : A6F77A29881C4           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200	.00		
	Name of Employer (for Individual) University of Miami Sch of Med	Occi Surg	upation (for Individual) geon	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00				
s	UBTOTAL of Receipts This Page (optional)		•	600	.00		
т	OTAL This Period (last page this line number o	nly)					

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
American College of Surgeon	s Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle Canal, David, Felix, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Canal, David, Felix, ,							
Mailing Address 702 Eskenazi Ave			M = M / D = D / Y = Y = Y = Y					
Fob 5Th Floor, Executive S			10 18 2017					
City Indianapolis	State IN	Zip Code 46202-5166	Transaction ID : 0655A447-FA1E-4505-           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Indiana University		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date V	_					
Primary General			1					
Other (specify) <b>v</b>		500.00						
Full Name of Individual (Last, First, Middle <b>B.</b> Castro, Candice, Lee, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Castro, Candice, Lee,							
Mailing Address 90 Granburg Cir			08 16 2017					
City	State	Zip Code	Transaction ID : D84CB9C49A42BA777E4					
San Antonio	ТХ	78218-3012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s l							
Name of Employer (for Individual) US Army		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	-					
Primary     General       Other (specify) ▼		250.00	]					
Full Name of Individual (Last, First, Middle C. Cha, Walter, Sun, ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6770 Mayfield Rd Cleveland Clinic General S	Surgery,		10 25 2017					
City Mayfield Hts	State OH	Zip Code 44124-2299	Transaction ID : E315D521765E43D7B17I Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Metro Health	Occ Surç	upation (for Individual) Jeon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]					
SUBTOTAL of Receipts This Page (optional)			1000.00					
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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the			rson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	onal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initia Chan, Edie, Y., , Mailing Address 1750 W Harrison St	al) or Full C	Drganization Name	Date of Receipt
	773 Jelke			10 25 2017
	City	State IL	Zip Code 60612-3825	Transaction ID : D1E64E60CA674DC6B745
	Chicago		00012-3025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Rush Univ Med Center	Sur	geon	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		1000.00	
в.	Full Name of Individual (Last, First, Middle Initia Chang, Michael, Chi-Ming, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address Wake Frst Department Of Surgery			07 19 / Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : 4619A0778D46942292FF
	Winston Salem	NC	27157-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Wake Forest		cupation (for Individual) rgeon	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) ▼		, 1200.00	
C.	Full Name of Individual (Last, First, Middle Initia Chang, Michael, Chi-Ming, ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address Wake Frst Department Of Surgery			08 / D D / Y Y Y Y 08 19 2017
	City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 41DF8E532A5FE8C6A841
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Wake Forest		upation (for Individual) geon	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)	<u> </u>	1200.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
т	OTAL This Period (last page this line number o	nly)	•	

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
IILIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surged	ons Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Chang, Michael, Chi-Ming, ,			Date of Receipt
Mailing Address Wake Frst Department Of Surgery			09 / D D / Y Y Y Y 09 19 2017
City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 400DA1A354E683CACA           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Wake Forest	ake Forest Surgeon		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	1
Full Name of Individual (Last, First, Mide B. Chang, Michael, Chi-Ming, ,	dle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address Wake Frst Department Of Surgery			10 19 / Y Y Y Y 2017
City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 4D7FB6DE5F0E3E575B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Wake Forest		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]
Full Name of Individual (Last, First, Mide C. Chang, Michael, Chi-Ming, ,	dle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address Wake Frst Department Of Surgery City State Zip Code			11 19 2017 Transaction ID : 454795E4C72C3BC0C8
Winston Salem	NC	27157-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	s l		100.00
Name of Employer (for Individual) Wake Forest Receipt For:	Sur	upation (for Individual) geon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	]
SUBTOTAL of Receipts This Page (option	nal)		300.00
TOTAL This Period (last page this line nu	mber only)		
### Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲         11a         11b         11c         12           13         14         15         16         1					
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surgeor	ns Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle A. Chang, Michael, Chi-Ming, ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address Wake Frst Department Of Surgery			M M / D D / Y Y Y Y 12 19 2017					
City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 4119ADB1213F36DCC9 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Wake Forest		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00						
Full Name of Individual (Last, First, Middle B. Chen, Mike, Kuang-Sing, ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1600 7th Ave S Division Of Pediatric Surge	ery, Jfl		09 25 2017					
City	State	Zip Code	Transaction ID : 7683808E-E7E8-4ACD-					
Birmingham	AL	35233-1711	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) University of Alabama at Birmingham		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle C. Cheng, Charles, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1818 N Meade St <u>Fox Valley Surgical Assoc</u>	iates, St		M M / D D / Y Y Y Y 12 20 2017					
City Appleton	State WI	Zip Code 54911-3454	Transaction ID : 154F0701-2C58-4FB9- Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Fox Valley Surgical Associates	Occi Surg	upation (for Individual) geon	Memo Item					
Baggint For:		Year-to-Date ▼ 500.00						
SUBTOTAL of Receipts This Page (optional)			850.00					

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F         A. Cherr, Gregory, Spicer, ,         Mailing Address 100 High St         Department Of Surgery         City         Buffalo         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         SUNY Buffalo         Receipt For:         Primary         General         Other (specify) ▼	-	Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         B. Choi, Jennifer, Nicole, ,         Mailing Address 545 Barnhill Dr         # EH500         City       State         Indianapolis       IN         FEC ID number of contributing       federal political committee.         Name of Employer (for Individual)       IU Health Physicians         Receipt For:       Aggre         Other (specify) ▼       In		Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         C.       Cipolle, Mark, David, ,         Mailing Address 4735 Ogletown Stanton Rd         Ste 3301         City       State         Newark       DE         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       C         Christiana Care Health System       Aggre         Primary       General         Other (specify)       C	e Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1250.00

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

### Use separate schedule(s)

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			Use separate schedule(s)		(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Cochran, Amalia, Lenora, ,	l) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address University of Utah Department Of Surgery				м м 09	/	D 18		/ Y	ү ү 2017	Y	
	City Salt Lake City	State UT	Zip Code 84132-0001	A						C-6E0E		)-
	FEC ID number of contributing federal political committee.	С							-9	1000	0.00	
	Name of Employer (for Individual) University of Utah		upation (for Individual) geon		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00									
в.	Full Name of Individual (Last, First, Middle Initia Cochran, Amalia, Lenora, ,	l) or Full O	rganization Name	D	ate of	Re	ceipt					
	Mailing Address University of Utah Department Of Surgery				<sup>M</sup> 09	/	D 19		/ Y	y y 2017	Y	
	City Salt Lake City	State UT	Zip Code 84132-0001	Transaction ID : 47818CF67 Amount of Each Receipt this F						BF8		
	FEC ID number of contributing federal political committee.	С					-		-9	300	0.00	
	Name of Employer (for Individual) University of Utah		upation (for Individual) geon		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00									
С.	Full Name of Individual (Last, First, Middle Initia Cochran, Amalia, Lenora, ,	l) or Full O	rganization Name		ate of	Re	ceipt					
	Mailing Address University of Utah Department Of Surgery	-			<sup>M</sup> 10	Ľ	D 19	9		2017		
	City Salt Lake City	State UT	Zip Code 84132-0001	A						A123CE		130D
	FEC ID number of contributing federal political committee.	С		ļ			,		y	300	0.00	
	Name of Employer (for Individual) University of Utah	Occu Surg	upation (for Individual) geon		M	emo	tem Item					
	Receipt For: Primary General Other (specify)	Aggregate										
s	UBTOTAL of Receipts This Page (optional)		•	[			,		,	1600	0.00	
т	OTAL This Period (last page this line number on	nly)							- <b>J</b> -			

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FOR LINE NUMBER:

PAGE 40 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F A. Cochran, Amalia, Lenora, , Mailing Address University of Utah Department Of Surgery City Salt Lake City UT	- 	Date of Receipt 10 24 2017 Transaction ID : 4E00E5568EEF4EEE8627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       University of Utah         Receipt For:       Aggre         Primary       General         Other (specify) ▼       Image: Committee in the second se	Occupation (for Individual) Surgeon egate Year-to-Date ▼ 5000.00	Memo Item
Full Name of Individual (Last, First, Middle Initial) or F         B. Cochran, Amalia, Lenora, ,         Mailing Address University of Utah         Department Of Surgery         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University of Utah         Receipt For:         Primary         General         Other (specify) ▼	e Zip Code	Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         C. Cochran, Amalia, Lenora, ,         Mailing Address University of Utah         Department Of Surgery         City       State         Salt Lake City       UT         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       University of Utah         Receipt For:       Aggre         Primary       General         Other (specify)       Image: Committee com	e Zip Code	Date of Receipt          12       19       2017         Transaction ID : 4C45ADB6DFB3078591CE         Amount of Each Receipt this Period         300.00         Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>r</b>	2100.00

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the		pose of	soliciting	contribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)		_						
$\Big\rangle$	American College of Surgeons	Professio	nal Association PAC						
A.	Full Name of Individual (Last, First, Middle Ini Cochran, Willie, , , Jr.	itial) or Full O	rganization Name	Date o	of Re	eceipt			
	Mailing Address 2955 E Atsina Dr			M	/	DD	/ Y	YY	Y
	2955 E. Atsina Dr.		7.0.1	09		25		2017	
	City Sierra Vista	State AZ	Zip Code 85650-8424					2-C735-4	C4B-
	FEC ID number of contributing			Amou					
	federal political committee.	С					-	250.0	0
	Name of Employer (for Individual) Jafa Productions		upation (for Individual) geon	N	lemo	tem			
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	33 - 3		1					
	Other (specify) <b>v</b>	L	250.00						
В.	Full Name of Individual (Last, First, Middle Ini Cole, Timothy, , ,	itial) or Full O	rganization Name	Date o	of Re	eceipt			
	Mailing Address 7300 Eldorado Pkwy Ste 260			M 10	/	D D 21	/ Y	y y 2017	Ŷ
	City	State	Zip Code	Trans	sacti	ion ID : 4	499D1C0	C2-F475-4	093-
	McKinney	TX	75070-3826	Amour	nt of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	C			250.				0
	Name of Employer (for Individual) Surgical Specialists of North Texas		upation (for Individual) neral Surgeon		lemo	tem			
	Receipt For:	Aggregate							
	Primary     General       Other (specify) ▼		250.00	1					
_	Full Name of Individual (Last, First, Middle Ini	itial) or Full O	rganization Name						
C.	Conyers, Julie, Anne, ,			Date o					
	Mailing Address 225 Loganberry Ct			10 <sup>M</sup>	/	D D 25	/ Y	2017	Y
	City	State	Zip Code	Tran	sact	ion ID :	B195204	83ED541	C788F9
	Ketchikan	AK	99901-9318	Amour	nt of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				,	, <u>,</u>	500.0	0
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Surgeon			/lemo	o Item			
	Receipt For:	Aggregate Year-to-Date ▼							
	Other (specify)	500.00							
s	UBTOTAL of Receipts This Page (optional)							1000.0	0
				- =	+	,	7		=
Ľ	OTAL This Period (last page this line number	oniy)	·····						

### Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usin								
NAME OF COMMITTEE (In Full)								
American College of Surgeo	ons Professio	nal Association PAC						
Full Name of Individual (Last, First, Midd Coren, Charles, V., ,	le Initial) or Full C	rganization Name	Date o	of Re	eceipt			
Mailing Address 320 Post Ave Ste 101			10	/	D D D 16	/ Y	2017	Y
City	State	Zip Code	Tran	sact	ion ID :	EFA4798	8A-7551-4	BD9-
Westbury	NY	11590-2258	Amour	nt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C			_	-		500.0	00
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	N	/lemc	o Item			
	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1000.00	]					
Full Name of Individual (Last, First, Midd	le Initial) or Full C	rganization Name						
B. Cosman, Bard, C., ,			Date o	of Re	eceipt			
Mailing Address 3350 La Jolla Village Dr # 112E	Chata	Zin Oode	09		18	/ Y	2017	Y
City San Diego	State CA	Zip Code 92161-0002			-		88-ABC7- is Period	4B62-
FEC ID number of contributing federal political committee.	C						1000.0	00
Name of Employer (for Individual) U.S. Department of Veterans Affairs		Occupation (for Individual) Surgeon Aggregate Year-to-Date ▼			ttem			
Receipt For:								
Primary General Other (specify) ▼		1000.00	1					
Full Name of Individual (Last, First, Midd C. Covington, Darell, Tyrone, ,	le Initial) or Full C	rganization Name	Date o	of Re	eceipt			
Mailing Address 500 Plaza Ct 447 Office Plaza, Ste C			07		D D D 19	/ Y	2017	Y
City East Stroudsburg	State PA	Zip Code 18301-8262					<b>9318EF6E</b> is Period	E5ADE4
FEC ID number of contributing federal political committee.	С				,	, j	83.3	33
Name of Employer (for Individual) Self Employed	Occ Surç	upation (for Individual) geon		/lemo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		916.63						
SUBTOTAL of Receipts This Page (option	al)				, .		1583.3	3
TOTAL This Period (last page this line nur	nber only)							

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initia Covington, Darell, Tyrone, , Mailing Address 500 Plaza Ct 447 Office Plaza, Ste C	al) or Full C	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : 4900871C1DB851D20422
	East Stroudsburg	PA	18301-8262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Self Employed	Sur	geon	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Other (specify) ▼		916.63	]
в.	Full Name of Individual (Last, First, Middle Initia Covington, Darell, Tyrone, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 500 Plaza Ct 447 Office Plaza, Ste C			M         M         /         D         D         /         Y
	City East Stroudsburg	State PA	Zip Code 18301-8262	Transaction ID : 4B53B02B14A6007920EA Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) ▼		916.63	]
с.	Full Name of Individual (Last, First, Middle Initia Covington, Darell, Tyrone, ,	al) or Full C	organization Name	Date of Receipt
	Mailing Address 500 Plaza Ct 447 Office Plaza, Ste C			10 / Y Y Y Y Y 10 19 2017
	City East Stroudsburg	State PA	Zip Code 18301-8262	Transaction ID : 4CBBB57B53CF5DD10D09           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)		С		83.33
		Occ Surç	upation (for Individual) geon	Memo Item
		Aggregate	Year-to-Date ▼ 916.63	]
s	UBTOTAL of Receipts This Page (optional)			249.99
Т	OTAL This Period (last page this line number o	nly)		

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
or for commercial purposes, other than using			berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
American College of Surgeor	ns Professio	nal Association PAC							
Full Name of Individual (Last, First, Middle Covington, Darell, Tyrone, ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 500 Plaza Ct 447 Office Plaza, Ste C			11 19 2017						
City East Stroudsburg	State PA	Zip Code 18301-8262	Transaction ID : 4D0AAF39866CF3F28998 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.63	]						
Full Name of Individual (Last, First, Middle B. Cribari, Chris, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2500 Rocky Mountain Ave North Medical Office Build			12 / Y Y Y Y 22 / 2017						
City Loveland	State CO	Zip Code 80538-9004	Transaction ID : 4ED0988187D53DA179C9 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Surgical Specialists of the Rockies		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	]						
Full Name of Individual (Last, First, Middle C. Croce, Martin, Alexander, ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address Univ of Tennessee Dept o	of Surg Sui		07 / D D / Y Y Y Y 20 2017						
City Memphis	State TN	Zip Code 38163-0001	Transaction ID : 4359BFFF664ADA4C43A7 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		80.00						
Name of Employer (for Individual) UTHSC	Occi Surg	upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00	]						
SUBTOTAL of Receipts This Page (optional)	)		246.66						
TOTAL This Period (last page this line num	ber only)								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIWIIZED REGEIFI 3		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ng the name and a	ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
Full Name of Individual (Last, First, Mid Croce, Martin, Alexander, , Mailing Address Univ of Tennessee Dep		rganization Name	Date of Receipt				
City	State	Zip Code	08 20 2017				
Memphis	TN	38163-0001	Transaction ID : 4B4ABB032E04AC79D7DC           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		80.00				
Name of Employer (for Individual) UTHSC		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00	1				
Full Name of Individual (Last, First, Mid B. Croce, Martin, Alexander, ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address Univ of Tennessee Dep	t of Surg Sui		09 20 2017				
City Memphis	State TN	Zip Code 38163-0001	Transaction ID : 445B9CC2F7F247C492B1 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		80.00				
Name of Employer (for Individual) UTHSC		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00	]				
Full Name of Individual (Last, First, Mid C. Croce, Martin, Alexander, ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address Univ of Tennessee Dep	t of Surg Sui		10 / Y Y Y Y 10 20 2017				
City Memphis	State TN	Zip Code 38163-0001	Transaction ID : 43D6A5B28CCE1DF35B43 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		80.00				
Name of Employer (for Individual) UTHSC	Occi Surg	upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 960.00	]				
SUBTOTAL of Receipts This Page (option	nal)		240.00				
TOTAL This Period (last page this line nu	mber only)						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17	
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	s may not be sold or used by any pe nd address of any political committee	rson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	sional Association PAC		
A. Croce, Martin, Alexander, , Mailing Address Univ of Tennessee Dept of Surg Sui City Memphis FEC ID number of contributing	S Univ of Tennessee Dept of Surg Sui           State         Zip Code           TN         38163-0001		
Name of Employer (for Individual)       UTHSC       Receipt For:       Primary       General       Other (specify) ▼	Occupation (for Individual) Surgeon gate Year-to-Date ▼ 960.00	Memo Item	
UTHSC		Date of Receipt	
Desert West Surgery	-	Date of Receipt	
SUBTOTAL of Receipts This Page (optional)	<b>·</b>	210.00	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\checkmark$ 11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Ini         A.       Curry, James, Dylan, ,         Mailing Address 1111 Shadow Ln         City         Las Vegas         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Desert West Surgery         Receipt For:         Primary       General         Other (specify) ▼	State NV C	Zip Code 89102-2314 Pupation (for Individual) geon Year-to-Date ▼ 550.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini         B.       Curry, James, Dylan, ,         Mailing Address 1111 Shadow Ln         City         Las Vegas         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Desert West Surgery         Receipt For:         Primary       General         Other (specify) ▼	State NV C	Zip Code 89102-2314 Eupation (for Individual) rgeon Year-to-Date ▼ 550.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini C. Curry, James, Dylan, , Mailing Address 1111 Shadow Ln City Las Vegas FEC ID number of contributing federal political committee. Name of Employer (for Individual) Desert West Surgery Receipt For: Primary General Other (specify)	State NV C	Zip Code 89102-2314 upation (for Individual) geon Year-to-Date ▼ 550.00	Date of Receipt 10 11 2017 Transaction ID : 4B778023D540BB9241FB Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			150.00

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		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American College of Surg	eons Professic	onal Association PAC				
Full Name of Individual (Last, First, M Curry, James, Dylan, ,	iddle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1111 Shadow Ln			M M / D D / Y Y Y Y 11 11 2017			
City Las Vegas	State NV	Zip Code 89102-2314	Transaction ID : 4A8EBABCEFB7EF88C Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) Desert West Surgery		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	1			
Full Name of Individual (Last, First, M B. Curry, James, Dylan, ,	iddle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 1111 Shadow Ln			12 11 2017			
City Las Vegas	State NV	Zip Code 89102-2314	Transaction ID : 424584D3BE014B33770			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) Desert West Surgery		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]			
Full Name of Individual (Last, First, M <b>C.</b> Daley, Brian, , ,	iddle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 1924 Alcoa Hwy # U-11 City						
Knoxville	State TN	Zip Code 37920-1511	Transaction ID : 9BA1CA79-7903-4DF4- Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer (for Individual) University General Surgeons		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]			
SUBTOTAL of Receipts This Page (opti	onal)		1100.00			
TOTAL This Period (last page this line	number only)					

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
American College of Surgeons	Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle I <b>A.</b> Daly, Christopher, J., ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 804 Torrey Pine Dr			10 24 2017					
City	State	Zip Code	Transaction ID : DA717282536947D2AD0					
Mars	PA	16046-2620	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Daqueshe University		geon						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General			1					
Other (specify) <b>v</b>		250.00	1					
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name						
B. Dandan, Imad, Sami, ,			Date of Receipt					
	Mailing Address 12828 Harwick Ln							
City	State CA	Zip Code	Transaction ID : A4553673C92A99316E4					
San Diego	CA	92130-2707	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1000.00	]					
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name						
C. Dattilo, Jeffery, Bartholomeau, ,			Date of Receipt					
Mailing Address 4402 Sunnybrook Dr			10 / 25 / Y Y Y Y 2017					
City Nashville	State TN	Zip Code 37205-3860	Transaction ID : CA5084915E8B456A80E					
		37203-3000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
St Thomas Health	Surg	jeon						
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		500.00	1					
			1					
SUBTOTAL of Receipts This Page (optional)			1750.00					
TOTAL This Period (last page this line numbe	r only)							

## Use separate schedule(s)

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T			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the p		cose of	soliciting	g contribu	itions
\ \	NAME OF COMMITTEE (In Full)	_	_							
	American College of Surgeons P	rofessio	nal Association PAC							
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name			_				
	Davis, Rodney, , ,			_	Date of	Re				
	Mailing Address 4301 W Markham St University Of Arkansas For Medi	cal			07	1	D D D	) / Y	2017	Y
	City	State	Zip Code		Trans	acti	on ID :	4595930		CD97C20
	Little Rock	AR	72205-7101	_					nis Period	
	FEC ID number of contributing	С			<u> </u>				50.	00
	federal political committee.	U			<u> </u>					
	Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item			
	Vanderbilt Univ Med Ctr	Sur	geon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		600.00							
				4						
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name							
B. Davis, Rodney, , ,				_	Date of	Re	ceipt			
Mailing Address 4301 W Markham St					м м 08	1	D D 11	/ Y	2017	Y
	University Of Arkansas For Med City	State	Zip Code	_			-	4095005		
	Little Rock	AR	72205-7101						nis Period	DC18FBF
	FEC ID number of contributing federal political committee.	C				50.00				
	Name of Employer (for Individual) Vanderbilt Univ Med Ctr	Occupation (for Individual) Surgeon				Memo Item				
	Receipt For:	Aggregate								
	Primary General	, .gg. egute		11						
	Other (specify) <b>v</b>	L	, 600.00							
	Full Name of Individual (Last, First, Middle Initia Davis, Rodney, , ,	l) or Full O	rganization Name		Date of	Ro	coint			
	Mailing Address 4301 W Markham St				M M	110			YY	Y
	University Of Arkansas For Med	ical			09		11		2017	
	City	State	Zip Code		Trans	act	ion ID :	49EBA4	E8A422/	4799DF78
	Little Rock	AR	72205-7101	_	Amount	of	Each R	leceipt th	nis Period	1
FEC ID number of contributing federal political committee.		С			<u> </u>	_	, . ,		50.	.00
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emc	Item			
	Vanderbilt Univ Med Ctr	Surg	jeon							
	Receipt For:	Aggregate Year-to-Date ▼								
	Other (specify)		600.00							
SI	JBTOTAL of Receipts This Page (optional)								150.	00
<u> </u>				-	<b>—</b>		,	,		
т	OTAL This Period (last page this line number on	ly)	••••••	•			-			

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X       11a       11b       11c       12       13       14       15       16       17			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	itements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC				
<ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li>Davis, Rodney, , ,</li> <li>Mailing Address 4301 W Markham St</li> <li>University Of Arkansas For Medical</li> </ul>			rganization Name	Date of Receipt			
	City	State	Zip Code	Transaction ID : 4336BA2C399A68B2EBD7			
	Little Rock	AR	72205-7101	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item			
	Vanderbilt Univ Med Ctr	Surg	geon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		600.00				
в.	Full Name of Individual (Last, First, Middle Initia Davis, Rodney, , ,	al) or Full O	rganization Name	Date of Receipt			
		Address 4301 W Markham St University Of Arkansas For Medical					
	City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 48C59EC4BD725511FCF8 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	50.00					
	Name of Employer (for Individual) Vanderbilt Univ Med Ctr		upation (for Individual) geon	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼ 600.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initia Davis, Rodney, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 4301 W Markham St University Of Arkansas For Mec	licol		12 11 2017			
	City	State	Zip Code	Transaction ID : 4472B3D9C3869D2468F3			
	Little Rock	AR	72205-7101	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		50.00				
	Name of Employer (for Individual) Vanderbilt Univ Med Ctr	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼ 600.00				
	CUBTOTAL of Receipts This Page (optional)			150.00			

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IT.			Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose o	f solicitin	g contribut	tions	
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name of Individual (Last, First, Middle Ini Davis, William, H., ,	tial) or Full O	rganization Name	C	Date of	Re	eceipt				
	Mailing Address 258 Adams Rd				м м 07	1	D 01		2017	Y	
	City Chula	State GA	Zip Code 31733-4322	A					9B64FA78 his Period	A0E936	
	FEC ID number of contributing federal political committee.	С							83.3	33	
	Name of Employer (for Individual) Good Circulation, LLC		upation (for Individual) geon		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96								
в.	Full Name of Individual (Last, First, Middle Init Davis, William, H., ,	tial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 258 Adams Rd				м м 08	/	01		2017	Y	
	City Chula	State GA	Zip Code 31733-4322						<b>C1416E664</b> his Period	66A799	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 83.33							
	Name of Employer (for Individual) Good Circulation, LLC		upation (for Individual) geon		Me	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]							
С.	Full Name of Individual (Last, First, Middle Ini Davis, William, H., ,	tial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 258 Adams Rd				<sup>M</sup> 09	1	D 01		2017	Y	
	City Chula	State GA	Zip Code 31733-4322	A					92BDFDE2 his Period	C0A6A4	
	FEC ID number of contributing federal political committee.	С		ļ			y .	9	83.3	33	
	Good Circulation, LLC		upation (for Individual) Jeon		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				-		,		249.9	99	

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American College of Surgeor	ns Professio	nal Association PAC							
Full Name of Individual (Last, First, Middle Davis, William, H., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 258 Adams Rd			M M / D D / Y Y Y Y 10 01 2017						
City Chula	State GA	Zip Code 31733-4322	Transaction ID : 4236A8E6E09C0C387E55 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Good Circulation, LLC		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]						
Full Name of Individual (Last, First, Middle B. Davis, William, H., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 258 Adams Rd	11 01 2017								
City Chula	State GA	Zip Code 31733-4322	Transaction ID : 48FBA20E08AD7FC032						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Good Circulation, LLC		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		999.96	]						
Full Name of Individual (Last, First, Middle C. Davis, William, H., ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 258 Adams Rd			M M / D D / Y Y Y Y 12 01 2017						
City Chula	State GA	Zip Code 31733-4322	Transaction ID : 4898B9D78DDBD9CAE00 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Good Circulation, LLC	Occi Surg	upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]						
SUBTOTAL of Receipts This Page (optional	)		249.99						
TOTAL This Period (last page this line num	ber only)								

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171		Use separate schedule(s)			(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	;	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the p		oose of	solicit		contribut	ions
$\setminus$	NAME OF COMMITTEE (In Full)										
	American College of Surgeons P	rofessio	nal Association PAC								
A.	Full Name of Individual (Last, First, Middle Initia Deatherage, Mark, Frederick, ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1600 NW 6th St				M M	/		7	Y	Y Y	Y
	North Suite	State	Zip Code	-	12 Trans	acti	31 on ID :	2F742	10/	2017 3525007	5275
	Grants Pass	OR	97526-1094							Period	0210
	FEC ID number of contributing federal political committee.	C					<b>y</b>			500.0	00
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
в.	Full Name of Individual (Last, First, Middle Initia Detlefs, Corey, L., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 925 E McDowell Rd FI 2				м м 07	/	20		Y	y y 2017	Y
	City Phoenix	State AZ	Zip Code 85006-2502								EAB287A
	FEC ID number of contributing federal political committee.	C		_	Amount	OI		receipt	uriis	Period 60.0	00
	Name of Employer (for Individual) Banner University Medical Center, Phoe	Occupation (for Individual)			Memo Item						
	Receipt For:	Surgeon Aggregate Year-to-Date ▼									
	Primary General Other (specify) ▼	Ayyreyale	720.00								
С.	Full Name of Individual (Last, First, Middle Initia Detlefs, Corey, L., ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 925 E McDowell Rd FI 2				м м 08	/	20	ЛI	_	2017	
	City Phoenix	State AZ	Zip Code 85006-2502				-			37C45E	5F0FE40
	FEC ID number of contributing federal political committee.	С					,	, see a pr		60.0	00
	Name of Employer (for Individual) Banner University Medical Center, Phoe	Occupation (for Individual) Surgeon				emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00								
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,		620.0	0
т	OTAL This Period (last page this line number or	nly)									

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II LIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC						
Full Name of Individual (Last, First, Midd <b>A.</b> Detlefs, Corey, L., ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 925 E McDowell Rd FI 2			09 20 / Y Y Y Y 2017					
City Phoenix	State AZ	Zip Code 85006-2502	Transaction ID : 4C1496E0CA0FEFDFA           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		60.00					
Name of Employer (for Individual) Banner University Medical Center, Phoe		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) $\checkmark$	Aggregate	Year-to-Date ▼ 720.00	]					
Full Name of Individual (Last, First, Midd B. Detlefs, Corey, L., ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 925 E McDowell Rd FI 2	1-		M M / D D / Y Y Y Y 10 20 2017					
City Phoenix	State AZ	Zip Code 85006-2502	Transaction ID : 4EA2BEBA9BA621F22 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		60.00					
Name of Employer (for Individual) Banner University Medical Center, Phoe		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	]					
Full Name of Individual (Last, First, Midd Detlefs, Corey, L., ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 925 E McDowell Rd	State	Zip Code	M M / D D / Y Y Y Y 11 20 2017					
City Phoenix	AZ	85006-2502	Transaction ID : 4B1FBA331E4EFDBE6 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		60.00					
Name of Employer (for Individual) Banner University Medical Center, Phoe	Occi Surg	upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	1					
SUBTOTAL of Receipts This Page (optional	al)		180.00					
TOTAL This Period (last page this line nur	nber only)							

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	-	Use separate schedule(s)	(check only one)					
II LIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surgeon	s Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle A. Detlefs, Corey, L., ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 925 E McDowell Rd FI 2			M = M         /         D = D         /         Y = Y = Y = Y         Y           12         20         2017         2017					
City Phoenix	State AZ	Zip Code 85006-2502	Transaction ID : 4FD8922DC3115C50233E					
FEC ID number of contributing			Amount of Each Receipt this Period					
federal political committee.	С		60.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Banner University Medical Center, Phoe	Sur	geon						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		720.00	]					
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name						
B. Doherty, Gerard, Michael, ,	Date of Receipt							
Brigham And Women's Hos	Mailing Address 75 Francis St Brigham And Women's Hospital							
City	State	Zip Code	Transaction ID : 4F808ECD3B7D8A4817D4					
Boston	MA	02115-6110	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) University of Michigan		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		550.00	]					
Full Name of Individual (Last, First, Middle C. Doherty, Gerard, Michael, ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 75 Francis St			08 04 2017					
Brigham And Women's Hos City	spital State	Zip Code	Transaction ID : 46139B882C1EE655ABDD					
Boston	MA	02115-6110	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) University of Michigan	Occu	upation (for Individual) Jeon	Memo Item					
Receipt For:		Year-to-Date ▼						
Primary General Other (specify)		550.00	]					
SUBTOTAL of Receipts This Page (optional).			160.00					
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ITE			Use separate schedule(s)			(check only one)					
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			<b>K</b> 11a 13		11b 14	11c	12	17
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N N	AME OF COMMITTEE (In Full)										
)	American College of Surgeons P	rofessio	onal As	sociation PAC							
	ull Name of Individual (Last, First, Middle Initia Doherty, Gerard, Michael, ,	al) or Full O	rganizatio	on Name		Date of	f Re	eceipt			
_	lailing Address 75 Francis St Brigham And Women's Hospital					09	1	04	) / Y	ү ү 2017	Y
	ity Boston	State MA		Code 115-6110						9A20C8B	3283E7E
	EC ID number of contributing deral political committee.	С				<u> </u>		-		50.	)0
U	ame of Employer (for Individual) Iniversity of Michigan		upation (1 geon	or Individual)		M	emo	o Item			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-E	Date ▼ 550.00	]						
	ull Name of Individual (Last, First, Middle Initia Doherty, Gerard, Michael, ,	al) or Full O	Irganizatio	on Name		Date of	f Re	eceipt			
_	lailing Address 75 Francis St Brigham And Women's Hospita	1				M M 11	/	04	/ Y	2017	Y
	ity Boston	State MA		Code 115-6110				-		0C35AF5	A0726F8
	EC ID number of contributing deral political committee.	C				50.00					
U	lame of Employer (for Individual) niversity of Michigan		upation (i geon	for Individual)		M	emo	o Item			
R	eceipt For: Primary General	Aggregate	regate Year-to-Date ▼								
	Other (specify) ▼										
<b>C</b> .	ull Name of Individual (Last, First, Middle Initia Doherty, Gerard, Michael, ,	al) or Full O	organizatio	on Name		Date of	f Re	eceipt			
_	lailing Address 75 Francis St Brigham And Women's Hospita	1				12 <sup>M</sup>	J.	04	JL	2017 <sup>Y</sup>	
	ity Boston	State MA	· · ·	Code 15-6110	_			-	-	<b>5AFF158</b> his Period	FE6E349
	EC ID number of contributing ederal political committee.	С				Ľ.		<b>y</b>	. ,	50.0	)0
U	ame of Employer (for Individual) Iniversity of Michigan	Occupation (for Individual) Surgeon				M	emo	o Item			
п	eceipt For: Primary General Other (specify)	Aggregate	Year-to-E	0ate ▼ 550.00	]						
SU	BTOTAL of Receipts This Page (optional)			•	▶ _	[.		7	, ,	150.0	)0
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	onal Association PAC	
Full Name of Individual (Last, First, Middle Initia         A. Dolman, Heather, S., ,         Mailing Address 4201 Saint Antoine St         Ste 4S-13         City         Detroit         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Wayne State University School of Medic         Receipt For:         Primary       General         Other (specify) ▼	State MI C Occ Sur	Drganization Name Zip Code 48201-2153 upation (for Individual) geon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         B. Donahue, David, , ,         Mailing Address 1059 Redbud Cir         City         Longmont         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State CO C Sur	Drganization Name Zip Code 80503-7351 cupation (for Individual) rgeon Year-to-Date ▼ 250.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         C. Downard, Cynthia, Denise, ,         Mailing Address 315 E Broadway         Ste 565         City         Louisville         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Univ of Louisville         Receipt For:         Primary       General         Other (specify)	State KY C Occ Sure	Drganization Name Zip Code 40202-3702 upation (for Individual) geon Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1000.00

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	check only one)				
		for each category of the Detailed Summary Page	<b>×</b> 11a 13		11c 15	12 16	17	
Any information copied from such F or for commercial purposes, other t								
NAME OF COMMITTEE (In Full) American College of S	urgeons Professio	nal Association PAC						
Full Name of Individual (Last, Fin Duane, Therese, M., ,	st, Middle Initial) or Full O	rganization Name	Date of	Receipt				
Mailing Address 1500 S Main St 3Rd Floor Opc -			09	/ D D 22		2017	ſ	
City Fort Worth	State TX	Zip Code 76104-4917		of Each Rece			159-	
FEC ID number of contributing federal political committee.	ě l					250.00	)	
Name of Employer (for Individua JPS Health Network		upation (for Individual) geon	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
Full Name of Individual (Last, Fin Dubose, Joseph, Jeremy		rganization Name	Date of	Receipt				
Mailing Address 4501 Alhambra   Apt 232	1		07	/ D D 07	/ Y Y 20	017		
City Davis	State CA	Zip Code 95618-7152		action ID:446 of Each Rece			69794F	
FEC ID number of contributing federal political committee.	С			83.33				
Name of Employer (for Individua Self Employed	, ,	upation (for Individual) geon	Me	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64	]					
Full Name of Individual (Last, Fin C. Dubose, Joseph, Jerem		rganization Name	Date of	Receipt				
Mailing Address 4501 Alhambra Apt 232	1		08	/ D D 07	2	017		
City Davis	State CA	Zip Code 95618-7152		of Each Rece			E90C46	
FEC ID number of contributing federal political committee.	5				<b>y</b>	83.33	3	
Name of Employer (for Individua Self Employed Receipt For:	upation (for Individual) geon	Me	emo Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.64	]					
SUBTOTAL of Receipts This Page	(optional)				, .	416.66	3	
TOTAL This Period (last page this	line number only)							

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PAGE 60 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II LIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         11					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surgeor	IS Protessio	nal Association PAC						
Full Name of Individual (Last, First, Middle Dubose, Joseph, Jeremy, ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4501 Alhambra Dr Apt 232			09 07 2017					
City	State	Zip Code	Transaction ID : 4DCEAD910AC3BC4E8					
Davis	CA	95618-7152	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		666.64	]					
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name						
B. Dubose, Joseph, Jeremy, , Mailing Address 4501 Alhambra Dr Apt 232	Date of Receipt							
City	State	Zip Code	Transaction ID : 45EDAF93990EE367CD					
Davis	CA	95618-7152	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		666.64	]					
Full Name of Individual (Last, First, Middle C. Dubose, Joseph, Jeremy, ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4501 Alhambra Dr Apt 232			M M / D D / Y Y Y Y 11 07 2017					
City Davis	State CA	Zip Code 95618-7152	Transaction ID : 461DA3E0D95788524AB					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 83.33					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	1					
Other (specify)		666.64	1					
SUBTOTAL of Receipts This Page (optional)	)		249.99					
TOTAL This Period (last page this line numb	per only)							

### Use separate schedule(s)

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PAGE 61 OF

ידו			Use separate schedule(s)	(check only one)						
111			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         11						
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions						
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	American College of Surgeons Pl	rofessio	nal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Dubose, Joseph, Jeremy, ,	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 4501 Alhambra Dr Apt 232			M M / D D / Y Y Y Y 12 07 2017						
	City Davis	State CA	Zip Code 95618-7152	Transaction ID : 4755B1A5D68308B8D70						
			95010-7152	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		83.33						
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
		Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		666.64							
	Full Name of Individual (Last, First, Middle Initia	) or Full O	rganization Name	Data of Dessist						
в.	Duchesne, Juan, , , Mailing Address 1430 Tulane Ave			Date of Receipt						
	Ste 8527			07 28 2017						
	City	State	Zip Code	Transaction ID : 4BCA82F106D2F84B650						
	New Orleans	LA	70112-2632	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		33.33						
	Name of Employer (for Individual) North Oaks Medical Center									
		Aggregate	Year-to-Date ▼							
	Other (specify)		, 399.96							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Duchesne, Juan, , ,	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1430 Tulane Ave Ste 8527			08 28 2017						
	City	State	Zip Code	Transaction ID : 4CA6939961FDD4EE09						
	New Orleans	LA	70112-2632	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		33.33						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	North Oaks Medical Center Receipt For:	Surg	Year-to-Date V	-						
	Primary General	Aggregate								
	Other (specify)		399.96							
s	UBTOTAL of Receipts This Page (optional)			149.99						
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ΓT	OTAL This Period (last page this line number on	ıy)	•••••••							

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FOR LINE NUMBER:

PAGE 62 OF

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       Image: 11 transform       11 transf
	y information copied from such Reports and State for commercial purposes, other than using the nat			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessio	nal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initial) Duchesne, Juan, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 1430 Tulane Ave Ste 8527			09 28 2017
	City	State	Zip Code	Transaction ID : 4B67B2E38086865578C6
	New Orleans	LA	70112-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		33.33
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	North Oaks Medical Center	Surg	jeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		399.96	
В.	Full Name of Individual (Last, First, Middle Initial) Duchesne, Juan, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 1430 Tulane Ave Ste 8527			10 28 2017
	City New Orleans	State LA	Zip Code 70112-2632	Transaction ID : 4476BDFB8CE156D80F31 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		33.33
	Name of Employer (for Individual) North Oaks Medical Center	Occu Surg	upation (for Individual) geon	Memo Item
	Receipt For:     A       Primary     General       Other (specify) ▼	ggregate	Year-to-Date ▼ 399.96	
<u> </u>	Full Name of Individual (Last, First, Middle Initial) Duchesne, Juan, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 1430 Tulane Ave Ste 8527			11 28 2017
	City	State LA	Zip Code	Transaction ID: 420EBCAC59EB85B3CBD
	New Orleans	LA	70112-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		33.33
	Name of Employer (for Individual) North Oaks Medical Center	Occu Surg	ipation (for Individual) eon	Memo Item
	Receipt For:     A       Primary     General       Other (specify)	ggregate	Year-to-Date ▼ 399.96	
s	UBTOTAL of Receipts This Page (optional)		•	99.99
т	OTAL This Period (last page this line number only	′)	••••••	

### Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
American College of Surgeo	ons Protessio	nal Association PAC	
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	rganization Name	
A. Ducnesne, Juan, , , Mailing Address 1430 Tulane Ave			Date of Receipt
			12 28 2017
City	State LA	Zip Code	Transaction ID : 4018B21CEAD0613863B1
New Orleans		70112-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		33.33
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
North Oaks Medical Center	Sur	geon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		399.96	]
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	rganization Name	
B. Dunn, Margaret, M., ,	Date of Receipt		
Mailing Address 725 University Blvd Wright State Boonshoft	07 15 2017		
City	State	Zip Code	Transaction ID : 45AFB11B9EA8307B7FF
Beavercreek	OH	45324-2640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Wright State Physicians		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		3200.00	]
Full Name of Individual (Last, First, Mide C. Dunn, Margaret, M., ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 725 University Blvd			M M / D D / Y Y Y Y
Wright State Boonshoft City	School Of M State	Zip Code	08 15 2017 Transaction ID : 46FB86B92FE78AD0EE2
Beavercreek	OH	45324-2640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Wright State Physicians		geon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		3200.00	]
SUBTOTAL of Receipts This Page (option	al)		433.33
TOTAL This Period (last page this line nu	mber only)		

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check o	nly o	one)			
			for each category of the Detailed Summary Page	<b>X</b> 11a	F	11b 14	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC						
Α.	Full Name of Individual (Last, First, Middle Initia Dunn, Margaret, M., ,	al) or Full O	rganization Name	Date	of R	eceipt			
	Mailing Address 725 University Blvd Wright State Boonshoft School (			09		/ D D 15	/ Y	2017	Y
	City Beavercreek	State OH	Zip Code 45324-2640			tion ID : 4 f Each Re			
	FEC ID number of contributing federal political committee.	С			_	-		200.	00
	Name of Employer (for Individual) Wright State Physicians		upation (for Individual) geon		Mem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3200.00						
в.	Full Name of Individual (Last, First, Middle Initia Dunn, Margaret, M., ,	al) or Full O	rganization Name	Date	of R	eceipt			
	Mailing Address 725 University Blvd Wright State Boonshoft School Of M					/ D D 15	/ Y	2017	Y
	City Beavercreek	State OH	Zip Code 45324-2640		Transaction ID : 4D12A1861E3D8 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C			200.00				
	Name of Employer (for Individual)Occupation (for Individual)Wright State PhysiciansSurgeon				Mem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00							
	Full Name of Individual (Last, First, Middle Initia Dunn, Margaret, M., ,	al) or Full O	rganization Name	Date	of R	eceipt			
	Mailing Address 725 University Blvd Wright State Boonshoft School Of M					/ D D D 15	L	2017	
	City Beavercreek	State OH	Zip Code 45324-2640			f Each Re			5D694F34
	FEC ID number of contributing federal political committee.	С			_	y	y	200.	00
	Name of Employer (for Individual) Wright State Physicians	Occupation (for Individual) Surgeon			Mem	io Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3200.00						
s	UBTOTAL of Receipts This Page (optional)		•			,	, , , , , , , , , , , , , , , , , , ,	600.	00
т	OTAL This Period (last page this line number or	nly)	••••••			-			

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PAGE 65 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements m name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Init         A.       Dunn, Margaret, M., ,         Mailing Address       725 University Blvd         Wright State Boonshoft School         City         Beavercreek         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Wright State Physicians         Receipt For:         Primary       General         Other (specify) ▼	Of M State OH C Occ Sur Aggregate	Zip Code 45324-2640	Date of Receipt
Full Name of Individual (Last, First, Middle Init         B.       Eastman, Alexander, Laurance, ,         Mailing Address University of Texas Southwest         Division Of Burns, Trauma And         City         Dallas         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University of Texas Southwestern Medic         Receipt For:         Primary       General         Other (specify) ▼	ern M d Crit TX C	Zip Code 75390-0001 Cupation (for Individual) regeon Year-to-Date ▼ 250.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init C. Edwards, Norma, Marie, , Mailing Address 640 Blowing Rock Ln City Knoxville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Memphis Surgery Associates Receipt For: Primary General Other (specify)	State TN C	Drganization Name Zip Code 37922-3236 upation (for Individual) geon Year-to-Date ▼ 999.96	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			533.33

FOR LINE NUMBER:

PAGE 66 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	onal Association PAC	
Full Name of Individual (Last, First, Mid Edwards, Norma, Marie, , Mailing Address 640 Blowing Rock Ln City	dle Initial) or Full C	Organization Name	Date of Receipt
Knoxville	TN	37922-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Memphis Surgery Associates	Sur	geon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	Organization Name	
B. Edwards, Norma, Marie, , Mailing Address 640 Blowing Rock Ln			Date of Receipt
City Knoxville	State TN	Zip Code 37922-3236	Transaction ID : 44CBB77DBFE3ADAB2582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) Memphis Surgery Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]
Full Name of Individual (Last, First, Mid C. Edwards, Norma, Marie, ,	dle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 640 Blowing Rock Ln	1		10 / 28 / Y Y Y Y 2017
City Knoxville	State TN	Zip Code 37922-3236	Transaction ID : 49A49D3EBBA0FB40CD60           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) Memphis Surgery Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]
SUBTOTAL of Receipts This Page (option	nal)		249.99
TOTAL This Period (last page this line nu	mber only)		

#### Use separate schedule(s)

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PAGE 67 OF

		Use separate schedule(s)	(check onl	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 13	11b	0 11c	12	17		
Any information copied from such Reports and or for commercial purposes, other than using			person for the	purpose	e of solicitin	g contribut	ions		
NAME OF COMMITTEE (In Full)									
American College of Surgeon	s Professio	nal Association PAC							
Full Name of Individual (Last, First, Middle Edwards, Norma, Marie, ,	Initial) or Full O	rganization Name	Date o	f Receip	ot				
Mailing Address 640 Blowing Rock Ln			M M	/ D	28 /	2017	Y		
City Knoxville	State TN	Zip Code 37922-3236			ID:4812BE		E599D5A		
FEC ID number of contributing federal political committee.	C			і уг.	· · ·	83.3	33		
Name of Employer (for Individual) Memphis Surgery Associates		upation (for Individual) geon	М	emo Ite	m				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. Edwards, Norma, Marie, , Mailing Address 640 Blowing Rock Ln				f Receip	28 / 1	2017	Ŷ		
City	State	Zip Code			ID : 419FA8	F8E85007	A6FC8B		
Knoxville	TN	37922-3236	Amoun	t of Eac	ch Receipt t	his Period			
FEC ID number of contributing federal political committee.	С			-		83.3	33		
Name of Employer (for Individual) Memphis Surgery Associates		upation (for Individual) geon	M	emo Ite	m				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]						
Full Name of Individual (Last, First, Middle C. Ellis, Clyde, Neal, , Jr.	Initial) or Full O	rganization Name	Date o	f Receip	ot				
Mailing Address 701 W 5th St Ste 2263			10	/ D	23	2017	Y		
City Odessa	State TX	Zip Code 79763-4206			ID:5C3CB		42C8620		
FEC ID number of contributing federal political committee.	С			, ,		500.0	00		
Name of Employer (for Individual) Texas Tech University	Occi Surg	M	emo Ite	m					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]						
SUBTOTAL of Receipts This Page (optional).						666.6	6		
TOTAL This Period (last page this line number	er only)								

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
IILIWIIZED REGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
angle American College of Surge	ons Professio	nal Association PAC										
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name										
A. Enderson, Blaine, L., ,			Date of Receipt									
Mailing Address 1924 Alcoa Hwy Ste U-11			07 03 2017									
City	State	Zip Code	Transaction ID : 4EF48CA10ADB559E1340									
Knoxville	TN	37920-1511	Amount of Each Receipt this Period									
FEC ID number of contributing	С		50.00									
federal political committee.	0											
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
University General Surgeons Receipt For:		geon										
Primary General	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		600.00										
Full Name of Individual (Last, First, Mid B. Enderson, Blaine, L., ,	dle Initial) or Full C	rganization Name	Date of Persoint									
Mailing Address 1924 Alcoa Hwy	Date of Receipt											
Ste U-11		08 03 2017										
City	State	Zip Code	Transaction ID : 4E5591E777696011BB3C									
Knoxville	TN	37920-1511	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) University General Surgeons		upation (for Individual) geon	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		600.00	]									
Full Name of Individual (Last, First, Mid C. Enderson, Blaine, L., ,	dle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1924 Alcoa Hwy			09 03 2017									
Ste U-11 City	State	Zip Code	09 03 2017 Transaction ID : 4B7AB47F8E4585B47E0D									
Knoxville	TN	37920-1511	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
University General Surgeons	Surg	,										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify)		600.00	1									
		4	-									
SUBTOTAL of Receipts This Page (option	nal)		150.00									
TOTAL This Period (last page this line nu	mber only)											

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

			Use separate schedule(s)	(check only one)				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions				
$\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC					
A.	Full Name of Individual (Last, First, Middle Initia Enderson, Blaine, L., ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1924 Alcoa Hwy Ste U-11			10 / Y Y Y Y 2017				
	City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : 472A897B87C43D74840 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) University General Surgeons	Occu Surg	ipation (for Individual) Jeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]				
	Full Name of Individual (Last, First, Middle Initian Enderson, Blaine, L., ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1924 Alcoa Hwy Ste U-11	11 / D D / Y Y Y Y Y 103 / 2017						
	City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : 4C6F82449D977C73906 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) University General Surgeons		upation (for Individual) geon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]				
	Full Name of Individual (Last, First, Middle Initi Enderson, Blaine, L., ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1924 Alcoa Hwy Ste U-11			12 03 Y Y Y Y 2017				
	City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : 4C92917222A05173352 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) University General Surgeons	Occu Surg	ipation (for Individual) eon	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]				
-	UBTOTAL of Receipts This Page (optional)		•	150.00				

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)					
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	onal Association PAC						
Α.	Full Name of Individual (Last, First, Middle Initia Fahy, Bridget, Noel, , Mailing Address Unm Dept of Surgery	al) or Full C	Organization Name	Date of Receipt					
	Msc07-4025			10 25 2017					
	City	State	Zip Code	Transaction ID : 59DB0D9F41584223A130					
	Albuquerque	NM	87131-0001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	The Methodist Hospital	Sur	rgeon						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		250.00						
в.	Full Name of Individual (Last, First, Middle Initia Fairfax, Lindsay, , ,	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 6913 Courageous Cir	M M / D D / Y Y Y Y 07 17 2017							
	City	State	Zip Code	Transaction ID : 4DEE9D35E22B1049DF20					
	Burke	VA	22015-4503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual) Auckland City Hospital		cupation (for Individual) Irgeon	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		, 504.00						
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 6913 Courageous Cir			08 / D D / Y Y Y Y 08 17 2017					
	City	State	Zip Code	Transaction ID : 4CE5A1D4E50B62DF755D					
	Burke	VA	22015-4503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.00					
	Name of Employer (for Individual) Auckland City Hospital		cupation (for Individual) rgeon	Memo Item					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Other (specify)		504.00						
s	UBTOTAL of Receipts This Page (optional)		•	334.00					
Т	OTAL This Period (last page this line number or	חly)							

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IT.			Use separate schedule(s)	(check	only	one	e)				
			for each category of the Detailed Summary Page	<b>X</b> 1 <sup>-</sup>	ŀ	_	11b 14	11c 15	12	_	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for	the p	ourp	ose of	solicitin	g contri	ibutior	ns
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC								
A.	Full Name of Individual (Last, First, Middle Initia Fairfax, Lindsay, , ,	l) or Full O	rganization Name	Dat	e of	Rec	ceipt				
	Mailing Address 6913 Courageous Cir				09 <sup>M</sup>	/	D D D 17	/ Y	2017	Y Y 7	]
	City Burke	State VA	Zip Code 22015-4503					4DA18E eceipt tl			3551F
	FEC ID number of contributing federal political committee.	С			Ξ		,		4	42.00	
	Name of Employer (for Individual) Auckland City Hospital		upation (for Individual) geon		Me	mo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Fairfax, Lindsay, , , Mailing Address 6913 Courageous Cir				e of	Rec	eipt		Y	YYY	
	City Burke	State VA		10 <b>ansa</b>		17 on ID : 4	411FBF	2017 211D53	7 3D03E	39416	
	FEC ID number of contributing federal political committee.	VA 22015-4503						eceipt tl		42.00	
	Name of Employer (for Individual) Auckland City Hospital		upation (for Individual) geon		Me	mo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00								
C.	Full Name of Individual (Last, First, Middle Initia Fairfax, Lindsay, , ,	l) or Full O	rganization Name	Dat	e of	Rec	ceipt				
	Mailing Address 6913 Courageous Cir				11 <sup>™</sup>	/	D D 17	L L	2017	7	]
	City Burke	State VA	Zip Code 22015-4503				-	4ACF91			3EAB0
	FEC ID number of contributing federal political committee.	С			_		7	, ,	2	42.00	
	Name of Employer (for Individual) Auckland City Hospital Receipt For:	Occupation (for Individual) Surgeon			Me	mo	ltem				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00								
s	UBTOTAL of Receipts This Page (optional)		•••••				,	. ,	12	26.00	
т	OTAL This Period (last page this line number on	ly)					,	- <b>-</b>		-	

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Т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	<b>X</b> 11a 11b 13 14	11c 12 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the			son for the purpose of s	oliciting contributions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC						
A.	Full Name of Individual (Last, First, Middle Initia Fairfax, Lindsay, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6913 Courageous Cir			12 / D D 17	/ Y Y Y Y Y 2017				
	City Burke	State VA	Zip Code 22015-4503	Transaction ID : 4	BC1B714665B28BF3993 ceipt this Period				
	FEC ID number of contributing federal political committee.	С			42.00				
	Name of Employer (for Individual) Auckland City Hospital		upation (for Individual) geon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 504.00						
в.	Full Name of Individual (Last, First, Middle Initia Fann, Stephen, Austin, ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address Musc Dept of Surg 420 Csb:Msc 613	07 / D D D 22	2017						
	City Charleston	State SC	Zip Code 29425-0001	Transaction ID : 49 Amount of Each Red	<b>FE9A45E839EF3D5A13</b> ceipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Univ of South Carolina School of Med	upation (for Individual) geon	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00						
С.	Full Name of Individual (Last, First, Middle Initia Fann, Stephen, Austin, ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address Musc Dept of Surg 420 Csb:Msc 613	_		08 / D D D 22	/ Y Y Y Y 2017				
	City Charleston	State SC	Zip Code 29425-0001	Transaction ID : 4 Amount of Each Red	00CB6F818A389FC766E ceipt this Period				
	FEC ID number of contributing federal political committee.	С			50.00				
	Name of Employer (for Individual) Univ of South Carolina School of Med	Occu Surg	upation (for Individual) geon	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00						
	UBTOTAL of Receipts This Page (optional)				142.00				
FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	x       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements m name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Ini         A.       Fann, Stephen, Austin, ,         Mailing Address Musc Dept of Surg         420 Csb:Msc 613         City         Charleston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Univ of South Carolina School of Med         Receipt For:         Primary       General         Other (specify) ▼	State SC C Occ Sur	Drganization Name Zip Code 29425-0001 cupation (for Individual) rgeon • Year-to-Date ▼ 600.00	Date of Receipt 09 22 2017 Transaction ID : 43858194796FDA16E13C Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle Ini         B. Fann, Stephen, Austin, ,         Mailing Address Musc Dept of Surg         420 Csb:Msc 613         City         Charleston         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Univ of South Carolina School of Med         Receipt For:         Primary       General         Other (specify) ▼	State SC C Occ Su	Drganization Name Zip Code 29425-0001 Cupation (for Individual) rgeon P Year-to-Date ▼ 600.00	Date of Receipt 10 22 2017 Transaction ID : 4F56B71E0D1E861B8A7C Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle Ini C. Fann, Stephen, Austin, , Mailing Address Musc Dept of Surg 420 Csb:Msc 613 City Charleston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Univ of South Carolina School of Med Receipt For: Primary General Other (specify)	State SC C Occ Sur	Drganization Name         Zip Code         29425-0001         cupation (for Individual)         geon         Year-to-Date ▼         600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		<b>r</b>	150.00

### Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC							
Full Name of Individual (Last, First, Midd Fann, Stephen, Austin, ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address Musc Dept of Surg 420 Csb:Msc 613			M M / D D / Y Y Y Y Y 12 22 2017						
City Charleston	State SC	Zip Code 29425-0001	Transaction ID : 45BC9ACA3F81C0FE Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		50.00						
Name of Employer (for Individual) Univ of South Carolina School of Med		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]						
Full Name of Individual (Last, First, Midd <b>B.</b> Felger, Erin, Angela, ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10700 Beach Mill Rd	1-		12 / D D / Y Y Y Y 28 2017						
City Great Falls	State VA	Zip Code 22066-3028	Transaction ID : 536AEF53F5943B3AF Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) WHC		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name of Individual (Last, First, Midd C. Ferdinand, Colville, H. B., ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2210 Morningside Dr			M M / D D / Y Y Y Y 10 24 2017						
City Augusta	State GA	Zip Code 30904-3451	Transaction ID : 413FBAA8A5A749528 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Augusta University		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
SUBTOTAL of Receipts This Page (option	al)		550.00						
TOTAL This Period (last page this line nur	nber only)								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
IILIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surge	ons Professio	nal Association PAC						
Full Name of Individual (Last, First, Mic A. Ferrada, Paula, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address PO Box 980454			M = M / D = D / Y = Y = Y					
Vcu Health System	State	Zip Code						
Richmond	VA	23298-0454	Transaction ID : 4E12A975F6FC557BE1 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) VCU		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00						
Full Name of Individual (Last, First, Mic	dle Initial) or Full C	rganization Name						
B. Ferrada, Paula, , ,			Date of Receipt					
Mailing Address PO Box 980454 Vcu Health System			08 / D D / Y Y Y Y Y 2017					
City Richmond	State VA	Zip Code 23298-0454	Transaction ID : 4D54BC1BD0AFB540F					
		23296-0434	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) VCU		upation (for Individual) geon	Memo Item					
	Aggregate	Year-to-Date ▼						
Other (specify) ▼		550.00						
Full Name of Individual (Last, First, Mic Ferrada, Paula, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address PO Box 980454 Vcu Health System	0	7. 0.4	09 / D D / Y Y Y Y 09 / 07 2017					
City Richmond	State VA	Zip Code 23298-0454	Transaction ID : 430AA6ACE2BF4AA0D Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) VCU	Occ	upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00						
SUBTOTAL of Receipts This Page (option	nal)		150.00					
TOTAL This Period (last page this line nu	umber only)							

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pr	ofessional Association PAC	C
Full Name of Individual (Last, First, Middle Initial A. Ferrada, Paula, , , Mailing Address PO Box 980454 Vcu Health System City Richmond FEC ID number of contributing federal political committee. Name of Employer (for Individual) VCU	) or Full Organization Name State Zip Code VA 23298-0454 C Occupation (for Individual) Surgeon	Date of Receipt 10 10 07 2017 Transaction ID : 41198E9DF81E0582A67B Amount of Each Receipt this Period 50.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name of Individual (Last, First, Middle Initial         B. Ferrada, Paula, , ,         Mailing Address PO Box 980454         Vcu Health System         City         Richmond         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         VCU         Receipt For:         Primary       General         Other (specify) ▼	) or Full Organization Name State Zip Code VA 23298-0454 C Occupation (for Individual) Surgeon Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initial C. Ferrada, Paula, , , Mailing Address PO Box 980454 Vcu Health System City Richmond FEC ID number of contributing federal political committee. Name of Employer (for Individual) VCU Receipt For: Primary General Other (specify)	) or Full Organization Name State Zip Code VA 23298-0454 C Occupation (for Individual) Surgeon Aggregate Year-to-Date ▼ 550.00	Date of Receipt  12 07 2017 Transaction ID : 4F34A047E5140FE0C894 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		

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ıт.			Use separate schedule(s)		(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c	12	17	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American College of Surgeons P	rofessio	onal Association PAC								
/	Full Name of Individual (Last, First, Middle Initia	) or Full O	Drganization Name								
Α.	Ficke, James, , ,				Date of	Re	ceipt				
	Mailing Address 601 N Caroline St Ste 5215				10 <sup>M</sup>	/	D 1	р / Ү	2017	Y	
	City	State	Zip Code		Trans	acti	on ID :	7AB407	EFEAE04	A43B19F	
	Baltimore	MD	21287-0006		Amount	of	Each F	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	С					<b>7</b>		250.	00	
	Name of Employer (for Individual)	Occi	cupation (for Individual)	_	Me	emo	Item				
	Johns Hopkins	Surç	geon								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)	· · · ·	750.00	11.							
			- 49								
_	Full Name of Individual (Last, First, Middle Initia	) or Full O	Drganization Name		<b>D</b>	_					
в.	Field, Richard, Jennings, , III Mailing Address PO Box 339			_	Date of	Ке	· .			N.	
	260 Main Street				09	ľ	18		2017	Y	
	City	State	Zip Code		Transa	acti	on ID :	D186749	A-1EA8-4	B69-	
С	Centreville	MS	39631-0339		Amount	of	Each F	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Surgeon Aggregate Year-to-Date					<b>-</b>		1000.	00	
	Name of Employer (for Individual) Self Employed				Me	emo	Item				
	Other (specify) ▼		, 1000.00	]							
<u></u> с.	Full Name of Individual (Last, First, Middle Initia	) or Full O	Drganization Name		Date of	Re	ceipt				
	Mailing Address 910 Madison Ave				MM	/	D		Y Y	Y	
	Uthsc Department Of Surgery, S	te 2 State	Zip Code		10 Trans	ti	30		2017 57F9B2C	22102	
	Memphis	TN	38103-3403						nis Period	53163	
	FEC ID number of contributing federal political committee.	С				01	,	, iocorpt u	250.0	00	
	Name of Employer (for Individual)	000	upation (for Individual)		Me	emo	Item				
	Carolinas Medical Center		geon								
		Aggregate	Year-to-Date V								
	Primary General		500.00	11.							
	Other (specify)		7								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,		1500.0	00	
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page		1a 3		11b 14	11c	12	17
Any inf or for o	formation copied from such Reports and Sta commercial purposes, other than using the r	atements ma	l ay not be sold or used by any p ddress of any political committee	erson for	the	purp ntrib	ose of	f soliciting	g contribut	tions
\ \	ME OF COMMITTEE (In Full) nerican College of Surgeons P	rofessio	nal Association PAC							
	Name of Individual (Last, First, Middle Initia sher, Mason, G., ,	al) or Full Oi	rganization Name	Da	te of	Re	ceipt			
	ing Address N1959 Joy Ln				11	/	05		2017	Y
City La	Crosse	State WI	Zip Code 54601-7172					<b>91BCA1</b> Receipt th	41-CBC8- his Period	-422D-
	C ID number of contributing eral political committee.	C					7		250.0	00
Gun	ne of Employer (for Individual) Indersen Health System		upation (for Individual) neral Surgeon		Me	emo	Item			
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
B. Fit	Name of Individual (Last, First, Middle Initia ch, Jamie, , ,	al) or Full O	rganization Name	Da	te of	Re	ceipt			
Mailing Address 1330 Rosalie St				IV	08 <sup>M</sup>	/	D 16		2017	Y
City Hou	iston	State TX	Zip Code 77004-2844					3E20CD Receipt th	06-FE83-4 nis Period	128E-
	C ID number of contributing and political committee.	C			250.00					00
Nan USN	ne of Employer (for Individual) I		upation (for Individual) geon		Me	emo	Item			
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	Name of Individual (Last, First, Middle Initia etcher, H., Stephen, ,	al) or Full Oi	rganization Name	Da	te of	Re	ceipt			
Mail	ing Address 5 Stoney Brook Way			N	10 <sup>M</sup>	/	23		2017	Y
City Mo	rristown	State NJ	Zip Code 07960-7912		Transaction ID : 8C86530A88F2466FB13A Amount of Each Receipt this Period					
Name of Employer (for Individual) Self Employed		С			_		7	5	500.0	00
		Occu Surg	upation (for Individual) geon		Me	emo	Item			
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
SUBT	OTAL of Receipts This Page (optional)		•••••	. [			,	5	1000.0	00
ΤΟΤΑ	L This Period (last page this line number or	nly)	••••••				,			

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         11				
			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American College of Surgeo	ns Professio	onal Association PAC					
Full Name of Individual (Last, First, Middl Flint, Lewis, Matthew, , Jr.	e Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address American College Of Sur Division Of Education	geons		12 14 2017				
City Chicago	State IL	Zip Code 60611	Transaction ID : DAAAC93C-F910-4E77-           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) American College of Surgeons		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name of Individual (Last, First, Middl B. Foster, Shannon, Marie, ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 65 Sycamore Dr			12 22 2017				
City Reading	State PA	Zip Code 19606-9538	Transaction ID : 6C5AAB61-D2C5-4715- Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) Reading Hospital	Occ MD	upation (for Individual)	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		, 1500.00					
Full Name of Individual (Last, First, Middl <b>c. Freischlag, Julie, A.</b> , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address Wake Forest Baptist Med	lical Center		10 24 2017				
City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 75C40771D2DB47BC81 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		1000.00				
Name of Employer (for Individual) Johns Hopkins Hospital		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  1000.00					
SUBTOTAL of Receipts This Page (optiona	l)		1750.00				
TOTAL This Period (last page this line num	ber only)						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state	ments may not be sold or used by an ne and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessional Association PAC	
Name of Employer (for Individual) Michael Pine and Associates	-	Date of Receipt  Table of Receipt  Table of Receipt  Table of Receipt  Table of Receipt  Transaction ID : C56DD177F5363D02737  Amount of Each Receipt this Period  Memo Item
Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial)         B. Fuchshuber, Pascal, R., ,	or Full Organization Name	Date of Receipt
Name of Employer (for Individual) Permanente Medical Group	State Zip Code CA 94596-5318 C Occupation (for Individual) Surgeon	Mark       /       D       D       /       2017         Transaction ID : 87B9D0DD-4599-4F3B-         Amount of Each Receipt this Period         250.00         Memo Item
Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Initial) C. Gaines, Barbara, A., , Mailing Address 1 Childrens Hospital Dr Children's Hospital Of Pittsburgh City Pittsburgh FEC ID number of contributing federal political committee.	or Full Organization Name State Zip Code PA 15224-1529 Occupation (for Individual)	Date of Receipt 10 30 2017 Transaction ID : 72150A37507BB39235A Amount of Each Receipt this Period 250.00 Memo Item
Children's Hospital of Pittsburgh of U	ggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		▶ 1000.00

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 81 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	I ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professic	nal Association PAC						
Full Name of Individual (Last, First, Middl A. Gandhi, Rajesh, Ramesh, ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 1500 S Main St John Peter Smith, Opc 30	)3		10 23 2017					
City Fort Worth	State TX	Zip Code 76104-4917	Transaction ID : 2F590628D4D644FD8940 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		2500.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	]					
Full Name of Individual (Last, First, Middl B. Garcia, Fernando, , ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 4305 Kirkland Dr			07 18 2017					
City Fort Worth	State TX	Zip Code 76109-4902	Transaction ID : 4130B58FA973FBBAD4E Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]					
Full Name of Individual (Last, First, Middl c. Garcia, Fernando, , ,	e Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 4305 Kirkland Dr		1	08 / D D / Y Y Y Y 2017					
City Fort Worth	State TX	Zip Code 76109-4902	Transaction ID : 49ED8434B3E16994D72           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Self Employed		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	]					
SUBTOTAL of Receipts This Page (optiona	י וו)		2700.00					
TOTAL This Period (last page this line nun	nber only)							

FOR LINE NUMBER:

PAGE 82 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\checkmark$ 11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and State or for commercial purposes, other than using the nat	ments may not be sold or used by any pe me and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessional Association PAC	
Name of Employer (for Individual) Self Employed	or Full Organization Name          State       Zip Code         TX       76109-4902         C       Occupation (for Individual)         Surgeon       Surgeon         uggregate Year-to-Date       1200.00	Date of Receipt
Name of Employer (for Individual) Self Employed	or Full Organization Name          State       Zip Code         TX       76109-4902         C       Occupation (for Individual)         Surgeon       Surgeon         uggregate Year-to-Date ▼	Date of Receipt
Name of Employer (for Individual) Self Employed	or Full Organization Name          State       Zip Code         TX       76109-4902         C       Occupation (for Individual)         Surgeon       Surgeon         I200.00       1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		300.00

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 83 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I EIVILED RECEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □	]17					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	13     14     15     16       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.	17					
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,							
American College of Surgeon	s Professio	nal Association PAC							
Full Name of Individual (Last, First, Middle A. Garcia, Fernando, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4305 Kirkland Dr			12 18 2017						
City	State	Zip Code	Transaction ID : 4371A900BAD18A2C	6919					
Fort Worth	TX	76109-4902	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Self Employed	Sur	geon							
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_						
Other (specify) ▼		1200.00	]						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
B. Gass, Jennifer, Suzanne, ,			Date of Receipt						
Mailing Address 101 Dudley St	Stata	Zin Code	10 / D D / Y Y Y Y 2017						
City Providence	State RI	Zip Code 02905-2401	Transaction ID : 46D6ECFB-EBB6-458 Amount of Each Receipt this Period	3-					
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Women and Infants' Hospital		upation (for Individual) geon	Memo Item						
Receipt For:		Year-to-Date ▼							
Primary General	, iggi oguto		1						
Other (specify) <b>v</b>		, 500.00							
Full Name of Individual (Last, First, Middle C. Gavitt, Brian, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6160 Woodlark Dr			09 / 28 / Y Y Y Y 09 28 2017						
City	State OH	Zip Code	Transaction ID : 4E6FA874002BD31E2	2D28					
Cincinnati		45230-2718	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
UC Davis Medical Center Receipt For:		gical Resident							
Primary General	Aggregate	Year-to-Date ▼	_						
Other (specify)		550.00	]						
SUBTOTAL of Receipts This Page (optional)			625.00	٦					
TOTAL This Period (last page this line numb									

FOR LINE NUMBER:

PAGE 84 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeon	ns Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle A. Gavitt, Brian, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6160 Woodlark Dr			10 24 2017					
City Cincinnati	State OH	Zip Code 45230-2718	Transaction ID : 3B510366CD7D4EA88D1 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) UC Davis Medical Center		upation (for Individual) gical Resident	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]					
Full Name of Individual (Last, First, Middle B. Gavitt, Brian, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6160 Woodlark Dr	10 / D D / Y Y Y Y Y 28 / 2017							
City Cincinnati	State OH	Zip Code 45230-2718	Transaction ID : 46F997CCE5A5A062C1A Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) UC Davis Medical Center		upation (for Individual) gical Resident	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00						
Full Name of Individual (Last, First, Middle C. Gavitt, Brian, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6160 Woodlark Dr			11 28 2017					
City Cincinnati	State OH	Zip Code 45230-2718	Transaction ID : 45F7ABE1AD6F66F5794 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		25.00					
Name of Employer (for Individual) UC Davis Medical Center		upation (for Individual) gical Resident	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	]					
SUBTOTAL of Receipts This Page (optional	)		300.00					
TOTAL This Period (last page this line num	ber only)							

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 85 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page								
			13     14     15     16     17       berson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	nal Association PAC								
Full Name of Individual (Last, First, Mic Gavitt, Brian, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6160 Woodlark Dr			12 28 2017							
City Cincinnati	State OH	Zip Code 45230-2718	Transaction ID : 43B688F04C8F66E7C14* Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) UC Davis Medical Center		upation (for Individual) gical Resident	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]							
Full Name of Individual (Last, First, Mic B. Geehan, Douglas, Michael, ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2301 Holmes St Department Of Surgery	10 / Y Y Y Y 2017									
City Kansas City	State MO	Zip Code 64108-2640	Transaction ID : 122CD2CC63873B88DF1 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) UMKC		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]							
Full Name of Individual (Last, First, Mic C. German, John, Clifford, ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 396 S Main St # 200			09 / D D / Y Y Y Y 2017							
City Orange	State CA	Zip Code 92868-3834	Transaction ID : 7416EC6C-CA16-4408-           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) Self Employed	Occi Surg	upation (for Individual) Jeon	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]							
SUBTOTAL of Receipts This Page (optio	' nal)		1275.00							
TOTAL This Period (last page this line no	Imber only)									

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 86 OF

171			Use separate schedule(s)	(che	eck only	/ on	ne)				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	contribut	ions	
$\setminus$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC								
/		10100010									
A.	Full Name of Individual (Last, First, Middle Initi Gestring, Mark, Lawrence, ,	al) or Full O	rganization Name	[	Date of	Re	ceipt				
	Mailing Address 20 Van Cortland Dr				10 24 2017						
	City Pittsford	State NY	Zip Code 14534-3048						D1AC741 is Period	019C6E	
	FEC ID number of contributing federal political committee.	С						250.0	00		
	Name of Employer (for Individual) University of Rochester Medical Center	upation (for Individual) geon		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]							
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name								
B.	Giangobbe, Mitchell, James, , Mailing Address 13629 W Camino Del Sol Ste 180			[	Date of	Re ′	ceipt	/ Y	2017	Y	
	City	State	Zip Code			acti		FEFE2F	A8-E10E-4	1932-	
	Sun City West	AZ	85375-1401	Amount of Each Receipt t							
	FEC ID number of contributing federal political committee.	C							1000.0	00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
С.	Full Name of Individual (Last, First, Middle Initi Glasberg, Scot, Bradley, ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 42A E 74th St				<sup>M</sup> 12	/	D D 20	/ Y	2017	Y	
	City New York	State NY	Zip Code 10021-2735						<b>45B90E</b>	3BE192	
	FEC ID number of contributing federal political committee.	С					y :	. y	83.3	33	
	Name of Employer (for Individual) Scot Bradley Glasberg, M.D.		upation (for Individual) tic Surgeon		Me	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	]							
	UBTOTAL of Receipts This Page (optional)		,			_	y .		1333.3	3	
Т	OTAL This Period (last page this line number of	only)	······ ]				,				

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 OF 253 (check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
American College of Surgeon									
A. Full Name of Individual (Last, First, Middle Godfrey, Henry, George, ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3944 222nd St City	State	Zip Code	10 24 2017 Transaction ID : 554B47A704FE4E729CB0						
Bayside	NY	11361-2412	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) HENRY G. GODFREY, MD,PC		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name of Individual (Last, First, Middle B. Goldberg, Amy, Joy, ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3401 N Broad St Fl 4			09 14 / Y Y Y Y Y 2017						
City Philadelphia	State PA	Zip Code 19140-5103	Transaction ID : 26D7A3C9EE6FF99AD6B Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer (for Individual) Temple University Hospital		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00	]						
Full Name of Individual (Last, First, Middle Goldberg, Ross, Frederick, ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2601 E Roosevelt St Maricopa Medical Center			07 07 2017						
City Phoenix	State AZ	Zip Code 85008-4973	Transaction ID : 4D22B09544F21045AED5 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		416.66						
Name of Employer (for Individual) Maricopa Medical Center	Occi Surg	upation (for Individual) Jeon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.92	]						
SUBTOTAL of Receipts This Page (optional)			1666.66						
TOTAL This Period (last page this line numb	er only)								

### Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	5 ( )									
American College of Surgeo	ns Protessio	nal Association PAC								
Full Name of Individual (Last, First, Middl A. Goldberg, Ross, Frederick, ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2601 E Roosevelt St										
Maricopa Medical Center	State	Zip Code	08 07 2017 Transaction ID : 45F89FD0D333638AD57I							
Phoenix	AZ	85008-4973	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		416.66							
Name of Employer (for Individual) Maricopa Medical Center		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (case)(1) =	Aggregate	Year-to-Date ▼ 4999.92	1							
Other (specify) <b>v</b>			1							
Full Name of Individual (Last, First, Middl B. Goldberg, Ross, Frederick, ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2601 E Roosevelt St Maricopa Medical Center	Maricopa Medical Center									
City Phoenix	State AZ	Zip Code 85008-4973	Transaction ID : 484D97384F8E065B4557							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Maricopa Medical Center		upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4999.92	]							
Full Name of Individual (Last, First, Middl C. Goldberg, Ross, Frederick, ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2601 E Roosevelt St Maricopa Medical Center			M M / D D / Y Y Y Y 10 07 2017							
City Phoenix	State AZ	Zip Code 85008-4973	Transaction ID : 4287B5283EF24B1480D3 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		416.66							
Name of Employer (for Individual) Maricopa Medical Center	Occ Surç	upation (for Individual) Jeon	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.92	]							
SUBTOTAL of Receipts This Page (optional	l)		1249.98							
TOTAL This Period (last page this line num	ber only)									

### Use separate schedule(s)

FOR LINE NUMBER:

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ידו			Use separate schedule(s)	(che	eck only	/ on	e)					
111	TEMIZED RECEIPTS for each category of the Detailed Summary Page		×	11a 13		11b	11c	12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the p		oose of	soliciting	contribut	ions		
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American College of Surgeons F	Professio	nal Association PAC									
A.	Full Name of Individual (Last, First, Middle Initi Goldberg, Ross, Frederick, ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 2601 E Roosevelt St		M = M / D D / Y = Y = Y = Y									
	Maricopa Medical Center City	State	Zip Code	_	11 07 2017 Transaction ID : 4F6C99B769E2E34B4102							
	Phoenix	AZ	85008-4973						is Period	404102		
	FEC ID number of contributing federal political committee.	С		416.66								
	Name of Employer (for Individual) Maricopa Medical Center		upation (for Individual) geon		Me	emo	ltem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		4999.92									
в.	Full Name of Individual (Last, First, Middle Initi Goldberg, Ross, Frederick, ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 2601 E Roosevelt St Maricopa Medical Center						D D 07	/ Y	y y 2017	Ŷ		
	City	State AZ	Zip Code	Transaction ID : 4C5AB371638 Amount of Each Receipt this Peri						51E4DC		
	Phoenix EEC ID number of contributing		85008-4973	/	Amount	of	Each R	eceipt th	is Period	_		
	FEC ID number of contributing federal political committee.						7		416.6	6		
	Name of Employer (for Individual) Maricopa Medical Center		upation (for Individual) geon		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		4999.92									
	Full Name of Individual (Last, First, Middle Initi Gotcher, Jack, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1928 Alcoa Hwy Ste 305				м м 10	/	D D D 25	/ Y	2017	Ŷ		
	City Knoxville	State TN	Zip Code 37920-1505				-		<b>IEF8AD4(</b> is Period	2DAEE9		
	FEC ID number of contributing federal political committee.	С					9	, y	250.0	0		
	Name of Employer (for Individual) UT Med Center	Occi Surg	upation (for Individual) geon	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)								1083.3	2		
т	OTAL This Period (last page this line number of	nlv)										
		.,,		-		1		-				

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American College of Surgeons	Protessio	nal Association PAC								
Full Name of Individual (Last, First, Middle I Graham, Alan, M., ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 411 Riverview Cir			07 19 2017							
City	State	Zip Code	Transaction ID : 47AAB7F9280BE3380A6A							
New Hope	PA	18938-2235	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Crozer-Keystone Healthcare Receipt For:		geon	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1200.00	]							
Full Name of Individual (Last, First, Middle I B. Graham, Alan, M., ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 411 Riverview Cir			08 19 2017							
City	State	Zip Code	Transaction ID : 4053A7D26AF151EF66D							
New Hope	PA	18938-2235	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Crozer-Keystone Healthcare		upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify) ▼		1200.00	]							
Full Name of Individual (Last, First, Middle I C. Graham, Alan, M., ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 411 Riverview Cir			09 / D D / Y Y Y Y 2017							
City New Hope	State PA	Zip Code 18938-2235	Transaction ID : 446AABD6A8E50B96A3							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Crozer-Keystone Healthcare	Surç	geon								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	1							
SUBTOTAL of Receipts This Page (optional)			300.00							
TOTAL This Period (last page this line numbe	r only)									

FOR LINE NUMBER:

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17	EMIZED RECEIPTS		Use separate schedule(s)		(check only one)								
TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	f soliciting	g contribut	ions			
$\setminus$	NAME OF COMMITTEE (In Full)												
	American College of Surgeons	Professio	nal Association PAC										
Α.	Full Name of Individual (Last, First, Middle Ini Graham, Alan, M., ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 411 Riverview Cir			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						Y			
	City New Hope	State PA	Zip Code 18938-2235		Transaction ID : 47DE8A150C6D08B780D7 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		. 100.00									
	Name of Employer (for Individual) Crozer-Keystone Healthcare		upation (for Individual) geon		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Graham, Alan, $M.,,$						eceipt						
	Mailing Address 411 Riverview Cir						D 19		2017	Y			
	City New Hope	State PA	Zip Code				-		E11666FE	8E6D89			
	FEC ID number of contributing federal political committee.	PA 18938-2235						Receipt tr	nis Period 100.0	00			
	Name of Employer (for Individual) Crozer-Keystone Healthcare	upation (for Individual) geon	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]									
— С.	Full Name of Individual (Last, First, Middle Ini Graham, Alan, M., ,	tial) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 411 Riverview Cir				<sup>M</sup> 12	1	D 19	)	2017 <sup>°</sup>				
	City New Hope	State PA	Zip Code 18938-2235						20966216 nis Period	5FF0DC			
	FEC ID number of contributing federal political committee.	С					<b>y</b>	,	100.0	00			
	Name of Employer (for Individual) Crozer-Keystone Healthcare	Occu Surg	upation (for Individual) Jeon		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00										
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessio	onal Association PAC	
San Antonio FEC ID number of contributing federal political committee. Name of Employer (for Individual) Federal Employee Descript For:	State TX C Occu Surg	Drganization Name Zip Code 78209-6302 upation (for Individual) geon Year-to-Date ▼ 2000.00	Date of Receipt
East Haddam FEC ID number of contributing federal political committee. Name of Employer (for Individual) Baystate Medical Center Becoint For:	State CT CC Occu Sur	Zip Code 06423-1233 Upation (for Individual) regeon-Chief of Trauma & Acute Car Year-to-Date ▼ 3100.00	Date of Receipt
East Haddam FEC ID number of contributing federal political committee. Name of Employer (for Individual) Baystate Medical Center Basint For:	State CT C Occu Surg	Drganization Name Zip Code 06423-1233 upation (for Individual) geon-Chief of Trauma & Acute Care Year-to-Date ▼ 3100.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		· · ·	1500.00

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$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American College of Surgeons F	Professio	nal Association PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Gross, Ronald, Ian, ,	al) or Full O	rganization Name	Da	te of	Re	ceipt					
	Mailing Address 9 Newberry Rd				09 <sup>M</sup>	/	20		Y Y Y 2017	Y		
	City East Haddam	State CT	Zip Code 06423-1233						9C12E84 this Peric		3F73D	
	FEC ID number of contributing federal political committee.	С							25	0.00		
	Name of Employer (for Individual) Baystate Medical Center		upation (for Individual) geon-Chief of Trauma & Acute Car	e	Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3100.00									
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gross, Ronald, Ian, ,						ceipt					
	Mailing Address 9 Newberry Rd				09 <sup>M</sup>	/	D 22		2017	Y	]	
	City East Haddam	State CT	Zip Code				-		I9FCAED		<u> 9242</u>	
	FEC ID number of contributing federal political committee.	CT 06423-1233						Receipt	this Peric 20	oa 0.00	_	
	Name of Employer (for Individual) Baystate Medical Center		upation (for Individual) geon-Chief of Trauma & Acute Car	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3100.00									
с.	Full Name of Individual (Last, First, Middle Initi Gross, Ronald, Ian, ,	al) or Full O	rganization Name	Da	te of	Re	ceipt					
	Mailing Address 9 Newberry Rd				10 <sup>M</sup>	/	D 22		y y y 2017	Y	]	
	City East Haddam	State CT	Zip Code 06423-1233						E5167C0 this Peric		7125	
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17
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	American College of Surgeons Pro	ofessio	nal Association PAC								
A.	Name of Employer (for Individual) Baystate Medical Center Beceint For:	State CT C Occ Sur	Tip Code 06423-1233 Upation (for Individual) geon-Chief of Trauma & Acute Car Year-to-Date ▼ 3100.00		mount	action	ceipt 25 on ID : 23 Each Red		20 <b>94FE</b>		F6A6A6
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C.	Name of Employer (for Individual) Baystate Medical Center	State CT CC Occu Surg	Zip Code 06423-1233 upation (for Individual) geon-Chief of Trauma & Acute Car Year-to-Date ▼ 3100.00		mount	/ acti	22		20 <b>A5B</b>		0B4DCD6
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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
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	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose	of soliciting	contributi	ons					
	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC									
Α.	Full Name of Individual (Last, First, Middle Init Gugliuzza, K., Kristene Koontz, ,	ial) or Full O	Prganization Name	Date of Receipt								
	Mailing Address 301 University Blvd Utmb Route 0534			09 / D D / Y Y Y Y 25 / 2017								
	City Galveston	State TX	Zip Code 77555-5302	Transaction ID Amount of Each			AE4975					
	FEC ID number of contributing federal political committee.	С				25.0	0					
	Name of Employer (for Individual) UTMB		upation (for Individual) geon	Memo Item	I							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1								
в.	Full Name of Individual (Last, First, Middle Init Gugliuzza, K., Kristene Koontz, ,	Date of Receipt										
	Mailing Address 301 University Blvd Utmb Route 0534			10 / D	25 / Y	ү 2017	Y					
	City Galveston	State TX	Zip Code 77555-5302	Transaction ID Amount of Each			B754E9					
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	Mailing Address 301 University Blvd Utmb Route 0534			11 2	25	2017						
	City Galveston	State TX	Zip Code 77555-5302	Transaction ID           Amount of Each			3A7454					
	FEC ID number of contributing federal political committee.	С				25.0	0					
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
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	•	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American College of Surge	ons Professio	nal Association PAC								
Full Name of Individual (Last, First, Mic A. Gugliuzza, K., Kristene Koontz, ,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 301 University Blvd Utmb Route 0534			M M / D D / Y Y Y Y Y 12 25 2017							
City Galveston	State TX	Zip Code 77555-5302	Transaction ID : 4A1A9D5A6522F1FF2C69 Amount of Each Receipt this Period							
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
Full Name of Individual (Last, First, Mic B. Haase, Steven, Carl, ,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1500 E Medical Center 2130 Taubman Center			10 / D D / Y Y Y Y Y 22 2017							
City Ann Arbor	State MI	Zip Code 48109-5000	Transaction ID : 3B0CA4C2-F120-4BB7- Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) University of Michigan										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]							
Full Name of Individual (Last, First, Mic C. Halverson, Amy, Lynne, ,	ddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 676 N Saint Clair St Div Of Gastrointestinal			10 / D D / Y Y Y Y Y 10 16 2017							
City Chicago	State IL	Zip Code 60611-2929	Transaction ID : D3675B2D-5C31-4C31- Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual) Northwestern Univ Feinberg Sch of Med	Occ Surg	upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]							
SUBTOTAL of Receipts This Page (optio	nal)		775.00							
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NAME OF C	OMMITTEE (In Full)											
America	n College of Surgeons F	Professio	onal Association PAC									
	f Individual (Last, First, Middle Initia Kenneth, John, ,	al) or Full O	Organization Name		Date of	Rec	ceipt					
Mailing Addr	ess Davenport Surgical Goup Suite 3020				<sup>M</sup> 10	/	D D 17	/ Y	y y 2017	Y		
City Davenport		State IA	Zip Code 52803						A3-76A3-	47A5-		
	ber of contributing cal committee.	С					,		250.0	00		
	ployer (for Individual) urgical Group		cupation (for Individual) geon		Me	mo	Item					
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Full Name of <b>B. Hartsaw</b> ,	f Individual (Last, First, Middle Initia Sara. L	al) or Full O	Organization Name		Date of	Rec	ceipt					
Mailing Addr	ess 3100 W Lakeway Rd Ste 1				<sup>M</sup> 10	1	D D D 30	/ Y	2017	Y		
City		State WY	Zip Code 82718-6373						B088F80	5578D		
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Name of Em High Plains S	nployer (for Individual) Surgical Associates, PC	Occupation (for Individual) Surgeon Aggregate Year-to-Date ▼			Ме	mo	Item					
Receipt For:												
Other	y General (specify) ▼		4000.00	]								
	f Individual (Last, First, Middle Initia Kristy, , , MD	al) or Full O	Drganization Name		Date of	Rec	ceipt					
	ess 3700 Toone St Apt 1320				м м 09	/	D D D 23	/ Y	2017	Y		
City Baltimore		State MD	Zip Code 21224-5149						<b>B4-9952-</b> iis Period	4934-		
FEC ID number of contributing federal political committee.		С					y	y	250.0	)0		
			upation (for Individual) neral Surgery Resident		Me	emo	ltem					
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any per me and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessional Association PAC	
Name of Employer (for Individual) University of Vermont	or Full Organization Name          State       Zip Code         VT       05405-0001         C       Occupation (for Individual)         Surgeon       Surgeon         Aggregate Year-to-Date ▼       500.00	Date of Receipt 10 24 2017 Transaction ID : B6D733DDFB084C9F976F Amount of Each Receipt this Period 500.00 Memo Item
Name of Employer (for Individual) University of Maryland Medical System	or Full Organization Name          State       Zip Code         MD       21201-2438         C       Occupation (for Individual)         Surgeon       Surgeon         Aggregate Year-to-Date ▼       1000.00	Date of Receipt
Name of Employer (for Individual) Self Employed	or Full Organization Name          State       Zip Code         VA       20110-4416         C	Date of Receipt          12       16       2017         Transaction ID : 10E2128B-6518-479A-         Amount of Each Receipt this Period         750.00         Memo Item
SUBTOTAL of Receipts This Page (optional)		1750.00

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	•	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American College of Surge	ons Professio	nal Association PAC							
Full Name of Individual (Last, First, Mic A. Hetzler, Peter, T., ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 200 White Rd Little Silver Commons S	Suito 211		12 21 2017						
City	State	Zip Code	Transaction ID : AEABA634-D624-447D-						
Little Silver	NJ	07739-1150	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) Peter T Hetzler MD FACS		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		250.00	1						
Full Name of Individual (Last, First, Mic B. Hilfiker, Mary, Lenora, ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3030 Childrens Way Ste 107			07 15 2017						
City	State	Zip Code	Transaction ID : 4B0DB568A2CD55E14667						
San Diego	CA	92123-4226	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		210.00						
Name of Employer (for Individual) UCSD		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify) ▼		2520.00	]						
Full Name of Individual (Last, First, Mic C. Hilfiker, Mary, Lenora, ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3030 Childrens Way Ste 107			08 / D D / Y Y Y Y Y 2017						
City San Diego	State CA	Zip Code 92123-4226	Transaction ID : 4374A907448484C48432 Amount of Each Receipt this Period						
UCSD			210.00						
		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (cpecify)	Aggregate	Year-to-Date ▼ 2520.00	1						
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SUBTOTAL of Receipts This Page (optio	nal)		670.00						
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
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			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	onal Association PAC						
Full Name of Individual (Last, First, Middl A. Hilfiker, Mary, Lenora, ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 3030 Childrens Way Ste 107			09 / 15 / Y Y Y Y 2017					
City San Diego	State CA	Zip Code 92123-4226	Transaction ID : 452694DC83F031D4BB4           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		210.00					
Name of Employer (for Individual) UCSD		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2520.00	]					
Full Name of Individual (Last, First, Midd B. Hilfiker, Mary, Lenora, ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 3030 Childrens Way Ste 107			10 / Y Y Y Y 2017					
City San Diego	State CA	Zip Code 92123-4226	Transaction ID : 4ABE9BA55039FABD57 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		210.00					
Name of Employer (for Individual) UCSD		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2520.00	]					
Full Name of Individual (Last, First, Midd C. Hilfiker, Mary, Lenora, ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 3030 Childrens Way Ste 107	1		11 / D D / Y Y Y Y 15 / 2017					
City San Diego	State CA	Zip Code 92123-4226	Transaction ID : 4A27B3A226D27650506           Amount of Each Receipt this Period					
UCSD			210.00					
		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2520.00	]					
SUBTOTAL of Receipts This Page (optiona			630.00					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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			13     14     15     16     17       person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC							
Full Name of Individual (Last, First, Mide A. Hilfiker, Mary, Lenora, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3030 Childrens Way Ste 107			12 15 / Y Y Y Y 12 15 2017						
City San Diego	State CA	Zip Code 92123-4226	Transaction ID : 4849872BBF4F3BBEEEE Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		210.00						
Name of Employer (for Individual) UCSD		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2520.00	]						
Full Name of Individual (Last, First, Mido B. Huenergardt, Brenda, Kay, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1650 Main St Ste B			12 / D D / Y Y Y Y 12 31 2017						
City Woodward	State OK	Zip Code 73801-3046	Transaction ID : C63F2EB3530C02CD822 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Brenda K Huenergardt, MD, PC		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500,00	]						
Full Name of Individual (Last, First, Mide C. Iglesias, Roberto, Carlos, ,	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2077 Pebble Beach Dr			10 / Y Y Y Y 24 2017						
City Newburgh	State IN	Zip Code 47630-8414	Transaction ID : FB4736B80F304795BCD Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual) Evansville Surgical Assoc		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]						
SUBTOTAL of Receipts This Page (option	al)		1210.00						
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			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17	
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\	NAME OF COMMITTEE (In Full)		_								
	American College of Surgeons F	rofessio	nal Association PAC								
	Full Name of Individual (Last, First, Middle Initi Jarman, Benjamin, Thomas, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1900 South Ave				M M	/	DE	) / Ү	YY	Y	
-	Mail Stop C05-001	Ctoto	Zin Code	-  L	10	١.	25		2017		
	City La Crosse	State WI	Zip Code 54601-5467	A					ECC5714	/F98A13	
	FEC ID number of contributing rederal political committee.	С							1000.	00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon		Me	emo	tem				
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
				<u> </u>							
	Full Name of Individual (Last, First, Middle Initi Jenkins, Donald, Howard, ,	al) or Full O	rganization Name	C	Date of	Re	eceipt				
-	Mailing Address 7703 Floyd Curl Dr University Of Texas Health Scie				<sup>M</sup> ■ <sup>M</sup> 10	1	30		2017	Y	
	City	State TX	Zip Code						B578B4F	A5D399	
-	San Antonio	TX 78229-3901				of	Each R	leceipt th	nis Period		
	FEC ID number of contributing rederal political committee.	C				_			250.	00	
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) geon		Me	emo	tem				
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		750.00								
	Full Name of Individual (Last, First, Middle Initi Jensen, Aaron, Ross, ,	al) or Full O	rganization Name		Date of	Re	eceipt				
I	Mailing Address 4650 W Sunset Blvd Keck School Of Medicine, Univ	ersit			<sup>M</sup> 10	/	07	) / Y	2017 Y	Y	
	City Los Angeles	State CA	Zip Code 90027-6062				-		84628047	D6B9C5	
-	FEC ID number of contributing rederal political committee.	С			Amount	OT	Each H	eceipt tr	nis Period 250.	00	
Name of Employer (for Individual) Self Employed		Occu Surg	upation (for Individual) Jeon		Me	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
	JBTOTAL of Receipts This Page (optional)					_	y .		1500.	00	
IC	OTAL This Period (last page this line number o	rny)	•••••••	• L			-		1 1 40		

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	<b>1</b> 7		
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	name une d	and pointed of any pointed of infinite		2. IGI IK	2					
American College of Surgeon	s Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle Johnson, Tiv, Ashanti, ,	Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 3001 Dataw Ln			M 10	M /	23	) / Y	y y 2017	Y		
City Indian Trail	State NC	Zip Code 28079-2688				740278B Receipt th	A-CBAF- is Period	43C1-		
FEC ID number of contributing federal political committee.	C				-		100.0	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	M	Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]							
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name								
B. Jones, Kenneth, Bruce, ,		-	Date	of Re	eceipt					
Mailing Address 4802 E Johnson Ave FI 2	Ototo	Zip Code	09		06	) / Y	2017	Y		
City Jonesboro	State AR	Zip Code 72401-8413					CA0090E1	9A541		
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period					
Name of Employer (for Individual) Self Employed					o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
Full Name of Individual (Last, First, Middle C. Joshi, Amit, Rohan Toor, ,	Initial) or Full O	rganization Name	Date	of Re	eceipt					
Mailing Address 5501 Old York Rd Klein Suite 510			M 09		15		2017			
City Philadelphia	State PA	Zip Code 19141-3018					<b>AB-37AD-</b> is Period	4664-		
FEC ID number of contributing federal political committee.	С				9	. y	250.0	00		
Name of Employer (for Individual) Einstein Healthcare Network	Occi Surg	upation (for Individual) geon		Memo	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]							
SUBTOTAL of Receipts This Page (optional)					, .		850.0	0		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			erson for the purpose of soliciting contributions					
American College of Surgeon	s Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle Kaufman, Howard, Scott, ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 10 Congress St Ste 300			10 D D / Y Y Y Y 10 16 2017					
City Pasadena	State CA	Zip Code 91105-3027	Transaction ID : B2E6D9BD-4B05-4275-           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]					
Full Name of Individual (Last, First, Middle B. Kaups, Krista, L., , MD FACS	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2823 Fresno St Crmc, Dept 1	01-1-	Zie Oode	10 / Y Y Y Y 25 / 2017					
City Fresno	State CA	Zip Code 93721-1324	Transaction ID : 1A8F361ADCA04676B6E Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual) Community Regional Medical Center		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name of Individual (Last, First, Middle C. Kelly, Thomas, Conner, ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address PO Box 3528 Cooper Clinic	State	Zin Oode	08 / D D / Y Y Y Y 16 2017					
City Fort Smith	AR	Zip Code 72913-3528	Transaction ID : CF9E424147806C70C21           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Cooper Clinic Receipt For:	Surç	upation (for Individual) geon	Memo Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]					
SUBTOTAL of Receipts This Page (optional)		)	1000.00					
TOTAL This Period (last page this line numb	per only)							

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports or for commercial purposes, other than us	and Statements mains the name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surge	eons Professio	onal Association PAC						
Full Name of Individual (Last, First, Miner, A. Kempenich, Jason, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address University Of Texas He Department Of Surgery	/		09 25 2017					
City San Antonio	State TX	Zip Code 78229-3901	Transaction ID : 42C78B4ABF41E956752E           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) University of Texas Heath Science Cent Receipt For:	Phy	upation (for Individual) /sician Year-to-Date ▼	Memo Item					
Other (specify) ▼		300.00	1					
Full Name of Individual (Last, First, Mi B. Kempenich, Jason, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address University Of Texas He Department Of Surger	y		M M / D D / Y Y Y Y 10 25 2017					
City San Antonio	State TX	Zip Code 78229-3901	Transaction ID : 4F51AB62A3754D7A3A09 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) University of Texas Heath Science Cent		upation (for Individual) /sician	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]					
Full Name of Individual (Last, First, Mic C. Kempenich, Jason, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address University Of Texas H Department Of Surger	у		11 25 / Y Y Y Y					
City San Antonio	State TX	Zip Code 78229-3901	Transaction ID : 4A57B1A5D3A2B009CBB Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) University of Texas Heath Science Cent		upation (for Individual) sician	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]					
SUBTOTAL of Receipts This Page (optic	nal)		75.00					
TOTAL This Period (last page this line n	umber only)							

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PAGE 106 OF

		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b	11	- F	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Surgeons I	e name and a	ddress of any political committee						
Full Name of Individual (Last, First, Middle Init A. Kempenich, Jason, , , Mailing Address University Of Texas Health Sc Department Of Surgery City San Antonio	,	Zip Code 78229-3901	12 Trans	JL	25 D:4437		2017 1A168C7	
FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University of Texas Heath Science Cent         Receipt For:         Primary       General         Other (specify) ▼	Phy	upation (for Individual) sician Year-to-Date ▼ 300.00		lemo Iten			25.00	D
Full Name of Individual (Last, First, Middle Init         Kennedy, Alfred, Parker, , Jr.         Mailing Address 100 N Academy Ave         # 21-70         City         Danville         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occ Sur	rganization Name Zip Code 17822-9800 upation (for Individual) geon Year-to-Date ▼ 500.00	12 Trans Amoun		31 D : 6535 h Receip	A5C7	2017 732D9A8( 500.00	_
Full Name of Individual (Last, First, Middle Init C. Kirton, Orlando, Cecilio, , Mailing Address 1245 Highland Ave Department Of Surgery, Ste 6 City Abington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Abington Hospital Receipt For: Primary General Other (specify)	04 State PA C	Zip Code 19001-3727 upation (for Individual) geon Year-to-Date ▼ 350.00	Amoun	JL	25 D : <b>B75F</b> h Receip	-C086	2017 6-FE96-4 9 Period 100.00	82C-
SUBTOTAL of Receipts This Page (optional)				· · ·			625.00	)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1						
			person for the purpose of soliciting contributions see to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	_	_							
American College of Sur	geons Professio	nal Association PAC							
Full Name of Individual (Last, First, Klaristenfeld, Daniel, David, ,	Middle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5893 Copley Dr Garfield Specialty C	linic-Departme		09 20 Y Y Y Y 2017						
City San Diego	State CA	Zip Code 92111-7906	Transaction ID : 4821B690A3D902CDFA Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Kaiser Permanente Fontana Hospital		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, <b>B. Klaristenfeld, Daniel, David</b> ,		rganization Name	Date of Receipt						
Mailing Address 5893 Copley Dr Garfield Specialty C			10 / Y Y Y Y Y 20 / 2017						
City San Diego	State	Zip Code 92111-7906	Transaction ID : 4EF699599F0B529DE82B Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) Kaiser Permanente Fontana Hospital		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Klaristenfeld, Daniel, Davi		rganization Name	Date of Receipt						
Mailing Address 5893 Copley Dr Garfield Specialty C			11 20 Y Y Y Y 2017						
City San Diego	State CA	Zip Code 92111-7906	Transaction ID : 4DC49CE694BBC4764 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Kaiser Permanente Fontana Hospital		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]						
SUBTOTAL of Receipts This Page (o	otional)		75.00						
TOTAL This Period (last page this lin	e number only)								

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
American College of Surgeons	s Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle Klaristenfeld, Daniel, David, ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 5893 Copley Dr Garfield Specialty Clinic-De	partme		M M / D D / Y Y Y Y 12 20 2017					
City San Diego	State CA	Zip Code 92111-7906	Transaction ID : 49A893ACE444AEF4368E Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		25.00					
Name of Employer (for Individual) Kaiser Permanente Fontana Hospital		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]					
Full Name of Individual (Last, First, Middle Klein, Michael, D., ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3901 Beaubien St Department Of Pediatric Su			12 / D D / Y Y Y Y 20 / 2017					
City Detroit	State MI	Zip Code 48201-2119	Transaction ID : C39CA744-F08C-4EF3- Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer (for Individual) Children's Hospital of Michigan		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary     General       Other (specify) ▼		250.00	]					
Full Name of Individual (Last, First, Middle <b>Koehler, Richard, Hudson</b> , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1 Hospital Rd Martha's Vineyard Hospital			11 D D / Y Y Y Y Y 2017					
City Oak Bluffs	State MA	Zip Code 02557	Transaction ID : 4B8CBC35480D69703AB Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Martha's Vineyard Hospital		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.32	]					
SUBTOTAL of Receipts This Page (optional).			358.33					
TOTAL This Period (last page this line number	er only)							
FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may not be sold or used by any pe ne and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional Association PAC	
Oak Bluffs FEC ID number of contributing federal political committee. Name of Employer (for Individual) Martha's Vineyard Hospital Baseint Fer:	or Full Organization Name State MA 2ip Code 02557 C Occupation (for Individual) Surgeon ggregate Year-to-Date ▼ 3333.32	Date of Receipt
Syracuse FEC ID number of contributing federal political committee. Name of Employer (for Individual) SUNY	or Full Organization Name State Zip Code NY 13210-2306 C Occupation (for Individual) Surgeon ggregate Year-to-Date ▼ 560.00	Date of Receipt
Syracuse FEC ID number of contributing federal political committee. Name of Employer (for Individual) SUNY	or Full Organization Name State NY Zip Code 13210-2306 C Occupation (for Individual) Surgeon ggregate Year-to-Date \$ 560.00	Date of Receipt 09 / 28 / 2017 Transaction ID : 4391A6E6000CB934EE7F Amount of Each Receipt this Period 10.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		103.33

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVILED REVEIFIJ		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		_					
American College of Surgeo	ns Professic	onal Association PAC					
Full Name of Individual (Last, First, Middl	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 750 E Adams St							
Upstate Cancer Center			10 28 2017				
City	State NY	Zip Code	Transaction ID : 4797846CCE11A2017353				
Syracuse		13210-2306	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		10.00				
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify) ▼		560.00	1				
		Age Age Age	1				
Full Name of Individual (Last, First, Middl B. Kohman, Leslie, J., ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 750 E Adams St Upstate Cancer Center			M M / D D / Y Y Y Y Y 11 28 2017				
City	State	Zip Code	Transaction ID : 488C83C83AE48E283F05				
Syracuse	NY	13210-2306	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		10.00				
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		, 560.00	]				
Full Name of Individual (Last, First, Middl C. Kohman, Leslie, J., ,	e Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 750 E Adams St Upstate Cancer Center			12 28 2017				
City Syracuse	State NY	Zip Code 13210-2306	Transaction ID : 4361B5179F52E3416C2F Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		560.00	]				
SUBTOTAL of Receipts This Page (optiona	I)		30.00				
TOTAL This Period (last page this line num	ber only)						

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			Use separate schedule(s)		(check only one)					
111			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC							
Full Name of Individual (Last, First, Middle A. Kraus, Dennis, Harry, ,		al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 130 E 77th St Fl 10							/ Y	ү ү 2017	Y
	City New York	State NY	Zip Code 10075-1851						<b>08E29D1</b> is Period	62569
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			500.	00
	Name of Employer (for Individual) Self Employed	Occu Surg	ipation (for Individual) jeon		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
в.	Full Name of Individual (Last, First, Middle Initia Kridel, Russell, W. H., ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 6655 Travis St Ste 900					/	25	/ Y	2017	Y
	City Houston	State TX	Zip Code 77030-1336				-		2-250E-4 is Period	A42-
	FEC ID number of contributing federal political committee.	C							250.	00
	Name of Employer (for Individual) Facial Plastic Surgery Associates	Occu Surg	upation (for Individual) geon		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
с.	Full Name of Individual (Last, First, Middle Initia Kwan, Albert, Man-Chung, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 1820 W 21st St				<sup>M</sup> 10	1	23	/ Y	2017	Y
	City Clovis	State NM	Zip Code 88101-4024	Transaction ID : A7271C890BDF4         Amount of Each Receipt this Period         250         Memo Item			CD59764			
	FEC ID number of contributing federal political committee.	С				250.	00			
	Name of Employer (for Individual) Self Employed	Occu Surg	ipation (for Individual) eon							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	1000.0	00
т	OTAL This Period (last page this line number or	nly)		•				-		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	s may not be sold or used by any pe nd address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	sional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or Final Lamasters, Teresa, Leann, ,         Mailing Address 2500 Country Side PI         City       State         West Des Moines       IA         FEC ID number of contributing       C         ideral political committee.       C         Name of Employer (for Individual)       UnityPoint Clinic Weight Loss Speciali         Receipt For:       Aggree         Other (specify) ▼       Ia		Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or Finder States, Teresa, Leann, ,         Mailing Address 2500 Country Side PI         City       States         West Des Moines       IA         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) UnityPoint Clinic Weight Loss Speciali       Aggree         Receipt For:       Aggree         Other (specify) ▼       Image: Committee		Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or Fi         Lamasters, Teresa, Leann, ,         Mailing Address 2500 Country Side PI         City       State         West Des Moines       IA         FEC ID number of contributing       C         federal political committee.       C         Name of Employer (for Individual)       UnityPoint Clinic Weight Loss Speciali         Receipt For:       Aggree         Primary       General         Other (specify)       Ia	-	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may not be sold or used by any per and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons Profe	essional Association PAC	
West Des Moines	ate Zip Code 50265-7641	Date of Receipt
West Des Moines	ate Zip Code A 50265-7641	Date of Receipt
West Des Moines       I/         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       UnityPoint Clinic Weight Loss Speciali         Descript Form       C	ate Zip Code A 50265-7641	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	nal Association PAC					
Full Name of Individual (Last, First, Mid Lambert, John, Sydney, ,	Idle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 501 Virginia Dr			M M / D D / Y Y Y Y 10 18 2017				
City Batesville	State AR	Zip Code 72501-7331	Transaction ID : A0F9FC1529A048D3B2A Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1				
Full Name of Individual (Last, First, Mic B. Lampard, Simon, David, ,	Idle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 620 Howard Ave Upmc Altoona			10 / D D / Y Y Y Y Y 2017				
City Altoona	State PA	Zip Code 16601-4804	Transaction ID : 561269D95E086863D5B Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) UPMC Altoona		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]				
Full Name of Individual (Last, First, Mic C. Landry, Barry, Gerard, ,	ldle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 604 N Acadia Rd Ste 207			10 / Y Y Y Y Y 23 / 2017				
City _Thibodaux	State LA	Zip Code 70301-4897	Transaction ID : E6AA2C1522F549F28AE Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual) Self Employed	Occi Surg	upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1				
SUBTOTAL of Receipts This Page (optio	nal)		1000.00				
TOTAL This Period (last page this line n	umber only)						

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			Use separate schedule(s)		(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	ny information copied from such Reports and St for commercial purposes, other than using the				for the p		oose of	f soliciting	g contribu	tions
	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Initi Lariviere, Gene, Robert, ,	al) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address 5708 32nd Ave				<sup>M</sup> 12	/	D 28		2017	Y
	City Center Point	State IA	Zip Code 52213-9265	_					B2873D8: his Period	2E27AE
	FEC ID number of contributing federal political committee.	С					-		1000.	00
	Name of Employer (for Individual) Virginia Gay Hospital		upation (for Individual) geon		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
B	Full Name of Individual (Last, First, Middle Initi Lee, Kenneth, Kwock Wah, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 497 Scaife Hall					10	/	23		2017	Y
	City Pittsburgh	State PA	Zip Code 15261-0001						DD8DA4	408AEC9
	FEC ID number of contributing federal political committee.	С							250.	00
	Name of Employer (for Individual) University of Pittsburgh	Occupation (for Individual) Surgeon			Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
C.	Full Name of Individual (Last, First, Middle Initi Lees, Jason, Spencer, ,	al) or Full O	organization Name		Date of	Re	ceipt			
	Mailing Address 800 Stanton L Young Blvd Aat Suite 9000				11 <sup>M</sup>	/	D 27		ү ү 2017	
	City Oklahoma City	State OK	Zip Code 73104-5018	_			-	-	AB4-8063 his Period	-4C3E-
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	250.	00
Name of Employer (for Individual) Univ of OK		Occupation (for Individual) Surgeon			Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
s	UBTOTAL of Receipts This Page (optional)			•			, .		1500.0	00
т	OTAL This Period (last page this line number of	only)		•			,			

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surgeor	ns Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle Letton, Robert, Warren, , Jr.	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1200 Everett Dr	_		07 19 2017					
Pediatric Surgery, Ste 232 City	State	Zip Code	Transaction ID : 4442BED2CE985FA0E124					
Oklahoma City	OK	73104-5047	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) OUHSC Children's Hospital		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		1200.00	]					
Full Name of Individual (Last, First, Middle B. Letton, Robert, Warren, , Jr.	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1200 Everett Dr Pediatric Surgery, Ste 232	20		08 19 2017					
City	State	Zip Code	Transaction ID : 4D2384D4A42094744ECD					
Oklahoma City	OK	73104-5047	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) OUHSC Children's Hospital		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General Other (specify) ▼		1200.00	]					
Full Name of Individual (Last, First, Middle C. Letton, Robert, Warren, , Jr.	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1200 Everett Dr Pediatric Surgery, Ste 232	20		M M / D D / Y Y Y Y 09 19 2017					
City Oklahoma City	State OK	Zip Code 73104-5047	Transaction ID : 44B7B65C5B0745062B30					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) OUHSC Children's Hospital		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	]					
SUBTOTAL of Receipts This Page (optional	)		300.00					
TOTAL This Period (last page this line num	ber only)							

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ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	v information copied from such Reports and Sta or commercial purposes, other than using the r			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	onal Association PAC	
Full Name of Individual (Last, First, Middle I A. Letton, Robert, Warren, , Jr. Mailing Address 1200 Everett Dr		ll) or Full (	Organization Name	Date of Receipt
-	Pediatric Surgery, Ste 2320			10 19 2017
	City Oklahama City	State OK	Zip Code	Transaction ID : 4DEAAB2428BB95BAB8
-	Oklahoma City	OK	73104-5047	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		100.00
Ī	Name of Employer (for Individual)	Oco	cupation (for Individual)	Memo Item
	OUHSC Children's Hospital	Su	ırgeon	
l	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1200.00	
	Full Name of Individual (Last, First, Middle Initia Letton, Robert, Warren, , Jr.	l) or Full (	Organization Name	Date of Receipt
-	Mailing Address 1200 Everett Dr Pediatric Surgery, Ste 2320			11 / D D / Y Y Y Y Y 11 19 2017
	City Oklahoma City	State OK	Zip Code 73104-5047	Transaction ID : 408687A0431236547170 Amount of Each Receipt this Period
-	FEC ID number of contributing	C		
	Name of Employer (for Individual) DUHSC Children's Hospital		ccupation (for Individual)	Memo Item
Ī	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		, 1200.00	
	Full Name of Individual (Last, First, Middle Initia Letton, Robert, Warren, , Jr.	ll) or Full (	Organization Name	Date of Receipt
	Mailing Address 1200 Everett Dr Pediatric Surgery, Ste 2320			12 19 2017
(		State OK	Zip Code	Transaction ID : 4ABBB7BE297236F4772
-	Oklahoma City	UK	73104-5047	Amount of Each Receipt this Period
		С		100.00
		cupation (for Individual) Irgeon	Memo Item	
Ī	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
รเ	IBTOTAL of Receipts This Page (optional)			▶ 300.00
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FOR LINE NUMBER:

PAGE 118 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	sional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or Fu         Lichliter, Warren, E., ,         Mailing Address 3409 Worth St         Ste 600         City         Dallas         FEC ID number of contributing federal political committee.	-	Date of Receipt 10 / 24 / 2017 Transaction ID : 896E8ED881384206B753 Amount of Each Receipt this Period 250.00
North Texas C&R Surgery	Occupation (for Individual) Surgeon gate Year-to-Date ▼ 250.00	Memo Item
Full Name of Individual (Last, First, Middle Initial) or Full Litton, Thomas, Christopher, ,         Mailing Address 9239 Medical Plaza Dr         City       State         Charleston       SC         FEC ID number of contributing		Date of Receipt 12 13 2017 Transaction ID : 65792B93161E22BDFED Amount of Each Receipt this Period
federal political committee.	Occupation (for Individual) Surgeon gate Year-to-Date ▼ 500.00	Memo Item
Full Name of Individual (Last, First, Middle Initial) or Fu Litvak, David, A., , Mailing Address 2600 6th St SW Aultman Hospital City Canton State		Date of Receipt
Cancer Treatment Centers of America	Occupation (for Individual) Surgeon gate Year-to-Date ▼ 1200.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		850.00

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American College of Surge	ons Professio	onal Association PAC						
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name						
A. Litvak, David, A., ,			Date of Receipt					
Mailing Address 2600 6th St SW			08 23 2017					
Aultman Hospital	State	Zip Code	Transaction ID : 4BF5900DBC63153B992I					
Canton	ОН	44710-1702	Amount of Each Receipt this Period					
FEC ID number of contributing	С		100.00					
federal political committee.	U							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Cancer Treatment Centers of America	Sur	geon						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		1200.00	1					
			1					
Full Name of Individual (Last, First, Mid B. Litvak, David, A., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2600 6th St SW								
Aultman Hospital			09 23 2017					
City	State	Zip Code	Transaction ID : 4A6EA94727E396E0EDF6					
Canton	OH	44710-1702	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) Cancer Treatment Centers of America		upation (for Individual) geon	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify) ▼		1200.00	1					
Full Name of Individual (Last, First, Mid C. Litvak, David, A., ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2600 6th St SW								
Aultman Hospital	State	Zip Code	10 23 2017 Transaction ID : 45FBBC526F9EA79FE13					
Canton	OH	44710-1702	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Cancer Treatment Centers of America	Sur	geon						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		1200.00	]					
SUBTOTAL of Receipts This Page (option	nal)		300.00					
TOTAL This Period (last page this line nu	imber only)							

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PAGE 120 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	ents may not be sold or used by any per and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profe	essional Association PAC	
Canton O FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Cancer Treatment Centers of America	ate Zip Code	Date of Receipt
Canton C FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Cancer Treatment Centers of America	Full Organization Name         ate       Zip Code         0H       44710-1702         Occupation (for Individual)         Surgeon         regate Year-to-Date ▼         1200.00	Date of Receipt
Davenport // FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Davenport Surgical Group, PC	ate Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		450.00

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		Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)				for the		pose o	f solicitin	g contribut	ions
$\rangle$	American College of Surgeons	Professio	nal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Ir Lottenberg, Lawrence, , ,	nitial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 159 Darby Island Pl				<sup>M</sup> 10	1	25		2017	Y
	City Jupiter	State FL	Zip Code 33458-1627						C35C5248 his Period	298314
	FEC ID number of contributing federal political committee.	С							250.0	00
	Name of Employer (for Individual) University of Florida College of Medic		upation (for Individual) geon		Me	emo	b Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
в.	Full Name of Individual (Last, First, Middle Ir Luchette, Fred, A., ,	nitial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 2160 S 1st Ave Dept of				м м 08	/	23		2017	Y
	City Maywood	State	Zip Code 60153-3328				-		<b>311-9D07-</b> his Period	4CBA-
	FEC ID number of contributing federal political committee.	C			Anount				1500.0	00
	Name of Employer (for Individual) Loyola University		upation (for Individual) geon		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]						
с.	Full Name of Individual (Last, First, Middle Ir Luchtefeld, Martin, Andrew, ,	nitial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4100 Lake Dr SE Ste 205				<sup>M</sup> 12	/	28	3	2017	
	City Grand Rapids	State MI	Zip Code 49546-8292				-		6B62CD69 his Period	746F71
	FEC ID number of contributing federal political committee.	С					y		250.0	00
	Name of Employer (for Individual) Self Employed	Surg	•		Me	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
	UBTOTAL of Receipts This Page (optional)			▶ ▶			9 1 	· · ·	2000.0	00

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
IIEWIZED REGEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	nal Association PAC				
/ Full Name of Individual (Last, First, Middl A. Madison, John, R., ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 2094 E State St Ste D			07 17 2017			
City Salem	State OH	Zip Code 44460-4409	Transaction ID : 78E2FBE3793BE896D7D Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		300.00			
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]			
Full Name of Individual (Last, First, Middl B. Mahvi, David, M., ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 114 Doughty St Ste 243			10 / Y Y Y Y 10 19 2017			
City Charleston	State SC	Zip Code 29425-8914	Transaction ID : D4E3AF8D-53C7-4E06- Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) medical university of SC		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]			
Full Name of Individual (Last, First, Middl c. Maish, George, Orville, , III	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 910 Madison Ave Ste 215			09 / 28 / Y Y Y Y 2017			
City Memphis	State TN	Zip Code 38103-3403	Transaction ID : 43529BA4BF44FF1A1E9 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		83.33			
Name of Employer (for Individual) UTHSC	Occi Surç	upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	1			
SUBTOTAL of Receipts This Page (optiona	l)		633.33			
TOTAL This Period (last page this line num	ber only)					

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)				
11			for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 11c 14 15	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			person for the purp	oose of soliciting	g contributi	ions	
	American College of Surgeons	Professio	nal Association PAC					
Α.	Full Name of Individual (Last, First, Middle Ini Maish, George, Orville, , III	tial) or Full O	Prganization Name	Date of Re	ceipt			
	Mailing Address 910 Madison Ave Ste 215			10 <sup>//</sup>	D D / Y 28	2017	Y	
	City Memphis	State TN	Zip Code 38103-3403		on ID: 4F49A1/ Each Receipt th		8E4AA6	
	FEC ID number of contributing federal political committee.	С			y	83.3	3	
	Name of Employer (for Individual) UTHSC		upation (for Individual) geon	Memo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]				
в.	Full Name of Individual (Last, First, Middle Ini Maish, George, Orville, , III	tial) or Full O	organization Name	Date of Re	ceipt			
	Mailing Address 910 Madison Ave Ste 215			11 /	28 / Y	2017	Ŷ	
	City Memphis	State TN	Zip Code 38103-3403		on ID: 41EE903 Each Receipt th		5261E5	
	FEC ID number of contributing federal political committee.	С				83.3	3	
	Name of Employer (for Individual) UTHSC	Occupation (for Individual) Surgeon			Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]				
с.	Full Name of Individual (Last, First, Middle Ini Maish, George, Orville, , III	tial) or Full O	organization Name	Date of Re	ceipt			
	Mailing Address 910 Madison Ave Ste 215			12 /	28 / Y	2017	Ŷ	
	City Memphis	State TN	Zip Code 38103-3403		ion ID: 4734B0/ Each Receipt th		524227	
	FEC ID number of contributing federal political committee.	С			ş ş	83.3	3	
	Name of Employer (for Individual) UTHSC	Occi Surg	upation (for Individual) geon	Memo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]				
⊢	UBTOTAL of Receipts This Page (optional)				y y y	249.9	9	

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
IILIWIIZLU NEGEITIJ		Detailed Summary Page	X         11a         11b         11c           13         14         15	12 16 17			
Any information copied from such Reports a or for commercial purposes, other than usin			erson for the purpose of soliciting c	ontributions			
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC					
Full Name of Individual (Last, First, Midd A. Malangoni, Mark, A., ,	-	organization Name	Date of Receipt				
Mailing Address 1617 John F Kennedy Bl American Board Of Surge	ery, Ste 860			2017			
City Philadelphia	State PA	Zip Code 19103-1841	Transaction ID : 351DDF59 Amount of Each Receipt this				
FEC ID number of contributing federal political committee.	C			100.00			
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1				
Full Name of Individual (Last, First, Midd B. Martin, Eric, , , MD	lle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1 Medical Center Dr				2017			
City Lebanon	State NH	Zip Code 03756-1000	Transaction ID : 25A11A62 Amount of Each Receipt this				
FEC ID number of contributing federal political committee.	С			250.00			
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00					
Full Name of Individual (Last, First, Midd C. Martin, Matthew, Brunson, ,	le Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1002 N Church St Ste 302	1-		10 25 2	2017			
City Greensboro	State NC	Zip Code 27401-1449	Transaction ID : A830221E           Amount of Each Receipt this				
FEC ID number of contributing federal political committee.	C			250.00			
Name of Employer (for Individual) Central Carolina Surgery		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00	]				
SUBTOTAL of Receipts This Page (optional	al)		· · · · · · ·	600.00			
TOTAL This Period (last page this line nur	nber only)						

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		Use separate schedule(s)		(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma name and a	I ay not be sold or used by any p address of any political committed	erson e to so	for the p	purp	oose of	soliciting	g contribu	tions
$\overline{)}$	NAME OF COMMITTEE (In Full)		_							
	American College of Surgeons P	rofessio	onal Association PAC							
A.	Full Name of Individual (Last, First, Middle Initia Marx, William, H., ,	l) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 750 E Adams St				10 <sup>M</sup>	/	30	/ Y	y y 2017	Ŷ
	City	State	Zip Code						1AAD380	91293F
	Syracuse	NY	13210-2306		Amount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		250.	00
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	emo	Item			
	Syracuse VA Med Center	Surg	geon							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify) ▼		500.00	1						
			-ga							
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name							
Β.	Matsuura, Peter, Arnold, ,			_	Date of	Re	ceipt			
	Mailing Address 670 Ponahawai St Ste 214	State Zip Code			12 <sup>M</sup>	/	13	/ Y	2017	Y
	City Hilo	HI	96720-7830				-		<b>B102890</b> his Period	C31ED
	FEC ID number of contributing federal political committee.	C							500.	00
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Surgeon			Me	emo	Item			
	Receipt For:		Year-to-Date ▼	_						
	Primary General	, .gg. egute		11						
	Other (specify) <b>v</b>	L	, 500.00	1						
C.	Full Name of Individual (Last, First, Middle Initia McDonald, Kristin, , ,	l) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 6701 Emporia Ct				10 <sup>M</sup>	/	23	JL	2017	
	City Springfield	State VA	Zip Code 22152-3034							5F7B695
			22132 3034		Amount	of	Each H	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			Ļ.	_	y	. y	250.	00
	Name of Employer (for Individual) ACS		upation (for Individual) nager, Federal Affairs		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	· · · ·	250.00	11						
	Other (specify)									
s	UBTOTAL of Receipts This Page (optional)			•			9		1000.	00
т	OTAL This Period (last page this line number or	nly)	· · · · · · · · · · · · · · · · · · ·	•			,			

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			Use separate schedule(s)	(check only one)					
II EIV	IIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	17
	formation copied from such Reports and Sta commercial purposes, other than using the			erson for the		pose of	soliciting		ions
\ \	ME OF COMMITTEE (In Full)								
	merican College of Surgeons P	rotessio	nal Association PAC						
	I Name of Individual (Last, First, Middle Initia cKenna, Daniel, , ,	al) or Full O	rganization Name	Date of	of Re	eceipt			
	iling Address 2845 Greenbrier Rd			M	M /	D D	/ Y	YY	Y
Citv	Ste 230	State	Zip Code	12		24		2017	
-	y een Bay	WI	54311-6519					<b>D068F43</b> is Period	2D5E0F
	C ID number of contributing eral political committee.	С						83.3	33
	me of Employer (for Individual) rora BayCare Medical	Occu Surg	upation (for Individual)		Nemo	ttem			
	ceipt For:		Year-to-Date ▼						
	Primary General		249.99	1					
	Other (specify) <b>v</b>		249.99	1					
	I Name of Individual (Last, First, Middle Initia cQuiston, James, , ,	al) or Full O	rganization Name	Date of	of Re	eceipt			
	iling Address 17375 Hall Rd			07		D D 28	/ Y	y y 2017	Y
City	y	State	Zip Code	Tran	sacti	ion ID : 4	4F8CBA	F6418050	11348A
Ma	acomb	MI	48044-4060	Amour	nt of	Each R	eceipt th	is Period	
	C ID number of contributing eral political committee.	C			_	-		50.0	00
	me of Employer (for Individual) rtheast Surgical Group		upation (for Individual) geon	N	Nemo	tem			
Re	ceipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify) ▼	600.00							
	I Name of Individual (Last, First, Middle Initia IcQuiston, James, , ,	al) or Full O	rganization Name	Date of	of Re	eceipt			
	iling Address 17375 Hall Rd	1		08		D D D 28	/ Y	2017 <sup>°</sup>	Y
City	y acomb	State MI	Zip Code 48044-4060					85BC7160	A72430
FE	C ID number of contributing eral political committee.	С			nt of		eceipt th	is Period 50.0	)0
	me of Employer (for Individual) rtheast Surgical Group	Occu Surg	upation (for Individual) Jeon	N	Vemo	o Item			
Re	ceipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify)		600.00	1					
SUB.	TOTAL of Receipts This Page (optional)				-	,	. ,	183.3	13
тоти	AL This Period (last page this line number o	nly)					-		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
American College of Surgeo	ns Professio	nal Association PAC					
Full Name of Individual (Last, First, Middl A. McQuiston, James, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 17375 Hall Rd			09 / 28 / Y Y Y 2017				
City Macomb	State MI	Zip Code 48044-4060	Transaction ID : 45AC8BBAF7298C29FD0           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) Northeast Surgical Group Receipt For:	Surg	upation (for Individual) geon	Memo Item				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]				
Full Name of Individual (Last, First, Middl B. McQuiston, James, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 17375 Hall Rd			10 28 2017				
City Macomb	State MI	Zip Code 48044-4060	Transaction ID : 4A6AB95A35972114B2DE Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Northeast Surgical Group		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]				
Full Name of Individual (Last, First, Middl C. McQuiston, James, , ,	e Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 17375 Hall Rd			11 28 / Y Y Y Y 11 28 2017				
City Macomb	State MI	Zip Code 48044-4060	Transaction ID : 48F099B230BD15711955           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Northeast Surgical Group	Occi Surg	upation (for Individual) jeon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]				
SUBTOTAL of Receipts This Page (optiona	l)		150.00				
TOTAL This Period (last page this line num	iber only)						

#### SCHEDULE A (FEC Form 3X) - . . . . . . . DEOEIDTO

### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC					
Full Name of Individual (Last, First, Mide A. McQuiston, James, , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 17375 Hall Rd			12 28 2017				
City Macomb	State MI	Zip Code 48044-4060	Transaction ID : 41F5AF59A777ECBBE64F Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Northeast Surgical Group Receipt For:	Sur	upation (for Individual) geon	Memo Item				
Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]				
Full Name of Individual (Last, First, Mide B. McVay Gillam, Marcene, Renee		rganization Name	Date of Receipt				
Mailing Address 1560 W Beebe Capps E C-207	хру		09 30 / Y Y Y Y 2017				
City Searcy	State AR	Zip Code 72143-5169	Transaction ID : 7D811AD1-B486-4CD1- Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) UAMS		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
Full Name of Individual (Last, First, Mide C. Melvin, W., , ,	lle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3400 Bainbridge Ave Fl 4	Mailing Address 3400 Bainbridge Ave						
City Bronx	State NY	Zip Code 10467-2404	Transaction ID : 3694A879A5064C9EA1CC Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) Montefiore Medical Center	Occi Surg	upation (for Individual) Jeon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1				
SUBTOTAL of Receipts This Page (option	al)		1050.00				
TOTAL This Period (last page this line nu	mber only)						

### Use separate schedule(s)

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	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
American College of Surgeons	Professio	onal Association PAC				
Full Name of Individual (Last, First, Middle Ini A. Mendible, Mariana, I., ,	tial) or Full C	Prganization Name	Date of Receipt			
Mailing Address 310 Deer Track Trl			07 13 2017			
City	State	Zip Code	Transaction ID : 452199135EF5F4B8630			
Clinton	NC	28328-3124	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Heinz Health Services	Sur	geon				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		1000.00	1			
			1			
Full Name of Individual (Last, First, Middle Ini B. Mendible, Mariana, I., ,	tial) or Full C	organization Name	Date of Receipt			
Mailing Address 310 Deer Track Trl			08 13 2017			
City	State	Zip Code				
Clinton	NC	28328-3124	Transaction ID : 4589AAD51C91DBB770 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) Heinz Health Services		upation (for Individual) geon	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		, 1000.00	1			
Full Name of Individual (Last, First, Middle Ini C. Mendible, Mariana, I., ,	tial) or Full C	Prganization Name	Date of Receipt			
Mailing Address 310 Deer Track Trl			09 13 2017			
City	State	Zip Code	Transaction ID : 4E49AC95C58B13A79D			
Clinton	NC	28328-3124	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Heinz Health Services	Surç	geon				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		1000.00	]			
SUBTOTAL of Receipts This Page (optional)			300.00			
TOTAL This Period (last page this line number						

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 130 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements ma g the name and a	I ay not be sold or used by any p Iddress of any political committe	e to solicit contributions from such committee.				
	<b>D</b> ( )						
American College of Surgeo	ns Professio	onal Association PAC					
Full Name of Individual (Last, First, Midd A. Mendible, Mariana, I., ,	le Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 310 Deer Track Trl			10 13 / Y Y Y Y Y				
City Clinton	State NC	Zip Code 28328-3124	Transaction ID : 41F388073EE80539892F           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Heinz Health Services		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1				
Full Name of Individual (Last, First, Midd <b>B.</b> Mercado, Philip, Donat, ,	le Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1011 Baldwin Park Blvd Kaiser Permanente Medi			10 / Y Y Y Y 24 2017				
City Baldwin Park	State CA	Zip Code 91706-5806	Transaction ID : 398D5771DD4D458BB48/ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	1				
Other (specify) <b>v</b>		, 250.00	1				
Full Name of Individual (Last, First, Midd C. Meredith, J., Wayne, ,	le Initial) or Full C	organization Name	Date of Receipt				
Mailing Address Wake Frst Department Of Surgery			10 / Y Y Y Y 24 2017				
City Winston Salem	State NC	Zip Code 27157-0001	Transaction ID : 9CD13B5AFE3A435E819 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		1000.00				
Name of Employer (for Individual) Wake Forest University School of Medic	Occ Surg	upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1				
SUBTOTAL of Receipts This Page (optional	al)		1350.00				
TOTAL This Period (last page this line nun	nber only)						

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	onal Association PAC					
<ul> <li>Full Name of Individual (Last, First, Middl</li> <li>Millis, James, Michael, ,</li> </ul>	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address University Of Chicago Me Transplantation Institute I			08 11 2017				
City Chicago	State IL	Zip Code 60637	Transaction ID : EF5BB685-79A6-4D01-           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual) University of Chicago		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name of Individual (Last, First, Midd B. Milroy, Mary, Jeannine, ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 1104 W 8th St Yankton Medical Clinic			10 / Y Y Y Y 10 31 2017				
City Yankton	State SD	Zip Code 57078-3306	Transaction ID : 7ED1ADBAB4B241F9176 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer (for Individual) Yankton Medical Clinic		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
Full Name of Individual (Last, First, Midd C. Minard, Gayle, , ,	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 910 Madison Ave FI 2			07 / D D / Y Y Y Y Y 28 2017				
City Memphis	State TN	Zip Code 38103-3403	Transaction ID : 4A5DAA50621C9AB8B6				
FEC ID number of contributing federal political committee.	C		83.33				
Name of Employer (for Individual) Univ of TN		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 916.63	]				
SUBTOTAL of Receipts This Page (optional			833.33				
TOTAL This Period (last page this line nun	nber only)						

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FOR LINE NUMBER:

PAGE 132 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(cneck only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma ame and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initia Minard, Gayle, , , Mailing Address 910 Madison Ave Fl 2 City	I) or Full O	rganization Name	Date of Receipt
	Memphis	TN	38103-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Univ of TN Receipt For:	Surg	·	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.63	
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	
в.	Minard, Gayle, , , Mailing Address 910 Madison Ave FI 2			Date of Receipt
	City Memphis	State TN	Zip Code 38103-3403	Transaction ID : 4C819A4F54F3D520EB30 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) Univ of TN		upation (for Individual) geon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.63	
С.	Full Name of Individual (Last, First, Middle Initia Minard, Gayle, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 910 Madison Ave FI 2	-		11 / D D / Y Y Y Y Y 2017
	City Memphis	State TN	Zip Code 38103-3403	Transaction ID : 4CEC90901237C2D292DE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) Univ of TN	Occu Surg	upation (for Individual) Jeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 916.63	
s	UBTOTAL of Receipts This Page (optional)		••••••	249.99
Т	OTAL This Period (last page this line number or	ıly)		

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IT.	EMIZED RECEIPTS		Use separate schedule(s)			(check only one)									
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	f soliciting	g contribut	ions					
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC												
Α.	Full Name of Individual (Last, First, Middle Ini Minard, Gayle, , ,	tial) or Full O	rganization Name	C	Date of	Re	eceipt								
	Mailing Address 910 Madison Ave FI 2							12 28 2017							
	City Memphis	State TN	Zip Code 38103-3403	A					9C76BE88	SFCB178					
	FEC ID number of contributing federal political committee.	С					-	1 - 1	83.3	33					
	Name of Employer (for Individual) Univ of TN		upation (for Individual) geon		Me	emo	ttem								
	Receipt For: Primary General Other (specify) ▼	]													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Minei, Joseph, Paul, ,						eceipt								
	Mailing Address Department of Surgery Btcc Ut Southwestern Medical Center					1	24		2017	Y					
	City Dallas	State TX	Zip Code 75390-9158						6BC5EE4	99891A2					
	FEC ID number of contributing federal political committee.	C				500.00									
	Name of Employer (for Individual) UT Southwestern	upation (for Individual) rsician		Me	emo	ttem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]											
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Misra, Hara, Prasad, ,	tial) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 11000 N Scottsdale Rd Ste 190				м м 10	1	D 25		2017						
	City Scottsdale	State AZ	Zip Code 85254-5106	A					nis Period	DB0A63					
	FEC ID number of contributing federal political committee.	С					,	y	1000.0	)0					
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Surgeon			M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]											
s	UBTOTAL of Receipts This Page (optional)				-		9	5	1583.3	13					
Т	OTAL This Period (last page this line number	only)			_		-								

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IT.			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contribu	tions			
$\backslash$	NAME OF COMMITTEE (In Full)		and Association DAC										
/	American College of Surgeons P	roressio	onal Association PAC										
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name			_							
Α.	Moalem, Jacob, , , Mailing Address 22 Westland Ave			_	Date of	Re			V	V			
					07 20 2017								
	City	State NY	Zip Code		Transaction ID: 4838A9B9FE2194854466								
	Rochester		14618-1018	_	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-		208.	33			
	Name of Employer (for Individual)	Осси		Me	emo	Item							
	University of Rochester Receipt For:		geon	_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) V	L	2499.96										
B.	Full Name of Individual (Last, First, Middle Initia Moalem, Jacob, , ,	al) or Full O	organization Name		Date of	Re	ceipt						
	Mailing Address 22 Westland Ave				08	/	20	/ Y	2017	Ŷ			
	City	State	Zip Code 14618-1018		Transa	acti	on ID :	49FD867	75D5FF2	BCF0A2D			
	Rochester	NY	_	Amount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	ů l							208.	33			
	Name of Employer (for Individual) University of Rochester		upation (for Individual) geon		Me	emo	ltem						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼		, 2499.96										
С.	Full Name of Individual (Last, First, Middle Initia Moalem, Jacob, , ,	al) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 22 Westland Ave				<sup>M</sup> 09	1	D D D 20	/ Y	2017	Y			
	City Rochester	State NY	Zip Code 14618-1018						3D144250				
	FEC ID number of contributing federal political committee.	С				O		eceipt tr	nis Period 208.	_			
	Name of Employer (for Individual) University of Rochester		upation (for Individual)		Me	emc	tem						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)	Aggregate	2499.96										
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		_	y .		624.	99			
Т	OTAL This Period (last page this line number or	nly)		•	L								

FOR LINE NUMBER:

PAGE 135 OF

ITEMIZED RECEIPTS	for eac	h category of the d Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be she name and address of	sold or used by any p any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professional Ass	sociation PAC	
Full Name of Individual (Last, First, Middle         Moalem, Jacob, , ,         Mailing Address 22 Westland Ave         City         Rochester         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University of Rochester         Receipt For:         Primary       General         Other (specify) ▼	State Zip C	r Individual)	Date of Receipt Date of Receipt 10 / 20 / 2017 Transaction ID : 49EB9A83C90B38E35625 Amount of Each Receipt this Period 208.33 Memo Item
Full Name of Individual (Last, First, Middle         Moalem, Jacob, , ,         Mailing Address 22 Westland Ave         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) University of Rochester         Receipt For:         Primary       General         Other (specify)	State Zip C	rode 18-1018 or Individual)	Date of Receipt 11 20 2017 Transaction ID : 40D09F19CDAC40BAE819 Amount of Each Receipt this Period 208.33 Memo Item
C. Full Name of Individual (Last, First, Middle Moalem, Jacob, , , Mailing Address 22 Westland Ave City Rochester FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Rochester Receipt For: Primary General Other (specify)	State Zip C	r Individual)	Date of Receipt 12 20 2017 Transaction ID : 405ABB61369AF804CFCC Amount of Each Receipt this Period 208.33 Memo Item
SUBTOTAL of Receipts This Page (optional).			624.99

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         □								
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American College of Surgeons	s Professio	nal Association PAC									
Full Name of Individual (Last, First, Middle I A. Moawad, John, A., ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 95 Arch St											
Akron Vascular Associates, S	Ste 215 State	Zip Code	09 27 2017 Transaction ID : 4B931283-FC2A-405B								
Akron	OH	44304-1467	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) summahealth		upation (for Individual) cular surgeon	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		250.00									
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name									
B. Molt, Patrick, L., ,	Date of Receipt										
Mailing Address PO Box 465 207 NW 10Th Street			10 30 2017								
City	State	Zip Code	Transaction ID : CDBC4C34FBE9B4AE								
Fairfield	IL	62837-0465	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		1000.00									
Full Name of Individual (Last, First, Middle I Monaghan, Sean, Farrell, ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 593 Eddy St			07 25 2017								
Department Of Surgery, Mid	Idle Hous State	Zip Code	Transaction ID : 4F3C89102164DE7D5								
Providence	RI	02903-4923	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		75.00								
Name of Employer (for Individual) University Surgical Associates	Occ Surg	upation (for Individual) Jeon	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		675.00									
SUBTOTAL of Receipts This Page (optional)			1325.00								
TOTAL This Period (last page this line numbe	r only)										

FOR LINE NUMBER:

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ıт,	EMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose c	of soliciti		ntributi	ons	
$\backslash$	NAME OF COMMITTEE (In Full)	<b>-</b> / .										
	American College of Surgeons	Protessio	nal Association PAC									
/	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name									
Α.	Monaghan, Sean, Farrell, ,			Date of Receipt								
	Mailing Address 593 Eddy St			- I I	м м 08	1	2			017	Y	
	Department Of Surgery, Middl City	State	Zip Code	- I '		act	and the second s	- : 4B668		- 1	81CBA	
	Providence	RI	02903-4923	A				Receipt				
	FEC ID number of contributing	$\mathbf{C}$		- L I						75.0	0	
	federal political committee.	C					-		_	75.0	0	
	Name of Employer (for Individual)	Оссі	upation (for Individual)	- 1	М	emc	Item					
	University Surgical Associates	Surg	geon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		675.00	11								
	Other (specify) <b>v</b>		675.00	- 1								
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name									
В.	Monaghan, Sean, Farrell, ,						eceipt					
	Mailing Address 593 Eddy St			- L I	M	/	D			Y	Y	
	Department Of Surgery, Midd		Zin Codo		09	ь.	2	5	20	017		
	City Providence	State RI	Zip Code 02903-4923					: 4090A			2B880E	
						t of	Each	Receipt	this f	Period	_	
	FEC ID number of contributing federal political committee.	C				75.00						
	Name of Employer (for Individual) University Surgical Associates		upation (for Individual) geon		М	emo	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		075.00	1								
	Other (specify) <b>v</b>		, 675.00									
с.	Full Name of Individual (Last, First, Middle Ini Monaghan, Sean, Farrell, ,	tial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 593 Eddy St			- I	M M	/	D	D /	Y Y	Y	Y	
	Department Of Surgery, Midd			41	10		2	- 1		017		
	City Providence	State RI	Zip Code 02903-4923					: 4B1FA			4B7B5	
			02000 4020	A	Amoun	t of	Each	Receipt	this f	Period	_	
	FEC ID number of contributing federal political committee.	С			_		y	J. J.		75.0	0	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		Μ	emo	ttem					
	University Surgical Associates	Surg	jeon									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		675.00	1								
	Other (specify)											
s	UBTOTAL of Receipts This Page (optional)						, ,	. ,		225.0	0	
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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any pe ne and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessional Association PAC	
Providence FEC ID number of contributing federal political committee. Name of Employer (for Individual) University Surgical Associates Pagoint Equ	-	Date of Receipt          MIN       25       2017         Transaction ID : 4B87B6AEE08257C41628         Amount of Each Receipt this Period         75.00         Memo Item
Name of Employer (for Individual) University Surgical Associates		Date of Receipt
Houston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Descript For:	or Full Organization Name          State       Zip Code         TX       77030-1501         C       Occupation (for Individual)         Surgeon       Surgeon         ggregate Year-to-Date ▼	Date of Receipt 07 / 15 / 2017 Transaction ID : 45B5BECAD71AFB5062D4 Amount of Each Receipt this Period 83.33 Memo Item
SUBTOTAL of Receipts This Page (optional)		233.33

### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIWIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surged	ons Professio	nal Association PAC							
Full Name of Individual (Last, First, Mide A. Moore, Laura, , ,	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6431 Fannin St Msb 4.270			08 15 2017						
City Houston	State TX	Zip Code 77030-1501	Transaction ID : 4397AF40A8FE657884A2 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	1						
Full Name of Individual (Last, First, Mide B. Moore, Laura, , ,	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6431 Fannin St Msb 4.270		09 15 2017							
City Houston	State TX	Zip Code 77030-1501	Transaction ID : 4EDCBBACCD354CAFBC Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	]						
Full Name of Individual (Last, First, Mide C. Moseson, Dane, Leonard, ,	dle Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address PO Box 3002			07 09 / Y Y Y Y 2017						
City Longview	State WA	Zip Code 98632-0302	Transaction ID : 49C68EC9560567E83C7F Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	1						
SUBTOTAL of Receipts This Page (option	al)		266.66						
TOTAL This Period (last page this line nu	mber only)								

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### SCHEDULE A (FEC Form 3X)

### Use separate schedule(s)

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17			Use separate schedule(s)	(ch	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	contribut	tions		
$\overline{\}$	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC									
/	American college of Surgeons i	10163310										
A.	Full Name of Individual (Last, First, Middle Initia Moseson, Dane, Leonard, ,	al) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address PO Box 3002				08 09 2017							
	City	State	Zip Code		Trans	acti	on ID :	41D4958	839A536	ЗССВВ8		
	Longview	WA		Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	-	100.0	00		
	Name of Employer (for Individual)	Occu	_	Me	emo	Item						
	Self Employed	Surg	jeon									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General			11.								
	Other (specify) <b>v</b>		1200.00	4								
	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	rganization Name									
-	Moseson, Dane, Leonard, ,						ceipt					
	Mailing Address PO Box 3002				09	/	D D 09	/ Y	2017	Y		
	City	State	Zip Code				-			3456D139		
	Longview	WA 98632-0302				of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С				100.00						
	Name of Employer (for Individual) Self Employed	Occu Surg	upation (for Individual) geon		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		1200.00	]								
с.	Full Name of Individual (Last, First, Middle Initia Moseson, Dane, Leonard, ,	al) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address PO Box 3002				10 <sup>M</sup>	/	D D 09	/ Y	2017 <sup>°</sup>	Y		
	City	State	Zip Code		Trans	acti	on ID :	4126B18	91CA1B	D34244A		
	Longview	WA	98632-0302		Amount	of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					y	9	100.0	00		
	Name of Employer (for Individual) Self Employed	Occu Surg	ipation (for Individual) eon		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		1200.00	11.								
	Other (specify)		1200.00									
s	UBTOTAL of Receipts This Page (optional)			▶			7		300.0	00		
т	OTAL This Period (last page this line number or	nly)			L.,		,	-				

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surged	ons Professio	onal Association PAC							
Full Name of Individual (Last, First, Mide A. Moseson, Dane, Leonard, ,	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address PO Box 3002			M M / D D / Y Y Y Y 11 09 2017						
City Longview	State WA	Zip Code 98632-0302	Transaction ID : 481C9A8ED857579B0FI Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]						
Full Name of Individual (Last, First, Mide <b>B.</b> Moseson, Dane, Leonard, ,									
Mailing Address PO Box 3002			12 09 2017						
City Longview	State WA	Zip Code 98632-0302	Transaction ID : 4BF984E28A55C20AEC Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]						
Full Name of Individual (Last, First, Mide C. Moul, Judd, W., ,	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address Duke University Medica Dumc 3707, Rm 1562		Zip Code	M M / D D / Y Y Y Y Y 31 2017						
City Durham	State NC	27710-0001	Transaction ID : FFC700BFD65C5B3C7E           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Duke University Medical Center		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]						
SUBTOTAL of Receipts This Page (option	nal)		700.00						
TOTAL This Period (last page this line nu	mber only)								

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PAGE 142 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used by any pe le and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Prof	fessional Association PAC	
Salt Lake City FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Utah Beceint For:	State Zip Code UT 84108-1287	Date of Receipt
Ann Arbor FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Michigan	State Zip Code MI 48109-5033	Date of Receipt
Ann Arbor FEC ID number of contributing federal political committee.  Name of Employer (for Individual) University of Michigan	State Zip Code MI 48109-5033	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		650.00

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professio	nal Association PAC									
Full Name of Individual (Last, First, Middle A. Napolitano, Lena, Marie, ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1500 E Medical Center Dr 1C340-Uh, Spc 5033			09 / D D / Y Y Y Y 09 19 2017								
City Ann Arbor	State MI	Zip Code 48109-5033	Transaction ID : 458A9C1B2A7CBD2CDC Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		75.00								
Name of Employer (for Individual) University of Michigan		upation (for Individual) geon	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1225.00	]								
Full Name of Individual (Last, First, Middle B. Napolitano, Lena, Marie, ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1500 E Medical Center Dr 1C340-Uh, Spc 5033	1		10 / Y Y Y Y 2017								
City Ann Arbor	State MI	Zip Code 48109-5033	Transaction ID : 4E688CF59FC2848D2C9 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		75.00								
Name of Employer (for Individual) University of Michigan		upation (for Individual) geon	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1225.00	]								
Full Name of Individual (Last, First, Middle C. Napolitano, Lena, Marie, ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1500 E Medical Center Dr 1C340-Uh, Spc 5033	Ctoto	Zin Code	10 / Y Y Y Y 10 25 2017								
City Ann Arbor	State MI	Zip Code 48109-5033	Transaction ID : D0BB02D3CA3040B5BF           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		325.00								
Name of Employer (for Individual) University of Michigan		upation (for Individual) geon	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1225.00	]								
SUBTOTAL of Receipts This Page (optional).			475.00								
TOTAL This Period (last page this line number	er only)										

FOR LINE NUMBER:

PAGE 144 OF

IT.			Use separate schedule(s)	(cheo	(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose of	soliciting	g contribu	tions			
$\setminus$	NAME OF COMMITTEE (In Full)												
	American College of Surgeons F	rotessio	onal Association PAC										
V	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name										
Α.	Napolitano, Lena, Marie, ,	,	-	D	Date of Receipt								
	Mailing Address 1500 E Medical Center Dr			- E									
	1C340-Uh, Spc 5033 City	State	Zip Code	L	11 Trans	acti	19	128080/	2017 <b>16ABA33</b>	7802201			
	Ann Arbor	MI	48109-5033	A					nis Period	1 003301			
	FEC ID number of contributing									00			
	federal political committee.	С		- 1 L			-y	-	75.	00			
	Name of Employer (for Individual)		cupation (for Individual)	— I	Me	emc	Item						
	University of Michigan	Sur	rgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) V		1225.00										
	Other (specify) V		7	_									
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name										
В.	Napolitano, Lena, Marie, ,	-			ate of	Re	eceipt						
	Mailing Address 1500 E Medical Center Dr 1C340-Uh, Spc 5033				<sup>M</sup> <sup>M</sup> 12	/	D D 19	/ Y	2017	Y			
	City	State	Zip Code 48109-5033				-		0B079916	DA9D39			
	Ann Arbor	MI	A	mount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	C				75.00							
	Name of Employer (for Individual) University of Michigan	cupation (for Individual) rgeon		Me	emc	ltem							
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General Other (specify) ▼		1225.00										
			, , , , , , , , , , , , , , , , , , , ,	-									
с.	Full Name of Individual (Last, First, Middle Init Natuzzi, Eileen, Stack, , MD FACS		Drganization Name	D	ate of	Re	eceipt						
	Mailing Address 509 Hermes Ave			1	<sup>M</sup> 12	1	D D 08	/ Y	2017	Y			
	City	State	Zip Code		Trans	act	ion ID :	C7E118	4CE4F7E	AE120D			
	Encinitas	CA	92024-2108	A	mount	of	Each R	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С		- 19	_		<b>9</b>	,	500.	00			
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Surgeon			Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00										
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of						,	, , ,	650.	00			
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b		11c	12	47
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for				of soli			
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American College of Surgeons P	Professio	nal Association PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Neumayer, Leigh, A., ,	al) or Full O	rganization Name	Da	te of	Re	ceipt				
	Mailing Address         1501 N Campbell Ave            P. O. Box 245018, Rm 4174E				07 <sup>M</sup>	/	D 28		Y	ү ү 2017	Y
	City Tucson	State AZ	Zip Code 85724-0001							5AF0311 s Period	6326BF
	FEC ID number of contributing federal political committee.	С							-y	120.	00
	Name of Employer (for Individual) Utah University		upation (for Individual) geon		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1740.00								
в.	Full Name of Individual (Last, First, Middle Initia Neumayer, Leigh, A., ,	al) or Full O	rganization Name	Da	te of	Re	ceipt				
	Mailing Address 1501 N Campbell Ave P. O. Box 245018, Rm 4174E	1		M	08	/	28		Y	y y 2017	Y
	City Tucson	State AZ	Zip Code 85724-0001				-			9 <b>021A33</b> s Period	6B9BEA
	FEC ID number of contributing federal political committee.	C					<b>y</b>		-y	120.	00
	Name of Employer (for Individual) Utah University		upation (for Individual) geon		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1740.00								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Neumayer, Leigh, A., ,	al) or Full O	rganization Name	Da	te of	Re	ceipt				
	Mailing Address 1501 N Campbell Ave P. O. Box 245018, Rm 4174E			4 L	09 <sup>M</sup>	/	28	8		y y 2017	
	City Tucson	State AZ	Zip Code 85724-0001							397F846 s Period	D4686C
	FEC ID number of contributing federal political committee.	С			_		y .		9	120.	00
	Name of Employer (for Individual) Utah University	Occupation (for Individual) Surgeon			Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1740.00	1							
s	UBTOTAL of Receipts This Page (optional)						,		y	360.	00
т	OTAL This Period (last page this line number o	nly)					, .		-		

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)	
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeor	s Professic	onal Association PAC	
Full Name of Individual (Last, First, Middle A. Neumayer, Leigh, A., ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1501 N Campbell Ave			M = M / D = D / Y = Y = Y
P. O. Box 245018, Rm 417			10 28 2017
City Tucson	State AZ	Zip Code 85724-0001	Transaction ID : 48FC97D69C070E49319
		00124 0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer (for Individual) Utah University		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	—
Primary General		1740.00	1
Other (specify) <b>v</b>		1740.00	1
Full Name of Individual (Last, First, Middle B. Neumayer, Leigh, A., ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1501 N Campbell Ave P. O. Box 245018, Rm 417	′4E		11 28 2017
City	State	Zip Code	Transaction ID : 4E24AD702F15B345954
Tucson	AZ	85724-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		120.00
Name of Employer (for Individual) Utah University		upation (for Individual) geon	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼		1740.00	]
Full Name of Individual (Last, First, Middle C. Neumayer, Leigh, A., ,	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 1501 N Campbell Ave			M = M / D = D / Y = Y = Y
P. O. Box 245018, Rm 417 City	74E State	Zip Code	12 28 2017 Transaction ID : 4F1DB26718BE2E4355E
Tucson	AZ	85724-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer (for Individual) Utah University		upation (for Individual) geon	Memo Item
Receipt For:		Year-to-Date ▼	7
Other (specify)		1740.00	]
SUBTOTAL of Receipts This Page (optional)			360.00
TOTAL This Period (last page this line numb	per only)		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(cheo	(check only one)						
TIEWIZED RECEIPIS			for each category of the Detailed Summary Page				11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)						pose of	f solicitin	g contribut	ions
$\rangle$	American College of Surgeons	Professio	nal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Init Nfonsam, Valentine, , ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt			
	Mailing Address 6473 E Calle De Mirar				м м 10	1	D 26		2017	Y
	City Tucson	State AZ	Zip Code 85750-1269						957D3144 his Period	FABB93
	FEC ID number of contributing federal political committee.	С					-y 1		500.0	00
	Name of Employer (for Individual) Univ of Arizona	Occupation (for Individual) Surgeon			M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
в.	Full Name of Individual (Last, First, Middle Init Nicastro, Jeffrey, Michael, ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt			
	Mailing Address 27005 76th Ave Ste B241				™ 10	1	D 24		2017	Y
	City New Hyde Park	State NY	Zip Code 11040-1402						<b>61111F40</b> his Period	9B953D
	FEC ID number of contributing federal political committee.	C							250.0	)0
	Name of Employer (for Individual) NSLIJ	ividual) Occupation (for Individual) Surgeon				emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
с.	Full Name of Individual (Last, First, Middle Init Nogueras, Juan, Jose, ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt			
	Mailing Address 7901 Sequoia Ln				<sup>M</sup> 10	/	D 12		2017	Y
	City Parkland	State FL	Zip Code 33067-2390						19-8D80-4 his Period	A98-
	FEC ID number of contributing federal political committee.	С		ļ			y	. ,	250.0	00
	Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Surgeon			M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
s	UBTOTAL of Receipts This Page (optional)						y	y	1000.0	)0
Т	OTAL This Period (last page this line number	only)		► L			-			

FOR LINE NUMBER:

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad NAME OF COMMITTEE (In Full) American College of Surgeons Profession Full Name of Individual (Last, First, Middle Initial) or Full Org Numann, Patricia, J., , Mailing Address 323 Highland Ave	dress of any political committee to	Date of Receipt 07 / 14 / 2017 Transaction ID : 49989D3EEFE58AB85C48 Amount of Each Receipt this Period
American College of Surgeons Profession Full Name of Individual (Last, First, Middle Initial) or Full Org Numann, Patricia, J., , Mailing Address 323 Highland Ave	zanization Name	07 14 2017 Transaction ID : 49989D3EEFE58AB85C48
A. Numann, Patricia, J., , Mailing Address 323 Highland Ave	Zip Code	07 14 2017 Transaction ID : 49989D3EEFE58AB85C48
Syracuse     NY       FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual)     Occup Surget       University Hospital Health Science Cen     Surget       Receipt For:     Aggregate Y       Other (specify) ▼     Image: Committee	′ear-to-Date ▼ 600.00	Memo Item
University Hospital Health Science Cen Surge	Zip Code 13203-1607 pation (for Individual)	Date of Receipt
University Hospital Health Science Cen Surge	Zip Code 13203-1607 Dation (for Individual)	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

FOR LINE NUMBER:

PAGE 149 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used by any person and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Prof	fessional Association PAC	
Syracuse FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University Hospital Health Science Cen	State Zip Code NY 13203-1607	Date of Receipt
Syracuse FEC ID number of contributing federal political committee.	State Zip Code NY 13203-1607	Date of Receipt
Syracuse FEC ID number of contributing federal political committee.	State Zip Code NY 13203-1607	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeon	s Professic	nal Association PAC	
Full Name of Individual (Last, First, Middle A. O'Neill, Patricia, A., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2 Montague Ter			
Apt 4A City	State	Zip Code	07 26 2017 Transaction ID : 4F44ADB4524B261A6E
Brooklyn	NY	11201-4105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify) ▼		1950.00	]
Full Name of Individual (Last, First, Middle B. O'Neill, Patricia, A., ,	Initial) or Full C	rganization Name	
Mailing Address 2 Montague Ter Apt 4A			Date of Receipt
City	State	Zip Code	Transaction ID : 45B0ACA16A4C9280F0
Brooklyn	NY	11201-4105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		1950.00	]
Full Name of Individual (Last, First, Middle O'Neill, Patricia, A., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2 Montague Ter Apt 4A			M M / D D / Y Y Y Y 09 26 2017
City Brooklyn	State NY	Zip Code 11201-4105	Transaction ID : 490AA47066935940927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1950.00	]
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last page this line numb	er only)		

#### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the p		oose of	soliciting	g contribut	ions
$\setminus$	NAME OF COMMITTEE (In Full)									
	American College of Surgeons P	rofessio	nal Association PAC							
A.	Full Name of Individual (Last, First, Middle Initia O'Neill, Patricia, A., ,	l) or Full O	rganization Name	C	ate of	Re	ceipt			
	Mailing Address 2 Montague Ter Apt 4A				м м 10	/	26	D / Y	2017	Y
	City Brooklyn	State NY	Zip Code 11201-4105	A					92AC57F	DA2255A
	FEC ID number of contributing federal political committee.	С			_		<del>.</del>		100.0	00
	Name of Employer (for Individual) SUNY		upation (for Individual) geon		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1950.00							
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name							
В.	O'Neill, Patricia, A., ,			C	ate of	Re	ceipt			
	Mailing Address 2 Montague Ter Apt 4A	r State Zip Code				/	D D D 30		2017	Y
	City Brooklyn	NY	21p Code 11201-4105						6725E308 nis Period	D1530
	FEC ID number of contributing federal political committee.	C					7		250.0	00
	Name of Employer (for Individual) SUNY	Occupation (for Individual) Surgeon			Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		1950.00							
C.	Full Name of Individual (Last, First, Middle Initia O'Neill, Patricia, A., ,	l) or Full O	rganization Name		ate of	Re	ceipt			
	Mailing Address 2 Montague Ter Apt 4A	1			<sup>M</sup> 11	/	26		2017 <sup>°</sup>	
	City Brooklyn	State NY	Zip Code 11201-4105	A			-		25E817F5 nis Period	B33824
	FEC ID number of contributing federal political committee.	С		ļ	_		y .	, ,	100.0	00
	Name of Employer (for Individual) SUNY	Occupation (for Individual) Surgeon				emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1950.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	. [			, .	. ,	450.0	00
т	OTAL This Period (last page this line number on	ıly)	••••••	. [			<b>T</b>			

#### Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	eons Professio	onal Association PAC	
Full Name of Individual (Last, First, Mi A. O'Neill, Patricia, A., ,	ddle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2 Montague Ter Apt 4A			12 26 / Y Y Y Y 2017
City Brooklyn	State NY	Zip Code 11201-4105	Transaction ID : 4B86A653CECEC8EE9F4           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) SUNY		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1950.00	1
Full Name of Individual (Last, First, Mi B. Olds, Garth, Alan, ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 925 Highland Blvd Ste 1200			09 / Y Y Y Y 2017
City Bozeman	State MT	Zip Code 59715-6900	Transaction ID : 01EE427D-DF3D-44CD- Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Mi C. Overmiller, Carl, Lee, ,	ddle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 306 Pine Crest Ln			M M / D D / Y Y Y Y 10 27 2017
City Ripley	State WV	Zip Code 25271-1631	Transaction ID : 38A0AF95-01C0-4454-           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Jackson General Hospital Receipt For:	Sur	upation (for Individual) geon	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1250.00	]
SUBTOTAL of Receipts This Page (option	onal)		850.00
TOTAL This Period (last page this line n	umber only)		

#### Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	Itements ma	ay not be sold or used by any pe	erson	13 for the policit con	purj otrib	14 pose of	15 f soliciting from suct	16 contribut	ions
	NAME OF COMMITTEE (In Full)			10 30			ulions		1 commu	
$\rangle$	American College of Surgeons P	rofessio	nal Association PAC							
A.	Full Name of Individual (Last, First, Middle Initia Owens, Bernard, J., , III	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 16299 Jug Rd				<sup>м</sup> М 10	/	D 30		y y 2017	Y
	City Burton	State OH	Zip Code 44021-9632						8DA6905 iis Period	F44D11
	FEC ID number of contributing federal political committee.	С						-	1000.0	00
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon		Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
В.	Full Name of Individual (Last, First, Middle Initia Pagan, John, Joseph, ,	ai) or fuii O	rganization Name		Date of	Re	ceipt			
	Mailing Address 915 Lawn Ave Ste 203				M M 09	/	D 13		2017	Y
	City	State PA	Zip Code						1-89C5-4	E4C-
	Sellersville		18960-1551	- 1	Amount	of	Each F	Receipt th	iis Period	
	FEC ID number of contributing federal political committee.	C					-	-	1000.0	00
	Name of Employer (for Individual) Pennridge Surgical		upation (for Individual) geon		Me	emo	tem			
	Receipt For:	Aggregate Year-to-Date ▼								
	Other (specify) ▼		1000.00							
C.	Full Name of Individual (Last, First, Middle Initia Paramo, Juan, Carlos, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 4300 Alton Rd Mt Sinai Medical Center	01-1-	The Outle		10 <sup>M</sup>	/	23		2017	_
	City Miami Beach	State FL	Zip Code 33140-2948	_					A5B4544	E3B9873
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	9	250.0	00
	Name of Employer (for Individual) Mount Sinai	Occu Surg	upation (for Individual) Jeon		Me	emc	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)						, .		2250.0	00
т	OTAL This Period (last page this line number or	nly)								

#### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)			
II EIVILLED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1		
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	oono Drofogoia	anal Association DAC			
American College of Surg	eons Professio	onal Association PAC			
Full Name of Individual (Last, First, M A. Perlstein, Jon, , ,	iddle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address Chair, Department Of Sutter Roseville Media			10 24 2017		
City Roseville	State CA	Zip Code 94535	Transaction ID : A16B479F91344DAA82 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1		
Full Name of Individual (Last, First, M B. Person, Michael, A., ,	iddle Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 911 E 20th St Surgical Institute Of S		10 / Y Y Y Y 24 2017			
City Sioux Falls	State SD	Zip Code 57105-1049	Transaction ID : A7532BC81B684FEBA0 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer (for Individual) Surgical Institute of South Dakota		upation (for Individual) geon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		, 500.00	1		
Full Name of Individual (Last, First, M Petersen, Anne, Elizabeth,		organization Name	Date of Receipt		
	Mailing Address 1601 E Broadway				
City Columbia	State MO	Zip Code 65201-8020	Transaction ID : C15076A3C05BDEC5ES Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer (for Individual) Boone Medical Group		upation (for Individual) geon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1		
SUBTOTAL of Receipts This Page (opti	' onal)		1750.00		
TOTAL This Period (last page this line	number only)				

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FOR LINE NUMBER:

PAGE 155 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Active Petrik, Pavel, Vaclav, ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1331 W Avenue J Ste 203			12 28 2017
City	State	Zip Code	Transaction ID : E3AE6C5DBE9FEC86E5B
Lancaster	CA	93534-2954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Self Employed	Sur	geon	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		500.00	]
Full Name of Individual (Last, First, Middle   B. Pezzi, Christopher, Mario, ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 3958 Baymeadows Rd Unit 2604			12 28 2017
City	State	Zip Code	Transaction ID : 4A739166BEC7AAE9BD3
Jacksonville	FL	32217-1806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		, 500.00	]
Full Name of Individual (Last, First, Middle <b>Pohl, Dieter,</b> , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 1539 Atwood Ave Ste 201			12 / 24 / Y Y Y Y 12 24 2017
City Johnston	State RI	Zip Code 02919-3262	Transaction ID : 42A4B50E43B3BC0EFFE
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Chartercare Medical Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1209.00	1
SUBTOTAL of Receipts This Page (optional).			1209.00

#### SCHEDULE A (FEC Form 3X) DEOEIDTO

#### Use separate schedule(s)

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	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC	
American college of Surgeo	113 1 10163310		
Full Name of Individual (Last, First, Mido Poje, Christopher, Peter, ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3580 Sheridan Dr Ste 115			07 18 2017
City Buffalo	State NY	Zip Code 14226-1647	Transaction ID : 4B49BB52335AC40DD470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Children's Hospital of Buffalo		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name of Individual (Last, First, Mide	lle Initial) or Full O	rganization Name	
B. Poje, Christopher, Peter, , Mailing Address 3580 Sheridan Dr Ste 115			Date of Receipt
City	State	Zip Code	Transaction ID : 4E14B8D761994CC8EE02
Buffalo	NY	14226-1647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Children's Hospital of Buffalo		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name of Individual (Last, First, Mido C. Poje, Christopher, Peter, ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3580 Sheridan Dr Ste 115			09 / D D / Y Y Y Y 2017
City Buffalo	State NY	Zip Code 14226-1647	Transaction ID : 44879F3C387B80CA85D0 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Children's Hospital of Buffalo	Occi Surg	upation (for Individual) Jeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]
SUBTOTAL of Receipts This Page (option	al)		150.00
TOTAL This Period (last page this line nur	mber only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILIVIIZED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than usir			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
American College of Surgeo	ons Professio	nal Association PAC									
Full Name of Individual (Last, First, Mide A. Poje, Christopher, Peter, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3580 Sheridan Dr Ste 115			M M / D D / Y Y Y Y 10 18 2017								
City Buffalo	State NY	Zip Code 14226-1647	Transaction ID : 417A83CEC7C2BDBAB0 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Children's Hospital of Buffalo		upation (for Individual) geon	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]								
Full Name of Individual (Last, First, Mide B. Poje, Christopher, Peter, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3580 Sheridan Dr Ste 115			M M / D D / Y Y Y Y 11 18 2017								
City Buffalo	State NY	Zip Code 14226-1647	Transaction ID : 4EE49B52E60CF0A0CAF6 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Children's Hospital of Buffalo		upation (for Individual) geon	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]								
Full Name of Individual (Last, First, Mido . Poje, Christopher, Peter, ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3580 Sheridan Dr Ste 115			12 / D D / Y Y Y Y 18 2017								
City Buffalo	State NY	Zip Code 14226-1647	Transaction ID : 48BABA667BEA9C5D96 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Children's Hospital of Buffalo	Occi Surg	upation (for Individual) Jeon	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]								
SUBTOTAL of Receipts This Page (option	al)		150.00								
TOTAL This Period (last page this line nu	mber only)										

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17			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	▲     11a     11b     11c     12       13     14     15     16     11							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions							
$\backslash$	NAME OF COMMITTEE (In Full)	Profossio	nal Accession DAC								
	American College of Surgeons F	10162210	nai Association PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Polk, Travis, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address Navy Trauma Training Center Lac+:Usc Medical Center			10 30 2017							
	City	State	Zip Code	Transaction ID : 6AD24678A7C41F0FA9							
	Los Angeles	CA	90033	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item							
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00	1							
				4							
в.	Full Name of Individual (Last, First, Middle Initia Potts, John, Rex, , III	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 515 N State St Ste 2000	1-		12 / D D / Y Y Y Y Y 19 2017							
	City	State IL	Zip Code 60654-4865	Transaction ID : E5719DFF-CF90-491D-							
-	Chicago		00004-4000	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		1000.00							
	Name of Employer (for Individual) ACGME		upation (for Individual) geon	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1000.00	]							
— c.	Full Name of Individual (Last, First, Middle Initia Radtke, N., D., ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 240 Audubon Medical Plaza			12 / D D / Y Y Y Y 28 2017							
	City Louisville	State KY	Zip Code 40217	Transaction ID : D647817F11119A56EF8							
			40217	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			500.00							
	Name of Employer (for Individual) Self Employed	Occu Surg	upation (for Individual) Jeon	Memo Item							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		500.00	]							
s	UBTOTAL of Receipts This Page (optional)			1750.00							
				-							
( P	OTAL This Period (last page this line number o	· · · y )									

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
TILIWIZLU RECEIFIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	eons Professio	nal Association PAC	
Full Name of Individual (Last, First, M A. Ramaswamy, Archana, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1 Veterans Dr Va Medical Center, # 2	2J-110		10 24 Y Y Y Y Y
City Minneapolis	State MN	Zip Code 55417-2309	Transaction ID : 5A6A89CF24294D59A9B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer (for Individual) University of Missouri		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]
Full Name of Individual (Last, First, M <b>B.</b> Reardon, Patrick, R., ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6550 Fannin St Ste 2435			10 / D D / Y Y Y Y Y 23 2017
City Houston	State TX	Zip Code 77030-2767	Transaction ID : A3FA07E4F9D74C9D824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) The Methodist Hospital		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, M C. Reavis, Kevin, Michael, ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4805 NE Glisan St Ste 6N60			10 / D D / Y Y Y Y Y 24 2017
City Portland	State OR	Zip Code 97213-2933	Transaction ID : D1B88C68192F4B6D8D8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed	Occi Surg	upation (for Individual) Jeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (opti-	onal)		3250.00
TOTAL This Period (last page this line r	number only)		

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

#### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American College of Surgeon	s Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle A. Reed, Scott, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1532 Bordeaux Pl			M M / D D / Y Y Y Y Y 12 24 2017							
City Norfolk	State VA	Zip Code 23509-1315	Transaction ID : 2A78C358-281E-468C-							
	•//	23009-1313	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Riverside Medical Group Receipt For:		geon	_							
Primary General	Aggregate	Year-to-Date <b>V</b>	-							
Other (specify)	L	500.00	1							
Full Name of Individual (Last, First, Middle B. Reiling, Richard, B., ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1150 S Kings Dr			10 24 2017							
City	State	Zip Code	Transaction ID : 51D1D016436948E687D0							
Charlotte	NC	28207-1806	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Presbryterian Hospital		upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	_							
Primary General		250.00	1							
Other (specify) <b>v</b>		250.00	1							
Full Name of Individual (Last, First, Middle <b>C.</b> <u>Reilly, Patrick, M.</u> , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 51 N 39th St 1 Mob, Suite 120			10 30 Y Y Y Y 10 30 2017							
City	State	Zip Code	Transaction ID : D43D00C73AE109BB335							
Philadelphia	PA	19104-2640	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Univ of PA		geon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		750.00	]							
SUBTOTAL of Receipts This Page (optional)			1000.00							
TOTAL This Period (last page this line numb	er only)	······								

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a 13		11		11c 15	12	17		
	y information copied from such Reports and Stateme for commercial purposes, other than using the name				or the		pos	se of s	oliciting	contribu	utions		
$\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons Profe	essio	nal Association PAC										
Α.	Full Name of Individual (Last, First, Middle Initial) or Rivera-Hernandez, Mariluz, , ,	Full Or	rganization Name		Date o	f Re	ecei	eipt					
	Mailing Address 7 Riverside Blvd				09 04 2017								
	City Str San Juan Pl	ate R	Zip Code 00926-8642	A	Transaction ID : 411F9E01AA6460D2CB47 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.						-		-		.00		
	Name of Employer (for Individual) Self Employed	Occu Surg	ipation (for Individual) jeon		М	emc	o Ite	em					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rivera-Hernandez, Mariluz, , ,					Date of Receipt							
	Mailing Address 7 Riverside Blvd	State Zip Code				10 04 Y Y Y Y Y 2017							
		ate PR	<i>F</i>			-			FDA44E	<b>4AD58C4</b>			
	FEC ID number of contributing federal political committee.						-		-7	25	.00		
	Name of Employer (for Individual) Self Employed	Occu Surg	upation (for Individual) geon		М	emc	o Ite	em					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	regate `	Year-to-Date ▼ , 300.00										
с.	Full Name of Individual (Last, First, Middle Initial) or Rivera-Hernandez, Mariluz, , ,	Full Or	rganization Name		Date o	f Re	ecei	eipt					
	Mailing Address 7 Riverside Blvd				M M 11	1	E	D D D 04	/ Y	2017 <sup>°</sup>	Y		
	5	ate PR	Zip Code 00926-8642	A						5D1FC9 is Period	B2CBE2E		
	FEC ID number of contributing federal political committee.						9		y	25	.00		
	Name of Employer (for Individual) Self Employed Receipt For:	Surg			M	lemo	o It	tem					
	Primary     General       Other (specify)	iregate `	Year-to-Date ▼ 300.00										
s	UBTOTAL of Receipts This Page (optional)			•			,		1	75	.00		
Т	OTAL This Period (last page this line number only)			•			-						

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

#### Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American College of Surgeor	is Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle A. Rivera-Hernandez, Mariluz, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7 Riverside Blvd			12 04 Y Y Y Y 12 04 2017							
City San Juan	State PR	Zip Code 00926-8642	Transaction ID : 40C1808F2057AC5204B4           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
Full Name of Individual (Last, First, Middle <b>B.</b> Robertson, Ronald, David, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4301 W Markham St Slot 520	01-1-	7. 0.4	07 / 25 / Y Y Y Y Y 2017							
City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 49CE88500D4C43E31904 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.66							
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	]							
Full Name of Individual (Last, First, Middle C. Robertson, Ronald, David, ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4301 W Markham St Slot 520	1		08 / D D / Y Y Y Y 2017							
City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 4380B88E01203217C06E           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.66							
Name of Employer (for Individual) Self Employed	Occi Surg	upation (for Individual) Jeon	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.92	1							
SUBTOTAL of Receipts This Page (optional)		,	108.32							

FOR LINE NUMBER:

PAGE 163 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional Association PAC	
Little Rock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Descript For:	or Full Organization Name          State       Zip Code         AR       72205-7101         Occupation (for Individual)       Surgeon         ggregate Year-to-Date       499.92	Date of Receipt 09 25 2017 Transaction ID : 4EC98C0BD1812BE6C893 Amount of Each Receipt this Period 41.66 Memo Item
Little Rock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	or Full Organization Name State Zip Code AR 72205-7101 C Occupation (for Individual) Surgeon ggregate Year-to-Date  499.92	Date of Receipt
Little Rock FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	or Full Organization Name          State       Zip Code         AR       72205-7101         Occupation (for Individual)         Surgeon         ggregate Year-to-Date ▼	Date of Receipt 11 25 2017 Transaction ID : 446CB7377036C3BA3034 Amount of Each Receipt this Period 41.66 Memo Item
SUBTOTAL of Receipts This Page (optional)		124.98

#### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
IILIVIIZLU RECEIFIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American College of Surg	eons Professio	onal Association PAC								
Full Name of Individual (Last, First, M Robertson, Ronald, David, ,	liddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4301 W Markham St Slot 520			12 / D D / Y Y Y Y 25 / 2017							
City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 44669392A2C0CB5B490           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.66							
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	]							
Full Name of Individual (Last, First, M B. Rodning, Charles, B., ,	liddle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2451 Fillingim St Mastin #716	01-1-	7. 0.1	12 / D D / Y Y Y Y 12 13 2017							
City Mobile	State AL	Zip Code 36617-2238	Transaction ID : 6D29030F8CE2AB91E94 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) University of South Alabama		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
Full Name of Individual (Last, First, M C. Rogers, Ann, Marie, ,	liddle Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 13 Killarney Building			09 25 2017							
City Hershey	State PA	Zip Code 17033-2264	Transaction ID : 78EC97D2-29DD-4CB3-           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Hershey Medical Center		upation (for Individual) geon	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (opt	ional)		791.66							
TOTAL This Period (last page this line	number only)									

FOR LINE NUMBER:

PAGE 165 OF

ITEMIZ	ED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17					
				erson for the purpose of soliciting contributions to solicit contributions from such committee.					
1	OF COMMITTEE (In Full) rican College of Surgeons	Professio	nal Association PAC						
A. Rojas	ame of Individual (Last, First, Middle Ir s Carroll, Lyda, E., , Address 672 Stoneleigh Ave	nitial) or Full O	rganization Name	Date of Receipt					
City	FI 2	State	Zip Code	09 25 2017					
Carme	91	NY	10512-4634	Transaction ID : 4A7E90AC68C4D4664A90 Amount of Each Receipt this Period					
	D number of contributing political committee.	С		25.00					
Name of	of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	kisco medical group	Sur	geon						
Receipt		Aggregate	Year-to-Date <b>V</b>						
	Primary General Other (specify) ▼		300.00						
	ame of Individual (Last, First, Middle Ir s Carroll, Lyda, E., ,	nitial) or Full O	rganization Name	Date of Receipt					
	Address 672 Stoneleigh Ave FI 2			10 25 2017					
City		State	Zip Code	Transaction ID : 49A197D42A3BEA5BDFF8					
Carme	4	NY	10512-4634	Amount of Each Receipt this Period					
	) number of contributing political committee.	С		25.00					
	of Employer (for Individual) kisco medical group		upation (for Individual) geon	Memo Item					
Receipt	t For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼			300.00						
<b>c</b> . Roja	ame of Individual (Last, First, Middle Ir as Carroll, Lyda, E., ,	iitial) or Full O	rganization Name	Date of Receipt					
	Address 672 Stoneleigh Ave FI 2			11 25 2017					
City		State	Zip Code	Transaction ID : 4F8F9B4B39E97390C708					
Carme		NY	10512-4634	Amount of Each Receipt this Period					
	D number of contributing political committee.	С		25.00					
Name of Employer (for Individual)OccuMount kisco medical groupSurg			upation (for Individual) geon	Memo Item					
Receipt		Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		300.00						
SUBTOT	AL of Receipts This Page (optional)		•	75.00					
TOTAL T	This Period (last page this line number	only)	••••••						

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 166 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	l ay not be sold or used by any p ddress of any political committe	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American College of Surg	eons Professio	nal Association PAC							
Full Name of Individual (Last, First, M A. Rojas Carroll, Lyda, E., ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 672 Stoneleigh Ave FI 2			12 25 2017						
City Carmel	State NY	Zip Code 10512-4634	Transaction ID : 45E7BD57AA003A7F252 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Mount kisco medical group		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, M <b>B.</b> Rossi, Matthew, Brandl, ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 267 107 Tremont Street			10 18 2017						
City Hopedale	State IL	Zip Code 61747-0267	Transaction ID : 15731792-CBA5-433C- Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) self		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		250.00	]						
Full Name of Individual (Last, First, M C. Rotolo, Francis, Steven, ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6535 N Charles St Physicians Pavillion N	· · · · · · · · · · · · · · · · · · ·		09 / D D / Y Y Y Y 14 2017						
City Towson	State MD	Zip Code 21204-5832	Transaction ID : 9E410D26-51AC-4DC5-           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer (for Individual) Greater Baltimore Medical Center	Occi Surg	upation (for Individual) Jeon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]						
SUBTOTAL of Receipts This Page (opti	onal)		1275.00						
TOTAL This Period (last page this line	number only)								

#### Use separate schedule(s)

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			Use separate schedule	· · ·	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				on for the		ose of	soliciting	contribut	ions			
$\setminus$	NAME OF COMMITTEE (In Full) American College of Surgeons P	Professio	nal Association P	AC									
/	American concept of ourgeons i	10103310		//0									
Α.	Full Name of Individual (Last, First, Middle Initia Rough, William, , ,	al) or Full O	organization Name		Date of Receipt								
	Mailing Address 115 Sarazen Dr					10 23 2017							
	City	State	Zip Code		Trans	acti	on ID : /	A25E0A	C3AB3E4	84DB8E0			
	Moorestown	NJ	08057-4016		Amoun	t of I	Each Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					<b>y</b>	-	250.0	00			
	Name of Employer (for Individual)	Occ	upation (for Individual)		м	emo	Item						
	Self Employed	Sur	geon										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼		250.0	00									
	Other (specify) ▼	L		00									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name										
Β.	Rozycki, Grace, , ,				Date of	f Ree	ceipt						
	Mailing Address 545 Barnhill Dr Department Of Surgery, # EH51				09 / D D / Y Y Y Y 21 2017								
_	City	State IN	Zip Code 46202-5112						C8-1538-4	1D6-			
				Amoun	tofi	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Surgeon Aggregate Year-to-Date					y	-	1000.0	00			
	Name of Employer (for Individual) INDIANA UNIVERSITY HEALTH				м	emo	Item						
	Receipt For:												
	Primary General Other (specify) ▼		, 1000.	00									
С.	Full Name of Individual (Last, First, Middle Initia Rubin, Marc, S., ,	al) or Full O	Organization Name		Date o	f Red	ceipt						
-	Mailing Address Department Of Surgery				M M	/	D D	/ Y	YY	Y			
	North Shore Medical Center				08	Ι.	26		2017				
	City Salem	State MA	Zip Code 01970				-		91-0A24-4	17F-			
					Amoun			eceipt tri	iis Period	_			
	FEC ID number of contributing federal political committee.				L-	-	y	9	500.0	00			
	Name of Employer (for Individual)		upation (for Individual)		M	emo	Item						
	Massachusetts Gneral Hospital Receipt For:		geon										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		500.										
s	UBTOTAL of Receipts This Page (optional)			····· •					1750.0	0			
т	OTAL This Period (last page this line number or	nly)		······ •	Γ.		,						

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ITEMIZED REC	EIPTS		for each category of Detailed Summary Pa	the T	eck only 11a 13	one) 11b 14	11c	12	17
	d from such Reports and Stat poses, other than using the n				for the p	urpose of	soliciting	g contrib	utions
American Cc	TTEE (In Full) Illege of Surgeons Pi	ofessio	nal Association F	PAC					
A. Rubino, Matthew		) or Full O	rganization Name		Date of				
Mailing Address 5(	e 4N54				10 <sup>M</sup>	/ D D		2017	Y
City		State	Zip Code		Transa	ction ID :	4027A52	26277AC	C83A6802
Wilmington		DE	19801-1013		Amount	of Each R	leceipt th	nis Perio	d
FEC ID number of contributing federal political committee.		С				-9F- 1	T-		).84
Name of Employer	(for Individual)	Оссі	upation (for Individual)		Mei	mo Item			
Surgical Associates	of New Castle	Gen	eral Surgery						
Receipt For:		Aggregate	Year-to-Date 🔻						
Other (specif	y) ▼		250	0.08					
Full Name of Indivi B. Rubino, Matthe	dual (Last, First, Middle Initial	) or Full O	rganization Name		Date of	Receint			
Mailing Address 50					11 M	/ D D 14	/ Y	y y 2017	Y
City Wilmington		State DE	Zip Code 19801-1013			<b>ction ID :</b> of Each R			<b>B701C563</b> d
	FEC ID number of contributing federal political committee.		С			- Jp. 1		20	).84
Name of Employer Surgical Associates			upation (for Individual) neral Surgery		Me	mo Item			
Receipt For: Primary Other (specif	General	Aggregate	Year-to-Date ▼ 250	0.08					
Full Name of Indivi <b>c.</b> Rubino, Matth	dual (Last, First, Middle Initial	) or Full O	rganization Name		Date of	Receipt			
	01 W 14th St te 4N54				<sup>M</sup> 12	/ 14		2017	Y
City Wilmington		State DE	Zip Code 19801-1013			iction ID :			
FEC ID number of federal political cor	0	С		]	Amount	of Each R	eceipt th		a ).84
Name of Employer	(for Individual)	Осси	upation (for Individual)		Me	mo Item			
•		Gen	eral Surgery						
Receipt For: Primary Other (specif	General	Aggregate	Year-to-Date ▼ 250	0.08					
SUBTOTAL of Recei	pts This Page (optional)			······ <b>&gt;</b>				62	2.52
	last page this line number on			F		7			

#### Use separate schedule(s)

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay not be sold or used by any pound any pound by any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons Pr	ofessio	nal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initial Rush, Robert, M., , Mailing Address Deputy Commander for Surgical	-	rganization Name	Date of Receipt
	City Tacoma	State WA	Zip Code 98431-0001	Transaction ID : 4B9FBB6F45B0EF4C6483           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
		Sur	upation (for Individual) geon Year-to-Date ▼	Memo Item
	Primary     General       Other (specify) ▼		1200.00	
в.	Full Name of Individual (Last, First, Middle Initial Rush, Robert, M., ,	) or Full O	organization Name	Date of Receipt
	Mailing Address Deputy Commander for Surgical Madigan Army Medical Center			08 / D D / Y Y Y Y Y 20 2017
	City Tacoma	State WA	Zip Code 98431-0001	Transaction ID : 433C9B5F0BFEBF5BB3EE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Military		upation (for Individual) geon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
с.	Full Name of Individual (Last, First, Middle Initial Rush, Robert, M., ,	) or Full O	rganization Name	Date of Receipt
	Mailing Address 4710 John Luhr Rd NE	1 -		09 / D D / Y Y Y Y 20 / 2017
	City Olympia	State WA	Zip Code 98516-2326	Transaction ID : 4E669A03A8EADB8C75E0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Military	Occupation (for Individual) Surgeon		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	
s	UBTOTAL of Receipts This Page (optional)			300.00
т	OTAL This Period (last page this line number on	ly)		

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FOR LINE NUMBER:

PAGE 170 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pi	rofessic	onal Association PAC	
Full Name of Individual (Last, First, Middle Initial Rush, Robert, M., ,         Mailing Address 4710 John Luhr Rd NE         City         Olympia         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Military         Receipt For:         Primary       General Other (specify) ▼	State WA C	Zip Code 98516-2326 upation (for Individual) geon Year-to-Date ▼ 1200.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initial         B. Rush, Robert, M., ,         Mailing Address 4710 John Luhr Rd NE         City         Olympia         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Military         Receipt For:         Primary       General         Other (specify) ▼	State WA C Occ Sur	Zip Code         98516-2326         cupation (for Individual)         rgeon         Year-to-Date ▼	Date of Receipt 11 20 2017 Transaction ID : 415AB3C1F171EEE9A00B Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle Initial Rush, Robert, M., ,         Mailing Address 4710 John Luhr Rd NE         City         Olympia         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Military         Receipt For:         Primary       General         Other (specify)	State WA C Occ Surg	Drganization Name Zip Code 98516-2326 upation (for Individual) geon Year-to-Date ▼ 1200.00	Date of Receipt          12       20       2017         Transaction ID : 4C66979500397639E7CC         Amount of Each Receipt this Period         100.00         Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		· · ·	300.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           ✗ 11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle In         A.       Rutan, Kathryn, Lynn, ,         Mailing Address 7802 Creekside View Ln         City         Springfield         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         United States Navy         Receipt For:         Primary       General         Other (specify)	State VA C Occ Sur	Drganization Name Zip Code 22153-3213 upation (for Individual) geon Year-to-Date ▼ 500.00	Date of Receipt
Full Name of Individual (Last, First, Middle In         Ryder, Beth, Ann, ,         Mailing Address University Surgical Associates         Suite 302         City         Providence         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University Surgical Associates         Receipt For:         Primary       General         Other (specify) ▼	s State RI C Occ Sur	Drganization Name Zip Code 02904 supation (for Individual) regeon Year-to-Date ▼ 250.00	Date of Receipt Date of Receipt Date of Receipt Dot 2017 Transaction ID : C5BF4C8A3739C128FDD Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In         C.       Safford, Shawn, David, ,         Mailing Address 3015 Avenham Ave SW         City         Roanoke         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Carilion Clinic         Receipt For:         Primary       General         Other (specify)	State VA C Occ Sure	Drganization Name Zip Code 24014-1403 upation (for Individual) geon Year-to-Date ▼ 500.00	Date of Receipt 11 27 2017 Transaction ID : 02D78C27-4123-46C5- Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1250.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) American College of Surgeor	s Professio	onal Association PAC		
Full Name of Individual (Last, First, Middle A. Salomone, Jeffrey, Paul, ,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 372 W Secretariat Dr			07 03 2017	
City Tempe	State AZ	Zip Code 85284-1364	Transaction ID : 48179A0DFC1F655AE5EE	
Tempe		03204-1304	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Emory Univ	Sur	geon		
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary General		000.00	1	
Other (specify) ▼		600.00	1	
Full Name of Individual (Last, First, Middle B. Salomone, Jeffrey, Paul, ,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 372 W Secretariat Dr	·			
City	State	Zip Code		
Tempe	AZ	85284-1364	Transaction ID : 4528BBC527B0307E92C6 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) Emory Univ		cupation (for Individual) rgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date V		
Primary     General       Other (specify) ▼		, 600.00	]	
Full Name of Individual (Last, First, Middle C. Salomone, Jeffrey, Paul, ,	Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 372 W Secretariat Dr			09 03 / Y Y Y Y 09 03 2017	
City	State	Zip Code	Transaction ID : 4C52A8FA7207A8BF6C79	
Tempe	AZ	85284-1364	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Emory Univ		geon		
Receipt For:	Aggregate	Year-to-Date <b>V</b>		
Other (specify)		600.00	]	
SUBTOTAL of Receipts This Page (optional)	 		150.00	
TOTAL This Period (last page this line numb	per only)	······		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions be to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	onal Association PAC			
Full Name of Individual (Last, First, Middl Salomone, Jeffrey, Paul, , Mailing Address 372 W Secretariat Dr	e Initial) or Full C	organization Name	Date of Receipt		
Maining Address 372 W Secretariat Di			10 03 2017		
City Tempe	State AZ	Zip Code 85284-1364	Transaction ID : 41B28900020FC5A7E629 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
Emory Univ	Sur	geon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1		
Full Name of Individual (Last, First, Middl B. Salomone, Jeffrey, Paul, ,	e Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 372 W Secretariat Dr			11 03 2017		
City	State	Zip Code	Transaction ID : 48BCBADA5BC97ADBE9		
Tempe	AZ	85284-1364	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Emory Univ		upation (for Individual) geon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		600.00	]		
Full Name of Individual (Last, First, Middl C. Salomone, Jeffrey, Paul, ,	e Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 372 W Secretariat Dr			12 03 2017		
City Tempe	State AZ	Zip Code 85284-1364	Transaction ID : 4B288817DFCCE1B008F2 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Emory Univ		upation (for Individual) geon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00			
SUBTOTAL of Receipts This Page (optiona	l)		150.00		
TOTAL This Period (last page this line num	ber only)	······			

#### Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	nal Association PAC			
Full Name of Individual (Last, First, Middle A. Sarani, Babak, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 2150 Pennsylvania Ave N Ste 6B			09 06 / Y Y Y Y Y 2017		
City Washington	State DC	Zip Code 20037-3201	Transaction ID : 7168A889-F325-46C8-           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Mfa		upation (for Individual) geon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]		
Full Name of Individual (Last, First, Middle B. Sartorelli, Kennith, Hans, ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 111 Colchester Ave 267Fl4			10 30 / Y Y Y Y 2017		
City Burlington	State VT	Zip Code 05401-1473	Transaction ID : B263406430D20491785 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Univ of VT		upation (for Individual) geon	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]		
Full Name of Individual (Last, First, Middle C. Sava, Jack, , ,	e Initial) or Full C	rganization Name	Date of Receipt		
Mailing Address 110 Irving St NW Ste 4B-39			09 / 05 / Y Y Y Y 2017		
City Washington	State DC	Zip Code 20010-3017	Transaction ID : 0E50DBEF-4F35-4453- Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) Med Star Health		upation (for Individual) geons	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1		
SUBTOTAL of Receipts This Page (optiona	)		750.00		
TOTAL This Period (last page this line num	ber only)				

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		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	I ay not be sold or used by any p Iddress of any political committe	e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American College of Surge	ons Professic	nal Association PAC				
Full Name of Individual (Last, First, Mic Savarise, Mark, Thomas, ,	dle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 5126 W Daybreak Pkw University Of Utah Sout			10 25 2017			
City South Jordan	State UT	Zip Code 84009-5994	Transaction ID : C9CB17A94FE24F0B9A8 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer (for Individual) University of Utah		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1			
Full Name of Individual (Last, First, Mic B. Schirmer, Bruce, David, ,	dle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address Department of Surgery University Of Virginia H			08 / D D / Y Y Y Y Y 2017			
City Charlottesville	State VA	Zip Code 22908-0001	Transaction ID : 88B304CA-EF1E-44F4- Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) University of Virginia Hospital		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]			
Full Name of Individual (Last, First, Mic Schreiber, Martin, A., ,		organization Name	Date of Receipt			
Mail Code L611						
City Portland	State OR	Zip Code 97239-3011	Transaction ID : 76593EABC8111AAF8F1           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) OHSU		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1			
SUBTOTAL of Receipts This Page (option	nal)		1000.00			
TOTAL This Period (last page this line nu	umber only)					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American College of Surgeor	ns Professio	nal Association PAC				
Full Name of Individual (Last, First, Middle Schwaitzberg, Steven, D., ,	e Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 100 High St Department Of Surgery, #	D351		10 30 2017			
City Buffalo	State NY	Zip Code 14203-1126	Transaction ID : 11BA15E587CDFA0A2A2			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) CHA		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]			
Full Name of Individual (Last, First, Middle B. Selzer, Don, Jay, ,	e Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 545 Barnhill Dr Emerson Hall 509			07 / 21 / 2017			
City Indianapolis	State IN	Zip Code 46202-5112	Transaction ID : 4C759B1B0CD4290E704 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		85.00			
Name of Employer (for Individual) Indiana University		upation (for Individual) geon	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		1520.00	]			
Full Name of Individual (Last, First, Middle C. Selzer, Don, Jay, ,	e Initial) or Full C	rganization Name	Date of Receipt			
Emerson Hall 509	Mailing Address 545 Barnhill Dr Emerson Hall 509					
City Indianapolis	State IN	Zip Code 46202-5112	Transaction ID : 46DBB8F05D46FBCBD1 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		85.00			
Name of Employer (for Individual) Indiana University		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1520.00	]			
SUBTOTAL of Receipts This Page (optional	)		420.00			
TOTAL This Period (last page this line num	ber only)					

#### Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)			
			for each category of the Detailed Summary Page	✗         11a         11b         11c           13         14         15	12 16 17		
	v information copied from such Reports and Sta			erson for the purpose of soliciting co	ntributions		
\	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC				
	Full Name of Individual (Last, First, Middle Initia Selzer, Don, Jay, ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 545 Barnhill Dr Emerson Hall 509				017		
	City Indianapolis	State IN	Zip Code 46202-5112	Transaction ID : 4FC0A4AEE Amount of Each Receipt this F			
	FEC ID number of contributing rederal political committee.	С			85.00		
			upation (for Individual) geon	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00	]			
	Full Name of Individual (Last, First, Middle Initia Selzer, Don, Jay, ,	al) or Full O	rganization Name	Date of Receipt			
-	Mailing Address 545 Barnhill Dr Emerson Hall 509	Otata	7in Oada		)17		
	City Indianapolis	State IN	Zip Code 46202-5112	Transaction ID : 496F9E70D Amount of Each Receipt this F			
-	FEC ID number of contributing rederal political committee.	С			85.00		
	Name of Employer (for Individual) ndiana University		upation (for Individual) geon	Memo Item			
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1520.00				
	Full Name of Individual (Last, First, Middle Initia Selzer, Don, Jay, ,	al) or Full O	rganization Name	Date of Receipt			
-	Mailing Address 545 Barnhill Dr Emerson Hall 509				)17		
	City Indianapolis	State IN	Zip Code 46202-5112	Transaction ID : 4AE3BC157 Amount of Each Receipt this F			
	FEC ID number of contributing rederal political committee.	С			85.00		
	Indiana University S		upation (for Individual) Jeon	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1520.00	1			
รเ	JBTOTAL of Receipts This Page (optional)				255.00		
тс	OTAL This Period (last page this line number o	nly)					

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profe	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F         A.       Selzer, Don, Jay, ,         Mailing Address 545 Barnhill Dr         Emerson Hall 509         City       Stat         Indianapolis       IN         FEC ID number of contributing       C         federal political committee       C		Date of Receipt
Name of Employer (for Individual) Indiana University Receipt For:	Occupation (for Individual) Surgeon egate Year-to-Date ▼ 1520.00	Memo Item
Full Name of Individual (Last, First, Middle Initial) or F         B. Senkowski, Christopher, Keith, ,         Mailing Address 4700 Waters Ave         Department Of Surgical Education         City         Savannah         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         ACI Surgical Associates         Receipt For:         Primary       General         Other (specify) ▼	te Zip Code	Date of Receipt
Full Name of Individual (Last, First, Middle Initial) or F         Seymour, Neal, Edward, ,         Mailing Address Vice Chair Chief Divide of General         Baystate Medical Center         City       Stat         Springfield       MA         FEC ID number of contributing       C         Individual (Last, First, Middle Initial) or F       MA         Springfield       MA         FEC ID number of contributing       C         Individual (Last, First, Middle Initial)       MA         FEC ID number of contributing       C         Individual (Last, First, Middle Initial)       MA         FEC ID number of contributing       C         Individual (Last, First, Middle Initial)       MA         FEC ID number of contributing       C         Individual (Last, First, Middle Initial)       MA         Baystate Health       Receipt For:         Individual (Last, First, Middle Initial)       Aggree         Initial (Last, First, Middle Initial)       Aggree         Initial (Last, First, Middle Initial)       Initial (Last, First, Middle Initial)         Mathematical (Last, First, Middle Initial)       Aggree         Initial (Last, First, Middle Initial (Last, First, Middle Initial (Last, First, Middle Initial (Last, First, Middle Initial (Middle Initial (Last, First, Middle Init	te Zip Code	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		635.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	onal Association PAC	
Full Name of Individual (Last, First, Mid Shah, Mona, , , Mailing Address 3628 E Imperial Hwy Ste 202	dle Initial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : CBAD7751EF504BC5AB97
Lynwood	CA	90262-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Pro health Partners	Phy	sician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	Prganization Name	
B. Snaver, Timotny, K., , Mailing Address 5290 Chandley Farm Ci	Shaver, Timothy, R., ,		Date of Receipt
			10 24 2017
City	State VA	Zip Code	Transaction ID : 8CAEF00D279A445EA1CD
Centreville	VA	20120-1235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) Virginia Surgery Associates		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	]
Full Name of Individual (Last, First, Mid C. Shearburn, Edwin, W., , III	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 915 Lawn Ave Sellersville Outpatient C			07 / D D / Y Y Y Y 24 2017
City Sellersville	State PA	Zip Code 18960-1551	Transaction ID : 4D7C8CDFDABF54C5B2E/ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	]
SUBTOTAL of Receipts This Page (option	' nal)		850.00
TOTAL This Period (last page this line nu	mber only)		

#### Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeons	Professio	nal Association PAC	
Full Name of Individual (Last, First, Middle In A. Shearburn, Edwin, W., , III	iitial) or Full C	rganization Name	
A. Snearburn, Edwin, W., , III Mailing Address 915 Lawn Ave			Date of Receipt
Sellersville Outpatient Center	St		07 27 2017
City	State	Zip Code	Transaction ID : 432D91B77B9BF15AE50E
Sellersville	PA	18960-1551	Amount of Each Receipt this Period
FEC ID number of contributing	С		100.00
federal political committee.	U		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Grand View Surgical Associates	Sur	geon	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General		1100.00	1
Other (specify) V			1
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	
B. Shearburn, Edwin, W., , III			Date of Receipt
Mailing Address 915 Lawn Ave Sellersville Outpatient Center	. 61		08 27 2017
City	State	Zip Code	Transaction ID : 4001B44ACB40FEA58B3A
Sellersville	PA	18960-1551	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		100.00
Name of Employer (for Individual) Grand View Surgical Associates		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date V	_
Primary General		44.00.00	1
Other (specify)		1100.00	1
Full Name of Individual (Last, First, Middle In C. Shearburn, Edwin, W., , III	iitial) or Full C	rganization Name	Date of Receipt
Mailing Address 915 Lawn Ave			M M / D D / Y Y Y Y
Sellersville Outpatient Center, St			09 27 2017
City Sellersville	State PA	Zip Code 18960-1551	Transaction ID : 4D94810B0C34619CD49F
		18900-1551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Grand View Surgical Associates	Sur	geon	
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		1100.00	1
		4	1
	1		300.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number	only)		
### Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	nal Association PAC	
Full Name of Individual (Last, First, Mid A. Shearburn, Edwin, W., , III	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 915 Lawn Ave Sellersville Outpatient	Center, St		M M / D D / Y Y Y Y 10 27 2017
City Sellersville	State PA	Zip Code 18960-1551	Transaction ID : 4593B0458836DDCA376 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Grand View Surgical Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	1
Full Name of Individual (Last, First, Mid B. Shearburn, Edwin, W., , III	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 915 Lawn Ave Sellersville Outpatient			11 / D D / Y Y Y Y Y 2017
City Sellersville	State PA	Zip Code 18960-1551	Transaction ID : 4BCAB244A456DFCF599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Grand View Surgical Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00	]
Full Name of Individual (Last, First, Mic C. Shearburn, Edwin, W., , III	ddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 915 Lawn Ave Sellersville Outpatient City	Center, St	Zip Code	12 / 27 / 2017 Transaction ID : 479EA0A2AC64E22CFD2
Sellersville	PA	18960-1551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Grand View Surgical Associates		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	]
SUBTOTAL of Receipts This Page (optic	nal)		300.00
TOTAL This Period (last page this line n	umber only)		

### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: Check only one)       Image: Imag
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC	
Full Name of Individual (Last, First, Middle Initial Shires, G., , , III         Mailing Address 8200 Walnut Hill Ln         Texas Health Presbyterian Hosp         City         Dallas         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Presbyterian Hospital of Dallas         Receipt For:         Primary         General         Other (specify) ▼	pital State TX C Occe Sure	Zip Code 75231-4426 upation (for Individual) geon Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initial         B. Sidwell, Richard, A., ,         Mailing Address 1415 Woodland Ave         Ste 140         City         Des Moines         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         The Iowa Clinic         Receipt For:         Primary       General         Other (specify) ▼	State IA C Occc Sur	Zip Code 50309-3203 Upation (for Individual) geon Year-to-Date V 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initia C. Simon, Kenneth, Bernard, , Mailing Address 2255 Switzer Rd Apt J203 City Gulfport FEC ID number of contributing federal political committee. Name of Employer (for Individual) Gulf Coast Veterans Healthcare System Receipt For: Primary General Other (specify)	State MS C Occu Surg	Zip Code 39507-3855 upation (for Individual)	Date of Receipt 07 / 07 / 2017 Transaction ID : 4A428203DD36293C33C2 Amount of Each Receipt this Period 150.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			1650.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profe	essional Association PAC	
Primary General	ate Zip Code	Date of Receipt
Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or         B. Simon, Kenneth, Bernard, ,         Mailing Address 2255 Switzer Rd		Date of Receipt
Apt J203 City Gulfport FEC ID number of contributing federal political committee. Name of Employer (for Individual) Gulf Coast Veterans Healthcare System Descript For:		09 07 2017 Transaction ID : 4683A7246FCEB57182C7 Amount of Each Receipt this Period 150.00 Memo Item
Full Name of Individual (Last, First, Middle Initial) or         C. Simon, Kenneth, Bernard, ,         Mailing Address 2255 Switzer Rd         Apt J203         City       Sta         Gulfport       Mt         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       C         Gulf Coast Veterans Healthcare System       Aggr         Receipt For:       Aggr         Other (specify)       C	ate Zip Code	Date of Receipt 10 / 07 / 2017 Transaction ID : 429BBAA24FF4D480553E Amount of Each Receipt this Period 150.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		450.00

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ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)				
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	ne Profossie	nal Accordiation BAC					
American College of Surgeon	15 FIUIESSIC	Inal Association PAC					
Full Name of Individual (Last, First, Middle A. Simon, Kenneth, Bernard, ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2255 Switzer Rd Apt J203			11 07 2017				
City	State	Zip Code	Transaction ID : 4871AC2197D9067FEE1				
Gulfport	MS	39507-3855	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		150.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Gulf Coast Veterans Healthcare System	Sur	geon	_				
	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		1800.00	]				
Full Name of Individual (Last, First, Middle B. Simon, Kenneth, Bernard, ,	e Initial) or Full C	organization Name	Data of Passint				
Mailing Address 2255 Switzer Rd Apt J203			Date of Receipt				
City	State	Zip Code	Transaction ID : 477994E2F62E566E6934				
Gulfport	MS	39507-3855	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		150.00				
Name of Employer (for Individual) Gulf Coast Veterans Healthcare System		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	_				
Primary General Other (specify) ▼		, 1800.00	]				
Full Name of Individual (Last, First, Middle C. Simon, Ronald, Jay, ,	e Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 4802 10th Ave Maimonides Medical Cent			10 / Y Y Y Y Y 24 2017				
City Brooklyn	State NY	Zip Code 11219-2916	Transaction ID : C25A1E8C2FDF4066866 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Self-Employed		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]				
SUBTOTAL of Receipts This Page (optional	)		550.00				
TOTAL This Period (last page this line num	ber only)						

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	Use separate schedule(s)		(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC						
Full Name of Individual (Last, First, Mido A. Sinanan, Mika, Narad, ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1959 NE Pacific St # 356410			10 14 Y Y Y Y Y Y 10 14 2017					
City Seattle	State WA	Zip Code 98195-0001	Transaction ID : 4A9F904AC75601544135           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer (for Individual) University of Washington		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	1					
Full Name of Individual (Last, First, Mide B. Sinanan, Mika, Narad, ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1959 NE Pacific St # 356410	01-14	7. 0.1	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Seattle	State WA	Zip Code 98195-0001	Transaction ID : 45D99D5262778518D15C Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		300.00					
Name of Employer (for Individual) University of Washington		upation (for Individual) geon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	]					
Full Name of Individual (Last, First, Mide Sinanan, Mika, Narad, ,	lle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1959 NE Pacific St # 356410	State	Zin Code	12 / D D / Y Y Y Y 12 14 2017					
City Seattle	WA	Zip Code 98195-0001	Transaction ID: 4427B0AF5884096D8D8F           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer (for Individual) University of Washington Receipt For:	Surg	upation (for Individual) geon	Memo Item					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2400.00	1					
SUBTOTAL of Receipts This Page (option	al)		900.00					
TOTAL This Period (last page this line nu	mber only)							

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171	Use separate schedule(s)	(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the							
$\overline{)}$	NAME OF COMMITTEE (In Full)							
$\rangle$	American College of Surgeons F	Professio	nal Association PAC					
A.	Full Name of Individual (Last, First, Middle Init Smith, Jeffrey, , ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 3750 Convoy St Ste 201			09 21 / Y Y Y Y 2017				
	City San Diego	State CA	Zip Code 92111-3770	Transaction ID : 6C865558-8407-4760-           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.				250.00				
	Name of Employer (for Individual) Orthopaedic Trauma & Fracture Speciali		upation (for Individual) nopaedic Surgeon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
B.	Full Name of Individual (Last, First, Middle Init Smith, Ted, Ray, ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 42 Carriage Sq	Otata	7.0.0.1	10 / D D / Y Y Y Y 10 24 2017				
	City Waco	State TX	Zip Code 76708-2346	Transaction ID : 3346EE41464C473F9114 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
с.	Full Name of Individual (Last, First, Middle Init Solorzano, Carmen, Cecilia, ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 2220 Pierce Ave 597 Preston Research Building		7.0.0	12 / D D / Y Y Y Y 28 2017				
	City Nashville	State TN	Zip Code 37232-0021	Transaction ID : 90A0B297CD2F641FF42 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer (for Individual) Vanderbilt University Medical Ctr	Occi Surg	upation (for Individual) Jeon	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]				
	UBTOTAL of Receipts This Page (optional)			1250.00				
Т	OTAL This Period (last page this line number of	only)	······ )					

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	Use separate schedule(s)			(check only one)						
116			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17
	/ information copied from such Reports and Sta for commercial purposes, other than using the n				for the		pose of	soliciting	g contribu	tions
\	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC							
	Full Name of Individual (Last, First, Middle Initia Solowey, Alex, Choffel, ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 9 Easthaven Ln				м м 07	1	D 11	р / Ү	2017	Y
-	City White Plains	State NY	Zip Code 10605-5460						<b>B460D83</b> his Period	3BA29F
FEC ID number of contributing federal political committee.									1000.	00
	Name of Employer (for Individual) Retired	Occu Surg	ipation (for Individual) jeon		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]						
	Full Name of Individual (Last, First, Middle Initia Sonntag, Cheyenne, , ,	l) or Full Or	rganization Name		Date of	Ro	coint			
	Mailing Address 781 Zermatt Dr				10	/	24		у у 2017	Y
	City Hummelstown	State PA	Zip Code 17036-9703						<b>D5EB2E4</b> his Period	90A8F8D
	FEC ID number of contributing federal political committee.	С			250.00					
	Name of Employer (for Individual) Penn State Hershey Medical Center		upation (for Individual) eral Surgery Resident		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
	Full Name of Individual (Last, First, Middle Initia Soper, Nathaniel, Jolas, ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 251 E Huron St Northwestern Medicine, Dept Of		Zin Oode		12 -	/	13		2017	
-	City Chicago	State IL	Zip Code 60611-2908						D7-DFB7	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	, .		500.	00
	Name of Employer (for Individual) Northwestern University Feinberg Schoo	Occu Surg	ipation (for Individual) eon		Me	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]						
sı	JBTOTAL of Receipts This Page (optional)			•			, .	. ,	1750.	00
т	TAL This Period (last page this line number or	ıly)		•			<b>.</b>	· ·		

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		Use separate schedule(s)		(check only one)							
			for each category of the Detailed Summary Page	<b>X</b> 1 <sup>2</sup>			11b 14		1c 5	12 16	17
	mation copied from such Reports and Sta mmercial purposes, other than using the r										
\ \	E OF COMMITTEE (In Full) erican College of Surgeons P	rofessio	nal Association PAC								
	lame of Individual (Last, First, Middle Initia oel, David, Ira, ,	al) or Full Oi	rganization Name	Dat	te of	Re	ceipt				
Mailin	g Address 500 University Dr General Surgery Specialties				10 <sup>™</sup>	/	D 24		Y	ү ү 2017	Y
City Hersh	ney	State PA	Zip Code 17033-2360							E73FF4 s Period	6A5B8B4
	D number of contributing al political committee.	С							-y	500.	.00
Hersh	of Employer (for Individual) ey Medical Center	Occu Surg	upation (for Individual) geon		Me	emo	Item				
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
	ame of Individual (Last, First, Middle Initia in, David, , ,	al) or Full Oi	rganization Name	Dat	te of	Re	ceipt				
	g Address 300 Pasteur Dr Section Of Acute Care Suregry,				м 09	/	D 04		Y	y y 2017	Y
City Stanfo	ord	State CA	Zip Code 94305-2200							<b>38-6392-</b> s Period	
	D number of contributing al political committee.	С			_		-		-g=-	500.	.00
Name Stanfo	e of Employer (for Individual) ord University		upation (for Individual) geon		Me	emo	Item				
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
	lame of Individual (Last, First, Middle Initia encer, David, Lamar, ,	al) or Full O	rganization Name	Dat	te of	Re	ceipt				
Mailin	g Address 2520 Promenade Blvd				12 <sup>™</sup>	/	D 20		Y	y y 2017	Y
City Ocea	n Springs	State MS	Zip Code 39564-8719							0E-6D3/ s Period	A-4FDC-
	D number of contributing al political committee.	C			_	_	y :		y	200.	.00
South	of Employer (for Individual) Miss. Surgeons pt For:	Surg			Me	ema	ltem				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	]							
SUBTO	TAL of Receipts This Page (optional)		•				,		9	1200.	00
TOTAL	This Period (last page this line number or	nly)	••••••				-		-		

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c 15	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the	purpo	ose of s	oliciting	contributi	ions
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC						
Full Name of Individual (Last, First, Middle In St. Hill, Charles, , ,	nitial) or Full C	rganization Name	Date o	of Rec	ceipt			
Mailing Address 1707 W Charleston Blvd Ste 160			M N 10	/	<sup>D</sup> 30	/ Y	2017	Y
City Las Vegas	State NV	Zip Code 89102-2354					07169CB7 is Period	2FCB0
FEC ID number of contributing federal political committee.	C				9	-7-	1000.0	0
Name of Employer (for Individual) MountainView Hospital	Occupation (for Individual) Surgeon			lemo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
Full Name of Individual (Last, First, Middle In B. Stasney, C., Richard, ,	nitial) or Full C	rganization Name	Date c	of Rec	ceipt			
Mailing Address 3211 Ferndale St			M N 10	/	D D D 23	/ Y	y y 2017	Ŷ
City Houston	State TX	Zip Code 77098-2011					<b>3665724F</b> is Period	9D9628
FEC ID number of contributing federal political committee.	С				,	-9-	250.0	0
Name of Employer (for Individual) Texas Ear, Nose and Throat Consultants		upation (for Individual) geon		lemo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
Full Name of Individual (Last, First, Middle II Stein, Sharon, Lisa, ,	nitial) or Full C	rganization Name	Date c	of Rec	ceipt			
Mailing Address 11100 Euclid Ave, # 5047 <u>Dept Surgery/Division Of Co</u> City Cleveland	lorecta State OH	Zip Code 44106-1716		sactio		B797B:	2017 37021F48	
FEC ID number of contributing federal political committee.	C	44100-1710	Amour	it of E	Each Re	ceipt th	is Period 250.0	0
Name of Employer (for Individual) University Hospitals/Case medical Cent		upation (for Individual) geon		/lemo	Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1					
SUBTOTAL of Receipts This Page (optional)					9	ŋ	1500.0	0
TOTAL This Period (last page this line number	r only)					- 45		

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		Use separate schedule(s) for each category of the	(check only one)									
II El			Detailed Summary Page	<b>X</b> 11	1a 3		11b 14	$\vdash$	11c 15	12 16	Γ	17
	information copied from such Reports and Sta r commercial purposes, other than using the n											
1	AME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC									
	ull Name of Individual (Last, First, Middle Initia Steinberg, Steven, M., ,	l) or Full O	rganization Name	Dat	e of	Re	eceipt					
	ailing Address 395 W 12th Ave The Ohio State University, Ste 6				08	/	21		/ Y	ү ү 2017	Y	
Ci C	ty iolumbus	State OH	Zip Code 43210-1267							EE-697F		)3-
FEC ID number of contributing federal political committee.					_		-		-	250	0.00	
O	ame of Employer (for Individual) hio State Univ		upation (for Individual) geon		Me	emo	ltem					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1								
	III Name of Individual (Last, First, Middle Initia Sternfeld, William, Charles, ,	l) or Full O	rganization Name	Dat	e of	Re	eceipt					
M	ailing Address 4235 Secor Rd Toledo Clinic Inc			М	™ 10	1	23		/ Y	y y 2017	Y	
Ci To	ty oledo	State OH	Zip Code 43623-4231							<b>C5EE82</b> is Perio		DBA9
	EC ID number of contributing deral political committee.	C			4584.00							
To	ame of Employer (for Individual) Ideo Clinic, Inc		upation (for Individual) geon		Me	emo	tem					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4584.00									
c. <u></u>	ull Name of Individual (Last, First, Middle Initia Stewart, Ronald, M., ,	l) or Full O	rganization Name	Dat	e of	Re	eceipt					
Mi Ci	ailing Address 7703 Floyd Curl Dr Ut Health Science Center At Sar	n An State	Zip Code		07	/	02	2		2017 261E96		315C
	ian Antonio	TX	78229-3901				-			is Perio		0100
	EC ID number of contributing deral political committee.	С			_		y .		9	21(	0.00	
U	ame of Employer (for Individual) THSCSA eceipt For:	Surg			M	emo	) Item					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2520.00									
SUE	STOTAL of Receipts This Page (optional)				_		y		9	5044	4.00	
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surgeo	ons Professio	nal Association PAC	
Full Name of Individual (Last, First, Mido A. Stewart, Ronald, M., ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7703 Floyd Curl Dr			M M / D D / Y Y Y Y
Ut Health Science Cente	r At San An		08 02 2017
City	State TX	Zip Code	Transaction ID : 424A952EADF90449BA0
San Antonio		78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
UTHSCSA	Sur	geon	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General		2520.00	1
Other (specify) ▼		2320.00	1
Full Name of Individual (Last, First, Mido B. Stewart, Ronald, M., ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 14443 Iron Horse Way			
Maning Radioso 14443 Ilon Hoise Way			09 02 2017
City	State	Zip Code	Transaction ID : 4346BD3CF455DB1FCA
Helotes	ТХ	78023-3971	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		210.00
Name of Employer (for Individual) UTHSCSA		upation (for Individual) geon	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General	, iggi egate		1
Other (specify) ▼		2520.00	1
Full Name of Individual (Last, First, Mido C. Stewart, Ronald, M., ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7703 Floyd Curl Dr			
Ut Health Science Cente	1		10 02 2017
City	State TX	Zip Code	Transaction ID: 41589B66AD948BF1340
San Antonio		78229-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer (for Individual) UTHSCSA	Occ	upation (for Individual)	Memo Item
Receipt For:		Year-to-Date ▼	
Primary General	Aggregate		
Other (specify)		2520.00	]
SUBTOTAL of Receipts This Page (option	al)		630.00
SUBTUTAL OF RECEIPTS THIS Fage (option	aı)	······	-
TOTAL This Period (last page this line nu	mber only)		

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	na Drafazzia	nal Association DAC							
American College of Surgeo	ns Protessio	nal Association PAC							
Full Name of Individual (Last, First, Middl A. Stewart, Ronald, M., ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7703 Floyd Curl Dr			11 02 2017						
Ut Health Science Center	State	Zip Code	Transaction ID : 45608F0594D81FD455BB						
San Antonio	ТХ	78229-3901	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		210.00						
Name of Employer (for Individual) UTHSCSA		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2520.00	1						
			1						
Full Name of Individual (Last, First, Midd B. Stewart, Ronald, M., ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7703 Floyd Curl Dr Ut Health Science Cente	12 02 2017								
City	State	Zip Code	Transaction ID : 4DBE9BDE83AF3DED430						
San Antonio	TX	78229-3901	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		210.00						
Name of Employer (for Individual) UTHSCSA		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		2520.00	]						
Full Name of Individual (Last, First, Midd C. Streit, Stephanie, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2879 Markbreit Ave			07 19 2017						
City Cincinnati	State OH	Zip Code 45209-2019	Transaction ID : 46A7AFB49AB69AA3F7F						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) USAF		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		800.00	]						
SUBTOTAL of Receipts This Page (optiona	al)		470.00						
TOTAL This Period (last page this line nun	nber only)								

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FOR LINE NUMBER:

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ITEMIZED RE	ECEIPTS		for each category of the Detailed Summary Page	(check onl 11a 13	y one)	11c	12	17		
			y not be sold or used by any p ddress of any political committee	erson for the	purpose of s	soliciting	contributi	ons		
NAME OF COM	. ,	s Professio	nal Association PAC							
A. Streit, Stepha	dividual (Last, First, Middle nie, , , 2879 Markbreit Ave	Initial) or Full O	ganization Name	Date o	f Receipt	/ .	YY	Y		
-				08						
City Cincinnati		State OH	Zip Code 45209-2019	Transaction ID : 488287575BECE16B97A						
FEC ID number federal political o	0	C		Amoun	t of Each Re	eceipt this	50.0	0		
Name of Employ	ver (for Individual)	Occu	pation (for Individual)	М	emo Item					
USAF		Surg	eon							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 800.00	1						
Full Name of Inc B. Streit, Steph	dividual (Last, First, Middle	Initial) or Full O	ganization Name	Data a	f Receipt					
	Mailing Address 6737 Quinella Dr					/ Y	2017	Y		
City		State	Zip Code	09 	19 action ID : 4	FFBB430	_	D881EC		
Las Vegas		NV	89103-4357		t of Each Re					
FEC ID number federal political c	0	С					50.0	0		
Name of Employ USAF	ver (for Individual)	Occu Surg	ipation (for Individual) jeon	М	emo Item					
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ , 800.00	]						
Full Name of Inc C. Streit, Stepl	dividual (Last, First, Middle hanie, , ,	Initial) or Full O	rganization Name	Date o	f Receipt					
	6737 Quinella Dr			10 <sup>M</sup>	07	I L.	y y 2017			
City Las Vegas		State NV	Zip Code 89103-4357		saction ID : 6		-	647-		
FEC ID number federal political of	0	C		Amoun	Amount of Each Receipt this Per					
Name of Employ USAF	ver (for Individual)	Occu Surg	pation (for Individual) eon	М	emo Item					
Receipt For:	Ganaral	Aggregate	Year-to-Date ▼							
Other (spe	cify) General		800.00	1						
SUBTOTAL of Red	ceipts This Page (optional).					. , .	350.0	0		
TOTAL This Period	d (last page this line numb	er only)	•••••							

#### 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 194 OF

	WIZED RECEIPTS		Detailed Summary Page		11a 13		] 11   14	- H-	11c		12 16	17
or fo	information copied from such Reports and Statemer r commercial purposes, other than using the name				or the		pos	se of s	soliciting	g cont	tributi	ons
\ \	AME OF COMMITTEE (In Full) American College of Surgeons Prof	essior	nal Association PAC									
A	ull Name of Individual (Last, First, Middle Initial) or Streit, Stephanie, , , ailing Address 6737 Quinella Dr	r Full Or	ganization Name	Date of Receipt								Ŷ
	5	tate IV	Zip Code 89103-4357	Transaction ID : 4B938EC073E8C64ECE								4ECE85
FI	EC ID number of contributing deral political committee.	;		50.00							0	
U	ame of Employer (for Individual) SAF	Occu Surg	pation (for Individual) eon	Memo Item								
R	eceipt For: Agg Primary General Other (specify) ▼	Year-to-Date ▼ 800.00										
B	ull Name of Individual (Last, First, Middle Initial) or Streit, Stephanie, , ,	r Full Or	ganization Name		ate of	Re	ecei	ipt				
	Mailing Address 6737 Quinella Dr						Ľ	D D D	/ Y	y 201	7	Y
		tate NV	Zip Code 89103-4357				-		60FAB			9EB069
	EC ID number of contributing deral political committee.	C							41-		50.0	0
	ame of Employer (for Individual) SAF	Occu Surg	ipation (for Individual) jeon		Me	emo	o Ite	em				
R	eceipt For: Agg Primary General Other (specify) ▼	gregate \	Year-to-Date ▼ 800.00									
	ull Name of Individual (Last, First, Middle Initial) or Streit, Stephanie, , ,	r Full Or	ganization Name		ate of	Re	ecei	ipt				
M	ailing Address 6737 Quinella Dr				<sup>M</sup> 12	/	Г	D D 19	/ Y	201		Y
	5	tate NV	Zip Code 89103-4357	A			-		B3D9A	-		B59C1I
	EC ID number of contributing deral political committee.	;		ļ			,		y	_	50.0	0
U	ame of Employer (for Individual) SAF	Occupation (for Individual) Surgeon						em				
	eceipt For:     Agg       Primary     General       Other (specify)	gregate \	Year-to-Date ▼ 800.00									
SUE	<b>BTOTAL</b> of Receipts This Page (optional)		<b>&gt;</b>	[			,		,	1	150.0	0
тот	AL This Period (last page this line number only)		•	[			_			_	-	

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 195 OF

			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)										
$\rangle$	American College of Surgeons P	rofessio	nal Association PAC								
Α.	Full Name of Individual (Last, First, Middle Initia Sussman, Howard, Lawrence, ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 8 Candy Ln			M M / D D / Y Y Y Y 10 18 2017							
	City Roslyn Heights	State NY	Zip Code 11577-1810	Transaction ID : D1A3D870-EA79-4E14-           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) St. Joseph Hospital		upation (for Individual) geon	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
R	Full Name of Individual (Last, First, Middle Initia Sutherland, Michael, J., ,	l) or Full O	rganization Name	Date of Receipt							
υ.	Mailing Address 4301 W Markham St Uams Department Of Surgery, #	520-		07 20 2017							
	City	State	Zip Code	Transaction ID : 478C92EB5716AD859138							
	Little Rock	AR	72205-7101	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	416.66									
	Name of Employer (for Individual) US Air Force		rgeon (for Individual) Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.92								
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name								
C.	Sutherland, Michael, J., ,			Date of Receipt							
	Mailing Address 4301 W Markham St Uams Department Of Surgery, #	1	Zin Oode	08 / D D / Y Y Y Y 2017							
	City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 476393230277759A8C78 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		416.66							
	Name of Employer (for Individual) US Air Force	Occu Surg	upation (for Individual) Jeon	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.92								
s	UBTOTAL of Receipts This Page (optional)		••••••	1083.32							
т	OTAL This Period (last page this line number on	ly)									

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 196 OF

	•	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★     11a     11b     11c     12       13     14     15     16     17							
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full	)									
angle American College of S	Surgeons Professio	nal Association PAC								
Full Name of Individual (Last, Fi A. Sutherland, Michael, J., ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4301 W Markha			09 20 2017							
City	ent Of Surgery, # 520- State	Zip Code	Transaction ID : 457DA4C39270DB3D301F							
Little Rock	AR	72205-7101	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.66							
Name of Employer (for Individua US Air Force	,	upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General		4999.92	1							
Other (specify) ▼		4333.32	1							
Full Name of Individual (Last, Fi B. Sutherland, Michael, J., ,		rganization Name	Date of Receipt							
Mailing Address 4301 W Markha	im St ent Of Surgery, # 520-		10 20 2017							
City	State	Zip Code	Transaction ID : 424292D23C7B3CBE552							
Little Rock	AR	72205-7101	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	416.66									
Name of Employer (for Individua US Air Force	,	upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		4999.92	]							
Full Name of Individual (Last, Fi C. Sutherland, Michael, J.	, ,	rganization Name	Date of Receipt							
Mailing Address 4301 W Markha	am St ent Of Surgery, # 520-		11 20 2017							
City	State	Zip Code	Transaction ID : 45E483928637444942A9							
Little Rock	AR	72205-7101	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		416.66							
Name of Employer (for Individua US Air Force	al) Occu Surg	upation (for Individual) Jeon	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		4999.92	]							
SUBTOTAL of Receipts This Page	e (optional)		1249.98							
TOTAL This Period (last page this	s line number only)									

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 197 OF

	•	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         1						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American College of Surgeo	ons Professio	nal Association PAC							
Full Name of Individual (Last, First, Midd Sutherland, Michael, J., ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4301 W Markham St			12 20 2017						
Uams Department Of Su City	rgery, # 520- State	Zip Code	Transaction ID : 46E49D378207A741AEI						
Little Rock	AR	72205-7101	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		416.66						
Name of Employer (for Individual) US Air Force									
Receipt For:	Aggregate	Year-to-Date ▼ 4999.92	1						
Other (specify) <b>v</b>		1							
Full Name of Individual (Last, First, Midd B. Szlabick, Randolph, Eugene, ,	Date of Receipt								
Mailing Address 1301 N Columbia Rd Undsmhs Dept Of Surg F	M M / D D / Y Y Y Y 11 24 2017								
City	State	Zip Code	Transaction ID : 4C6A8BB8B17015E3AA						
Grand Forks	ND	58202-9037	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l								
Name of Employer (for Individual) Univ of North Dakota		upation (for Individual) geon	Memo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General Other (specify) ▼		250.00	]						
Full Name of Individual (Last, First, Midd C. Szlabick, Randolph, Eugene,		rganization Name	Date of Receipt						
Mailing Address 1301 N Columbia Rd Undsmhs Dept Of Surg R			12 / D D / Y Y Y Y 24 2017						
City Grand Forks	State ND	Zip Code 58202-9037	Transaction ID : 4B99824783A2B504D7/ Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		25.00						
Name of Employer (for Individual) Univ of North Dakota	Occ Surg	upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	]								
SUBTOTAL of Receipts This Page (optional	al)		466.66						
TOTAL This Period (last page this line nur	nber only)								

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

### Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page				] 11   14	-	11c 15		12 16	17
	y information copied from such Reports and Statem for commercial purposes, other than using the name						pos	se of s	solicitin	g con	ntributi	ons
	NAME OF COMMITTEE (In Full) American College of Surgeons Prof	essio	nal Association PAC									
Α.	Full Name of Individual (Last, First, Middle Initial) of Tan, Amy, E., , Mailing Address 57 Water St	r Full O	rganization Name	Date of Receipt								Ŷ
	5	tate 1E	Zip Code 04614-5231	Transaction ID : 45DA8D39552F61F7B10 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	;		50.00								0
	Name of Employer (for Individual)         Blue Hill Memorial Hospital         Receipt For:       Agg         Primary       General         Other (specify) ▼		Me	emo	o Ite	em						
в.	Full Name of Individual (Last, First, Middle Initial) or Tan, Amy, E., ,		Date of	Re	ecei	ipt						
	Mailing Address 57 Water St	Zin Codo		M M 08	/		06	/ Y	201	ү 17	Y	
	Blue Hill	tate /IE	Zip Code 04614-5231				-		01DA3 ceipt t			93A53C
	FEC ID number of contributing federal political committee.	C					,				50.0	0
	Name of Employer (for Individual) Blue Hill Memorial Hospital	upation (for Individual) geon		Me	emo	o Ite	em					
	Receipt For:     Agg       Primary     General       Other (specify) ▼	gregate	Year-to-Date ▼ 600.00									
C.	Full Name of Individual (Last, First, Middle Initial) of Tan, Amy, E., ,	r Full O	rganization Name		ate of	Re	_	· .				
	Mailing Address 57 Water St City S	tate	Zip Code	_ [	09 Trana	<b>'</b>	L	07		201	1. Ale	- 8E1FF
	5	ИЕ	04614-5231	A			-		ceipt t			
	FEC ID number of contributing federal political committee.	;		1			,				50.0	0
	Name of Employer (for Individual) Blue Hill Memorial Hospital	Occupation (for Individual) Surgeon					o Ite	em				
	Receipt For:     Agg       Primary     General       Other (specify)	gregate	Year-to-Date ▼ 600.00									
s	UBTOTAL of Receipts This Page (optional)		•	[			,				150.0	0
Т	OTAL This Period (last page this line number only)		•				-					

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

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

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(check only one)

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			for each category of the Detailed Summary Page	×	11a 13		] 11   14		11c		r	17
An or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	Its may and ad	y not be sold or used by any pe Idress of any political committee	rson fo to soli	or the	purp ntrib	pos	se of s	15 soliciting om such	contr d contr h comr	ributic	ons
	NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssior	nal Association PAC									
Α.	Full Name of Individual (Last, First, Middle Initial) or F Tan, Amy, E., , Mailing Address 57 Water St		- -	Date of Receipt								
	City Stat Blue Hill ME		Zip Code 04614-5231	Transaction ID : 48408B210140E6C37D87 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.											)
	Name of Employer (for Individual) Blue Hill Memorial Hospital	Occup Surge	pation (for Individual) eon	Memo Item								
	Receipt For:     Aggre       Primary     General       Other (specify) ▼	Year-to-Date ▼ 600.00										
B.	Full Name of Individual (Last, First, Middle Initial) or F Tan, Amy, E., ,	<sup>-</sup> ull Or	ganization Name		ate of	Re	ece	ipt				
	Mailing Address 57 Water St						E	D D 07	/ Y	2017		
		StateZip CodeME04614-5231							C79A6I		-	C0585
	FEC ID number of contributing federal political committee.	C									50.00	)
	Name of Employer (for Individual) Blue Hill Memorial Hospital	pation (for Individual) eon		Me	emo	o It	em					
	Receipt For:     Aggre       Primary     General       Other (specify) ▼	egate Y	Year-to-Date ▼ 600.00									
с.	Full Name of Individual (Last, First, Middle Initial) or F Tan, Amy, E., ,	<sup>-</sup> ull Or	ganization Name		ate of	Re	ece	ipt				
	Mailing Address 57 Water St				<sup>M</sup> 12	/	E	D D D D 07	/ Y	2017		
	City Stat Blue Hill ME		Zip Code 04614-5231	A					oF9B7			26151
	FEC ID number of contributing federal political committee.				_		y				50.00	)
	Name of Employer (for Individual) Blue Hill Memorial Hospital	Occupation (for Individual) Surgeon						em				
	Receipt For:     Aggre       Primary     General       Other (specify)	egate Y	Year-to-Date ▼ 600.00									
s	UBTOTAL of Receipts This Page (optional)		•	[			,		,	1؛	50.00	
т	OTAL This Period (last page this line number only)		•••••	[			_				-	

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American College of Surgeons	Professio	nal Association PAC								
Full Name of Individual (Last, First, Middle II A. Tavakkoli, Ali, , , MBBS, FACS	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 75 Francis St Brigham And Women's Hosp	ital		08 14 2017							
City	State	Zip Code	Transaction ID : C4BAAC48-41B1-482B-							
Boston	MA	02115-6110	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Brigham and Women's Hospital Receipt For:		geon	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼	L	250.00								
Full Name of Individual (Last, First, Middle II B. Thambi-Pillai, Thavam, Achenthan		rganization Name	Date of Receipt							
Mailing Address 1508 W 22nd St Ste 101	, ,		12 08 2017							
City	State	Zip Code	Transaction ID : C47AC9C0706ED84BD06							
Sioux Falls	SD	57105-1514	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Sanford Health		upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General Other (specify) ▼		500.00	]							
Full Name of Individual (Last, First, Middle II <b>C.</b> Thirlby, Richard, Coller, ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address Virginia Mason Medical Cen Mailstop C6-Gsur	ter		12 13 / Y Y Y Y 12 13 2017							
City Seattle	State WA	Zip Code 98111	Transaction ID: 02F6519B25F2E7A0923							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Virginia Mason Clinic Receipt For:	Surg		_							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]							
SUBTOTAL of Receipts This Page (optional)			1250.00							
TOTAL This Period (last page this line numbe	r only)									

FOR LINE NUMBER:

PAGE 201 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17
	y information copied from such Reports and for commercial purposes, other than using th			person fo	r the		pose of	soliciting	g contrik		าร
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name of Individual (Last, First, Middle Ir Thomas, J., Scott, ,	nitial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 3352 Forrester Rd			_ [	09 25 / Y Y Y Y Y						
	City Temple	State TX	Zip Code 76502-4309					F589F28 Receipt th			2-
	FEC ID number of contributing federal political committee.	С							25	0.00	
	Name of Employer (for Individual) Scott and White Memorial Hospital		upation (for Individual) geon		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name of Individual (Last, First, Middle Ir Thompson, Mark, Alan, ,	nitial) or Full O	rganization Name	Di	ate of	Re	eceipt				
	Mailing Address 621 Memorial Dr Ste 302	State Zip Code				/	22		2017	Y	]
	City South Bend	State	Zip Code 46601-1073				-	42BC88 Receipt th			2864
	FEC ID number of contributing federal political committee.	С				7			3.33		
	Name of Employer (for Individual) GVS		upation (for Individual) geon		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	]							
с.	Full Name of Individual (Last, First, Middle Ir Thompson, Mark, Alan, ,	nitial) or Full O	rganization Name	Di	ate of	Re	eceipt				
	Mailing Address 621 Memorial Dr Ste 302			_ L	08	/	22		2017		]
	City South Bend	State IN	Zip Code 46601-1073					491DA4 Receipt th			4C829
	FEC ID number of contributing federal political committee.	С		ļ			y 1	. ,	8	3.33	
	Name of Employer (for Individual) GVS	Occu Surg	upation (for Individual) Jeon		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V 749.97								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number				-		9	, <u>,</u>	410	6.66	7

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Profes	ssional Association PAC	
Full Name of Individual (Last, First, Middle Initial) or F         A.       Thompson, Mark, Alan, ,         Mailing Address       621 Memorial Dr         Ste 302       State         City       State         South Bend       IN         FEC ID number of contributing       C         federal political committee.       C	e Zip Code 46601-1073	Date of Receipt
Primary     General       Other (specify) ▼	Occupation (for Individual) Surgeon gate Year-to-Date ▼ 749.97	Memo Item
Full Name of Individual (Last, First, Middle Initial) or F         B. Thompson, Mark, Alan, ,         Mailing Address 621 Memorial Dr         Ste 302         City       State         South Bend       IN         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) GVS       General         Primary       General         Other (specify) ▼       Image: Committee for the specify of the specify of the specify for the specified for the speci		Date of Receipt
GVS		Date of Receipt
SUBTOTAL of Receipts This Page (optional)		249.99

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessio	nal Association PAC	
Α.	Full Name of Individual (Last, First, Middle Initia Thompson, Mark, Alan, , Mailing Address 621 Memorial Dr	l) or Full O	rganization Name	Date of Receipt
	Ste 302	-1		12 22 2017
	City South Bend	State IN	Zip Code 46601-1073	Transaction ID : 41D7BFD2B6AFF401F44
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 83.33
	Name of Employer (for Individual) GVS		upation (for Individual) geon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	
	Full Name of Individual (Last, First, Middle Initia Thorson, Alan, G., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9850 Nicholas St Ste 100			10 / Y Y Y Y Y 2017
	City Omaha	State NE	Zip Code 68114-2191	Transaction ID : 8B61E8CF883C4AB6A0E Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
с.	Full Name of Individual (Last, First, Middle Initia Timmerman, Gary, L., ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 1508 W 22nd St Ste 101			09 / D D / Y Y Y Y 28 2017
	City Sioux Falls	State SD	Zip Code 57105-1514	Transaction ID : F0A2F8C9-EA20-4C9E- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Surgical Associates	Occu Surg	upation (for Individual) geon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	
S	UBTOTAL of Receipts This Page (optional)		•	2083.33
т	OTAL This Period (last page this line number on	ıly)	•••••	

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 204 OF

ITEMIZED RECEIPTS	2	Use separate schedule(s)	(check only one)							
	2	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In										
American College	of Surgeons Professio	onal Association PAC								
Full Name of Individual (Las A. Timmons, Shelly, , ,	st, First, Middle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 647 Whitet	ail Dr		09 17 2017							
City	State	Zip Code	Transaction ID : 50A0234A-8601-490A-							
Hummelstown	PA	17036-7208	Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing C		1000.00							
Name of Employer (for Indiv	vidual) Occ	upation (for Individual)	Memo Item							
Penn State	Neu	ırosurgeon								
Receipt For:		Year-to-Date ▼								
Other (specify) ▼	erai	1000.00	1							
			1							
	st, First, Middle Initial) or Full C	Organization Name								
B. Tinkoff, Glen, Herman			Date of Receipt							
Mailing Address 11000 Eucl Lakeside 7			07 15 2017							
City	State	Zip Code	Transaction ID : 42FD96B4068C93398CDF							
Cleveland	ОН	44106-1714	Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing C		100.00							
Name of Employer (for Indi Christinia Care	,	upation (for Individual) geon	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼	eral	1000.00	1							
Full Name of Individual (Las C. Tinkoff, Glen, Herma	st, First, Middle Initial) or Full C an, ,	Organization Name	Date of Receipt							
Mailing Address 11000 Euc Lakeside 7			08 15 2017							
City	State	Zip Code	Transaction ID : 4C9E9A16B8063266BEB7							
Cleveland	ОН	44106-1714	Amount of Each Receipt this Period							
FEC ID number of contribut federal political committee.	ing		100.00							
Name of Employer (for Indiv	vidual) Occ	upation (for Individual)	Memo Item							
Christinia Care Receipt For:		geon								
Primary Gen		Year-to-Date ▼								
Other (specify)		1000.00	]							
SUBTOTAL of Receipts This	Page (optional)		1200.00							
TOTAL This Period (last page	e this line number only)									

FOR LINE NUMBER:

PAGE 205 OF

		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
American College of Surgeon	s Professio	nal Association PAC					
Full Name of Individual (Last, First, Middle Tinkoff, Glen, Herman, ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 11000 Euclid Ave Lakeside 7			09 15 2017				
City	State	Zip Code	Transaction ID : 46D5929DC113D0D28EI				
Cleveland	OH	44106-1714	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Christinia Care		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date <b>V</b>					
Primary General		1000.00	1				
Other (specify) <b>v</b>		1000.00	1				
Full Name of Individual (Last, First, Middle B. Tinkoff, Glen, Herman, ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 11000 Euclid Ave Lakeside 7			10 15 2017				
City	State	Zip Code	Transaction ID : 45A9A0237DE95E1F854				
Cleveland	OH	44106-1714	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Christinia Care		upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary     General       Other (specify) ▼		1000.00					
Full Name of Individual (Last, First, Middle C. Torres, Denise, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address Geisinger Med Ctr Mc 21-68			10 / Y Y Y Y 10 30 / 2017				
City Danville	State PA	Zip Code 17822-0001	Transaction ID : F2DB2843016EB528B02 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Geisinger Med Ctr		upation (for Individual) Jeon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional).			450.00				
TOTAL This Period (last page this line number	er only)						

### Use separate schedule(s)

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			Use separate schedule(s)		(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	<b>□</b> 4 7
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\setminus$	NAME OF COMMITTEE (In Full)									
	American College of Surgeons F	rofessio	nal Association PAC							
A.	Full Name of Individual (Last, First, Middle Initia Towfigh, Shirin, , ,	al) or Full O	rganization Name		ate of	Po	coint			
А.	Mailing Address 450 N Roxbury Dr					ne		/ Y	YY	Y
	Ste 224				10	Ľ	23		2017	
	City Bouerty Lille	State CA	Zip Code						11403A4I	B9996C
	Beverly Hills		90210-4216	A	mount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С		1 Ļ					1000.	00
	Name of Employer (for Individual) Mt. Sinai Med Center		upation (for Individual) geon		Me	emo	Item			
	Receipt For:		Year-to-Date ▼	_						
	Primary General	, iggi oguto								
	Other (specify) <b>v</b>		1000.00							
R	Full Name of Individual (Last, First, Middle Initia Townsend, Courtney, M., , Jr.	al) or Full O	rganization Name		ate of	Re	ceint			
	Mailing Address University of Texas Medical Br John Sealy Annex Suite 6.146				M M 10	/	26	/ Y	2017	Y
Ō	City	State	Zip Code		Transa	acti	on ID :	47C9B4	A8EAFD4	D91AE5F
	Galveston	ТХ	77555-0001				-		nis Period	
	FEC ID number of contributing federal political committee.	C					-		1000.	00
	Name of Employer (for Individual) University of Texas Medical Branch		upation (for Individual) geon		Me	emo	Item			
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General Other (specify) ▼		2000.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Tracci, Margaret, Shizue, ,	al) or Full O	rganization Name		ate of	Re	ceipt			
	Mailing Address PO Box 800679				<sup>M</sup> 10	/	D D 16	/ Y	2017	Y
	City	State	Zip Code		Trans	acti	ion ID :	B87DE3	2F277D4	BFF974E
	Charlottesville	VA	22908-0679	A	mount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			_		,	,	100.	00
Name of Employer (for Individual) Univ of VA		Occupation (for Individual) Surgeon			Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		350.00							
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			Use separate schedule(s)		(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		ose of	soliciting	g contribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)		_							
	American College of Surgeons P	rofessio	nal Association PAC							
A.	Full Name of Individual (Last, First, Middle Initia Trostle, Douglas, R., ,	al) or Full O	rganization Name		Date of	Ree	ceipt			
	Mailing Address 1 Guthrie Sq Guthrie Clinic Ltd				<sup>M</sup> 10	/	D D D 25	/ Y	ү ү 2017	Y
	City Sayre	State PA	Zip Code 18840-1625						59455842 his Period	2A08508
	FEC ID number of contributing federal political committee.	С					,		500.0	00
	Name of Employer (for Individual) Guthrie Medical Group		upation (for Individual) geon		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1						
			-y	<u> </u>						
B	Full Name of Individual (Last, First, Middle Initia Upperman, Jeffrey, Scott, ,	al) or Full O	rganization Name		Date of	Red	ceint			
	Mailing Address 4650 W Sunset Blvd Dept of				10 <sup>1</sup>	/	26	/ Y	ү ү 2017	Y
	City	State CA	Zip Code	Transaction ID : 1					2ABEA5	
						of	Each R	eceipt th	nis Period	_
	FEC ID number of contributing federal political committee.	C					7	<u> </u>	250.0	00
	Name of Employer (for Individual) USC		upation (for Individual) geon		Me	emo	Item			
	Receipt For:	Aggregate Year-to-Date ▼								
	Other (specify) ▼		250.00							
С.	Full Name of Individual (Last, First, Middle Initia Urist, Marshall, McLean, ,	al) or Full O	rganization Name		Date of	Ree	ceipt			
	Mailing Address 2321 Highland Cres S				<sup>M</sup> 12	/	D D D 31		2017 <sup>Y</sup>	
	City Birmingham	State AL	Zip Code 35205-2921						5B3947FE	86C33A
	FEC ID number of contributing federal political committee.	С					,		500.0	00
	Name of Employer (for Individual) Univ Of Alabama Birmingham	Occu Surg	upation (for Individual) Jeon		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1						
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	. ,	1250.0	00
т	OTAL This Period (last page this line number or	וy)		-			,			

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PAGE 208 OF

			Use separate schedule(s)		(check only one)					
			for each category of the Detailed Summary Page		<b>1</b> 1a		11b 14	11c	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	itions
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	American College of Surgeons F	Professio	onal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Vates, George, Edward, ,	al) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 2180 S Clinton Ave Department of Neurosurgery				м м 07	/	19	) / Y	2017	Ŷ
	City	State	Zip Code		Trans	acti	ion ID :	4004AC	05A277F	10238C7
	Rochester	NY	14618-2618		Amount	of	Each R	leceipt th	nis Period	l
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			83.	33
	Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) Irosurgeon		Me	emo	ltem			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		999.96	]						
R	Full Name of Individual (Last, First, Middle Initia Vates, George, Edward, ,	al) or Full O	Organization Name		Date of	Re	eceint			
υ.	Mailing Address 2180 S Clinton Ave Department of Neurosurgery				08	1	19	/ Y	2017	Y
	City	State	Zip Code		Transa	acti	on ID :	4D8BA7	250E1E5	A81EB1E
	Rochester	NY	14618-2618		Amount	of	Each F	leceipt th	nis Period	l
	FEC ID number of contributing federal political committee.	C							83.	.33
	Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) urosurgeon		Me	emo	ltem			
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General Other (specify) ▼		999.96	]						
с.	Full Name of Individual (Last, First, Middle Initia Vates, George, Edward, ,	al) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 2180 S Clinton Ave Department of Neurosurgery				09	/	19		2017	Ŷ
	City Rochester	State NY	Zip Code 14618-2618						B233253	6AF27CF
	FEC ID number of contributing federal political committee.	С					,	Jecospi I	83.	_
	Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) rosurgeon		Me	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]						
s	UBTOTAL of Receipts This Page (optional)			' ►		_	, ,		249.	99
Т	OTAL This Period (last page this line number o	nly)		•			-			

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American College of Surge	ons Professio	nal Association PAC					
Full Name of Individual (Last, First, Mid A. Vates, George, Edward, ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2180 S Clinton Ave			M = M / D = D / Y = Y = Y				
Department of Neurosu City	gery State	Zip Code	10 19 2017				
Rochester	NY	14618-2618	Transaction ID : 4AFCA245095A18ADF632 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		83.33				
Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) rosurgeon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]				
Full Name of Individual (Last, First, Mid Vates, George, Edward, ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2180 S Clinton Ave Department of Neurosu			11 / D D / Y Y Y Y Y 11 19 2017				
City Rochester	State NY	Zip Code 14618-2618	Transaction ID : 4450AB6B14AA4FF84171 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		83.33				
Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) Irosurgeon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]				
Full Name of Individual (Last, First, Mid C. Vates, George, Edward, ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2180 S Clinton Ave Department of Neurosu			12 / D D / Y Y Y Y Y 12 19 2017				
City Rochester	State NY	Zip Code 14618-2618	Transaction ID : 44E894040C07E3FFE204 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		83.33				
Name of Employer (for Individual) University of Rochester Medical Center		upation (for Individual) rosurgeon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]				
SUBTOTAL of Receipts This Page (option	nal)		249.99				
TOTAL This Period (last page this line nu	mber only)						

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FOR LINE NUMBER:

PAGE 210 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements mana and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Initi A. Ward, William, Harrell, , Jr. Mailing Address 811 E Willow Grove Ave City Wyndmoor FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State PA	Drganization Name Zip Code 19038-7907	Date of Receipt
US Navy Receipt For: Primary General Other (specify) ▼	Aggregate	geon Year-to-Date ▼ 526.00	
Full Name of Individual (Last, First, Middle Initi         B.       Ward, William, Harrell, , Jr.         Mailing Address 811 E Willow Grove Ave         City         Wyndmoor         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         US Navy         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occ Sur	Zip Code 19038-7907	Date of Receipt 08 20 2017 2017 Transaction ID : 46CF85CBA54C793801E3 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle Initi C. Ward, William, Harrell, , Jr. Mailing Address 811 E Willow Grove Ave City Wyndmoor FEC ID number of contributing federal political committee. Name of Employer (for Individual) US Navy Receipt For: Primary General Other (specify)	State PA C Occ Surg	Drganization Name Zip Code 19038-7907 upation (for Individual) geon Year-to-Date ▼ 526.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			150.00

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FOR LINE NUMBER:

PAGE 211 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and a or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	onal Association PAC	
Full Name of Individual (Last, First, Middle Ir Ward, William, Harrell, , Jr. Mailing Address 811 E Willow Grove Ave	nitial) or Full C		Date of Receipt
City	State PA	Zip Code	Transaction ID : 4352A59FEF2F6DF8F525
Wyndmoor	PA	19038-7907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
US Navy	Sur	geon	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General		F2C 00	1
Other (specify) <b>v</b>		526.00	1
Full Name of Individual (Last, First, Middle Ir B. Ward, William, Harrell, , Jr.	nitial) or Full C	Organization Name	Data of Pagaint
Mailing Address 811 E Willow Grove Ave			Date of Receipt
			11 20 2017
City	State	Zip Code	Transaction ID : 417BA0DF1F8E955A1502
Wyndmoor	PA	19038-7907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) US Navy		cupation (for Individual) rgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		, 526.00	]
Full Name of Individual (Last, First, Middle Ir C. Ward, William, Harrell, , Jr.	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 811 E Willow Grove Ave			M M / D D / Y Y Y Y 12 20 2017
City	State	Zip Code	Transaction ID : 479B9080859CBE92B2D6
Wyndmoor	PA	19038-7907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
US Navy	Sur	geon	
Receipt For:	Aggregate	Year-to-Date V	
Primary General		526.00	1
Other (specify)		526.00	1
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line number	r only)		

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PAGE 212 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Stat for commercial purposes, other than using the n			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American College of Surgeons Pr	rofessio	onal Association PAC	
A.	Full Name of Individual (Last, First, Middle Initial Waring, Bruce, James, , Mailing Address 400 Indiana St Ste 200 City Golden FEC ID number of contributing federal political committee. Name of Employer (for Individual) Surgical Specialists of Colorado	State CO C	Drganization Name Zip Code 80401-5027	Date of Receipt 08 / 31 / 2017 Transaction ID : D68ADA24-6BF7-418 Amount of Each Receipt this Period 250.00 Memo Item
	Poppint For:		Year-to-Date ▼ 250.00	
B.	Full Name of Individual (Last, First, Middle Initial Warneke, James, Andrew, , Mailing Address 3838 N Campbell Ave City	) or Full O	Zip Code	Date of Receipt
	Tucson     AZ       FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual)     C		85719-1478	Amount of Each Receipt this Period
	Arizona Health Sciences Center Receipt For: Primary General Other (specify) ▼		rgeon Year-to-Date ▼ 250.00	
C.	Full Name of Individual (Last, First, Middle Initial Watters, Jennifer, , , Mailing Address 61492 Hackleman Ct	) or Full O	Organization Name	Date of Receipt
	City Bend	State OR	Zip Code 97702-3560	Transaction ID : 94C08844AFE74C27E           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Oregon HEalth & Science University Receipt For: Primary General Other (specify)	Surg	upation (for Individual) geon Year-to-Date ▼ 250.00	250.00
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number on	ly)		•

FOR LINE NUMBER:

PAGE 213 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\checkmark$ 11a       11b       11c       12         13       14       15       16       17		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American College of Surgeon	s Professional Association PAC			
Full Name of Individual (Last, First, Middle Weiss, Eric, Glenn, , Mailing Address 5686 Westminster Ave City Boca Raton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cleveland Clinic Florida Receipt For:	State     Zip Code       FL     33496-2533       C       Occupation (for Individual)       Surgeon       Aggregate Year-to-Date ▼	Date of Receipt 10 09 2017 Transaction ID : 4EEFA33218C8CF308F0A Amount of Each Receipt this Period 20.83 Memo Item		
Other (specify) ▼ Full Name of Individual (Last, First, Middle Weiss, Eric, Glenn, , Mailing Address 5686 Westminster Ave	Initial) or Full Organization Name	Date of Receipt		
City Boca Raton FEC ID number of contributing federal political committee.	State Zip Code FL 33496-2533	11       09       2017         Transaction ID : 4663ADB1FB6EB273674         Amount of Each Receipt this Period         20.83		
Name of Employer (for Individual)         Cleveland Clinic Florida         Receipt For:         Primary       General         Other (specify) ▼	Occupation (for Individual) Surgeon Aggregate Year-to-Date ▼ 249.96	Memo Item		
Full Name of Individual (Last, First, Middle Weiss, Eric, Glenn, , Mailing Address 5686 Westminster Ave	Initial) or Full Organization Name	Date of Receipt		
City Boca Raton FEC ID number of contributing federal political committee. Name of Employer (for Individual) Cleveland Clinic Florida Receipt For: Primary General Other (specify)	State FL     Zip Code 33496-2533       C     Occupation (for Individual) Surgeon       Aggregate Year-to-Date ▼       249.96	Transaction ID : 4A6AABCDC031E8EA0FDe         Amount of Each Receipt this Period         20.83         Memo Item		
SUBTOTAL of Receipts This Page (optional)	•	62.49		
TOTAL This Period (last page this line numb	er only) 🕨			

#### SCHEDULE A (FEC Form 3X) - . . . . . . DEOEIDTO

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
American College of Surge	eons Protessio	nal Association PAC					
Full Name of Individual (Last, First, Mi A. Wesley, John, Robert, ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 185 S Old Creek Rd			M M / D D / Y Y Y Y Y 12 08 2017				
City Vernon Hills	State IL	Zip Code 60061-3134	Transaction ID : 9C75FACB705B3105A36 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer (for Individual) Retired		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
Full Name of Individual (Last, First, Mi B. Wessells, Hunter, Buchanan,		rganization Name	Date of Receipt				
Mailing Address 1959 NE Pacific St Univ Of Washington D			10 / Y Y Y Y 23 2017				
City Seattle	State WA	Zip Code 98195-0001	Transaction ID : B359B31AE70542678031 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Univ of Washington		upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name of Individual (Last, First, Mi C. White, Cassandra, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2211 River Park Ct			10 / Y Y Y Y Y 24 2017				
City Augusta	State GA	Zip Code 30907-2041	Transaction ID : 9C7995456AC54E4B90AD Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual) Augusta University	Occi Surg	upation (for Individual) geon	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]				
SUBTOTAL of Receipts This Page (option	onal)		1000.00				
TOTAL This Period (last page this line r	number only)						

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 215 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
IILWILLD RECEIFIS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	onal Association PAC				
Full Name of Individual (Last, First, Mid A. White, Jon, Charles, ,	ddle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 15 Newlands St			12 28 2017			
City Chevy Chase	State MD	Zip Code 20815-4201	Transaction ID : CAB068CAC99F5F4441F           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer (for Individual) Va Hospital		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]			
Full Name of Individual (Last, First, Mid Whiting, James, F., ,	ddle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 887 Congress St Ste 400 City	State	Zip Code	10 / D D / Y Y Y Y 10 19 2017			
Portland	ME	04102-3163	Transaction ID : 705F63D8-FBCD-444E- Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]			
Full Name of Individual (Last, First, Mid C. Wills, Hale, Edward, ,	ddle Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 2 Dudley St Ste 190	1		12 / D D / Y Y Y Y 12 31 2017			
City Providence	State RI	Zip Code 02905-3248	Transaction ID : D36C430C-6A5A-4A4F-           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) University Surgical Associates		upation (for Individual) iatric Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1			
SUBTOTAL of Receipts This Page (optic	nal)		1250.00			
TOTAL This Period (last page this line n	umber only)					

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

#### Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         1				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Ful American College of S	,	nal Association PAC					
Full Name of Individual (Last, F Wilson, Alison, M., ,	irst, Middle Initial) or Full O	rganization Name					
			Date of Receipt				
Mailing Address PO Box 9238			10 30 2017				
City	State	Zip Code	Transaction ID : 31091A2813F2623602D				
Morgantown	WV	26506-9238	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		300.00				
Name of Employer (for Individu		upation (for Individual)	Memo Item				
Self Employed	Surg						
Receipt For:		Year-to-Date ▼					
Primary General			1				
Other (specify) ▼		800.00	1				
Full Name of Individual (Last, F	irst, Middle Initial) or Full O	rganization Name					
B. Wilson, Bryant, Whitley,			Date of Receipt				
Mailing Address 95 Collier Rd N Ste 6015			07 29 2017				
City	State	Zip Code	Transaction ID : B48FDE04-CA3B-4056-				
Atlanta	GA	30309-1750	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer (for Individu piedmomnt healthcare	,	upation (for Individual) geon	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General			1				
Other (specify) ▼		500.00	1				
Full Name of Individual (Last, F C. Wilson, Jason, Paul, ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 400 Pinellas S			M M / D D / Y Y Y Y				
Ste 200			10 11 2017				
City Clearwater	State FL	Zip Code 33756-3312	Transaction ID : 455591D7-542E-4422-				
			Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individu	al) Occi	upation (for Individual)	Memo Item				
BayCare Medical Group	Surg	ical Oncologist					
Receipt For:		Year-to-Date 🔻					
Primary General		250.00	1				
Other (specify)		200.00	1				
SUBTOTAL of Receipts This Pag	e (optional)		1050.00				
TOTAL This Period (last page thi	s line number only)	······ )	• • • • • • • • • • • • • • • • • • • •				
## Use separate schedule(s)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \textbf{X} & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \end{array}$
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) American College of Surgeons Profess	ional Association PAC	
Weill Cornell Medical College S	Organization Name Zip Code 10065-4870 ccupation (for Individual) surgeon te Year-to-Date ▼ 1000.00	Date of Receipt 10 24 2017 Transaction ID : 8A91F02BFC1A4A6CAD1F Amount of Each Receipt this Period 500.00 Memo Item
Washington University in St. Louis	Organization Name Zip Code 66208-1224 Accupation (for Individual) Surgeon te Year-to-Date ▼ 360.00	Date of Receipt
Washington University in St. Louis S	Organization Name Zip Code 66208-1224 ccupation (for Individual) urgeon te Year-to-Date ▼ 360.00	Date of Receipt 08 / 14 / 2017 Transaction ID : 4C9893F227C67775048D Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>r</b>	560.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12	17				
				13     14     15     16       person for the purpose of soliciting contributions       action to the purpose of soliciting contributions	17				
	NAME OF COMMITTEE (In Full)		duress of any political committee						
	American College of Surgeons	Professio	onal Association PAC						
Α.	Full Name of Individual (Last, First, Middle Ini Winfield, Robert, David, ,	tial) or Full C	Organization Name	Date of Receipt					
	Mailing Address 2031 Brookwood Rd			09 14 YYYY 2017					
	City Mission Hills	State KS	Zip Code 66208-1224	Transaction ID : 40B5ADFA464D00EE	3269				
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Washington University in St. Louis		upation (for Individual) geon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]					
— B.	Full Name of Individual (Last, First, Middle Ini Winfield, Robert, David, ,	tial) or Full C	Organization Name	Date of Receipt					
Ξ.	Mailing Address 2031 Brookwood Rd			10 14 2017					
	City Mission Hills	State KS	Zip Code 66208-1224	Transaction ID : 43FF96AEAA6662EA2 Amount of Each Receipt this Period	25AE				
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Washington University in St. Louis		upation (for Individual) geon	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00	]					
<u> </u>	Full Name of Individual (Last, First, Middle Ini Winfield, Robert, David, ,	tial) or Full C	Organization Name	Date of Receipt					
	Mailing Address 2031 Brookwood Rd			11 / Y Y Y Y 11 14 2017					
	City Mission Hills	State KS	Zip Code 66208-1224	Transaction ID : 44B99BED18E11C631 Amount of Each Receipt this Period	CD				
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) Washington University in St. Louis	shington University in St. Louis Surgeon							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	]					
s	UBTOTAL of Receipts This Page (optional)			90.00					
т	OTAL This Period (last page this line number	only)			٦				

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 219 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page									
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American College of Surgeo	ns Professio	nal Association PAC									
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name									
A. Winfield, Robert, David, ,			Date of Receipt								
Mailing Address 2031 Brookwood Rd			12 14 2017								
City	State	Zip Code	Transaction ID : 46788EEC6D9BBF28630C								
Mission Hills	KS	66208-1224	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
·		unction (for Individual)									
Name of Employer (for Individual) Washington University in St. Louis		upation (for Individual) geon									
Receipt For:		Year-to-Date ▼									
Primary General	7.99109410		1								
Other (specify) <b>v</b>		360.00	1								
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name									
B. Wren, Sherry, Marie, ,	,	-	Date of Receipt								
Mailing Address 459 Homer Ave			10 19 2017								
Apt 4	State	Zip Code	10 19 2017 Transaction ID : 01D6C403-1842-4BB2-								
Palo Alto	CA	94301-2853	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Stanford Univeristy		upation (for Individual) geon	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		500.00	]								
Full Name of Individual (Last, First, Middl C. Yowler, Charles, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2500 Metrohealth Dr Department Of Surgery			07 18 2017								
City	State	Zip Code	Transaction ID : 497792815BDFC420BAC3								
Cleveland	OH	44109-1900	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Metro Health Medical Center	Surç	geon									
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify)		1200.00									
SUBTOTAL of Receipts This Page (optiona	l)		630.00								
TOTAL This Period (last page this line num	ber only)										

## Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         11								
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American College of Surgeons	Professio	nal Association PAC									
Full Name of Individual (Last, First, Middle Init A. Yowler, Charles, , ,	tial) or Full O	rganization Name	Date of Descipt								
A. Yowier, Charles, , , Mailing Address 2500 Metrohealth Dr			Date of Receipt								
Department Of Surgery			08 18 2017								
City	State	Zip Code	Transaction ID : 4ECFBDC38F2A592624								
Cleveland	OH	44109-1900	Amount of Each Receipt this Period								
FEC ID number of contributing	С		100.00								
federal political committee.	U										
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Metro Health Medical Center	Sur	geon									
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		1200.00	1								
Other (specify) <b>v</b>		1200.00	1								
Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name									
B. Yowler, Charles, , ,		- <del> </del>	Date of Receipt								
Mailing Address 2500 Metrohealth Dr			M = M / D = D / Y = Y = Y								
Department Of Surgery	Otata	Zin Onde	09 18 2017								
City Cleveland	State OH	Zip Code 44109-1900	Transaction ID : 4CBD8934EFA552A082I								
		44103-1900	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual) Metro Health Medical Center		upation (for Individual) geon	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		1200.00	1								
Other (specify) <b>v</b>		1200.00	1								
Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2500 Metrohealth Dr			M M / D D / Y Y Y Y								
Department Of Surgery	1 -		10 18 2017								
City Cleveland	State OH	Zip Code 44109-1900	Transaction ID : 4717B9AA6C3FF0DEDE								
		++103 1000	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Metro Health Medical Center	Surg	leon									
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		1200.00	1								
			1								
			300.00								
SUBTOTAL of Receipts This Page (optional)		······ )									
TOTAL This Period (last page this line number	only)										

## Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surgeor	s Professio	onal Association PAC							
Full Name of Individual (Last, First, Middle A. Yowler, Charles, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2500 Metrohealth Dr Department Of Surgery			M M / D D / Y Y Y Y 11 18 2017						
City Cleveland	State OH	Zip Code 44109-1900	Transaction ID : 40C8BCE184DF4BCAE3 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) Metro Health Medical Center		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]						
Full Name of Individual (Last, First, Middle B. Yowler, Charles, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2500 Metrohealth Dr Department Of Surgery			12 18 2017						
City Cleveland	State OH	Zip Code 44109-1900	Transaction ID : 4200B3B76A953E1027FE           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s a l								
Name of Employer (for Individual) Metro Health Medical Center		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]						
Full Name of Individual (Last, First, Middle c. Zamierowski, David, S., ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 13203 Lamar Ave			09 / D D / Y Y Y Y 21 2017						
City Overland Park	State KS	Zip Code 66209-3803	Transaction ID : C2B12F0841CD87AE69 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) geon	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1						
SUBTOTAL of Receipts This Page (optional)			1200.00						
TOTAL This Period (last page this line numb	per only)								

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			Use separate schedule(s)	(ch	eck only	/ or	ne)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	g contribu	itions
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\rangle$	American College of Surgeons P	rofessio	nal Association PAC							
Α.	Full Name of Individual (Last, First, Middle Initia Zarzaur, Ben, Louis, , Jr.	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 702 Rotary Cir				M M	1	D D	/ Y	YY	Y
	Indiana University School Of Me				12		04	JL	2017	
	City	State	Zip Code		Trans	acti	on ID :	A1DFF6	54E34EE	BC3F09D
	Indianapolis	IN	46202-5133	_	Amount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	-	250.	.00
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item			
	UT Medical Group Receipt For:		geon	_						
	Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify)	_ · · ·	250.00	11						
в.	Full Name of Individual (Last, First, Middle Initia Zehnpfennig, Michael, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 2835 Fort Missoula Rd				M M	/	DD	/ Y	YY	Y
	Dr J General Surgery, Ste 306			_	09		02		2017	
	City	State MT	Zip Code 59804-7424							FBA9E15
	Missoula		_	Amount	of	Each R	eceipt th	nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			25.	.00
	Name of Employer (for Individual) St. James Surgical Associates		upation (for Individual) neral Surgeon		Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify) ▼		300.00							
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name							
C.	Zehnpfennig, Michael, , ,			_	Date of	Re	ceipt			
	Mailing Address 2835 Fort Missoula Rd				м м 10	/	02	/ Y	2017	Y
	Dr J General Surgery, Ste 306 City	State	Zip Code	_		acti	la serie de la ser	4CE084		BCE37EB0
	Missoula	MT	59804-7424						nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .		25.	.00
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	emc	Item			
	St. James Surgical Associates	Gen	eral Surgeon							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General		300.00	11						
	Other (specify)		300.00							
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	300.	00
т	OTAL This Period (last page this line number or	nly)	••••••	•				-		

## Use separate schedule(s)

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeons	s Professio	nal Association PAC	
Full Name of Individual (Last, First, Middle <b>A. Zehnpfennig, Michael</b> , , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2835 Fort Missoula Rd Dr J General Surgery, Ste 3	06		M M / D D / Y Y Y Y Y 11 02 2017
City	State	Zip Code	Transaction ID : 4BEA947F4E44C442AA
Missoula	MT	59804-7424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) St. James Surgical Associates		upation (for Individual) neral Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		300.00	1
			1
Full Name of Individual (Last, First, Middle B. Zehnpfennig, Michael, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2835 Fort Missoula Rd Dr J General Surgery, Ste 3	06		12 02 2017
City	State	Zip Code	Transaction ID : 4172B362A6042137E77
Missoula	MT	59804-7424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) St. James Surgical Associates		upation (for Individual) neral Surgeon	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		300.00	]
Full Name of Individual (Last, First, Middle Zinner, Michael, J., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 8900 N Kendall Dr Miami Cancer Institute			M M / D D / Y Y Y Y 10 05 2017
City Miami	State FL	Zip Code 33176-2118	Transaction ID : C35CD6EDD1D6105BD
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Brigham and Woman		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]
SUBTOTAL of Receipts This Page (optional).			1050.00

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FOR LINE NUMBER:

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			(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surgeons	s Professio	nal Association PAC	
Full Name of Individual (Last, First, Middle I A. Zwolak, Robert, M., ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address Dartmouth-Hitchcock Medica Medical Center Dr	al Center		12 31 2017
City Lebanon	State NH	Zip Code 03756	Transaction ID : 404E7E76-064B-40AC- Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		650.00
Name of Employer (for Individual) Dartmouth-Hitchock Medical Center		upation (for Individual) geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	]
Full Name of Individual (Last, First, Middle I B.	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional)			650.00
TOTAL This Period (last page this line numbe	r only)		161675.23

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	11a     11b     11c     12       13     14     15     ✗ 16     17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p Iddress of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American College of Surgeon	s Professio	nal Association PAC							
Full Name of Individual (Last, First, Middle Gene Green Congressional Campaig		organization Name	Date of Receipt						
Mailing Address PO Box 16128			M M / D D / Y Y Y Y 11 29 2017						
City Houston	State TX	Zip Code 77222	Transaction ID : 2CB46ABAA818C03AF4 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C co	0254185	1000.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Refund						
Receipt For: 2018 Primary	Aggregate	Year-to-Date ▼ 1000.00	1						
Full Name of Individual (Last, First, Middle	Initial) or Full C	Prganization Name	-						
B. Mailing Address	,		Date of Receipt						
City	State	Zip Code	Amount of Each Descript this Deviad						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]						
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]						
SUBTOTAL of Receipts This Page (optional)			1000.00						
TOTAL This Period (last page this line numb	per only)		1000.00						

S	CHEDULE B (FEC Form 3X)	11					NUMBER: PAGE 226 OF 253						
IT	EMIZED DISBURSEMENTS	BURSEMENTS Use separate schedule(s) for each category of the					y one) 22 23 26 27						
			Summary Page		· ·	21b 28a	22 23 26 27 28b 28c 29 30b						
	ny information copied from such Reports and State for commercial purposes, other than using the na				any	pers	on for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<u>,</u> .		_									
Ľ	American College of Surgeons Pro	ofessiona	al Associatior	י P/	١C								
A.	Full Name (Last, First, Middle Initial) BluePay Processing LLC						Date of Disbursement						
	Mailing Address 184 Shuman Blvd - Ste 350						11 03 2017						
	City	State	Zip Code				FEC Identification Number						
	Naperville Purpose of Disbursement	IL	60540										
	Merchant Fees			0	01	1	C Transaction ID : V24F9626289						
	Candidate Name				egory	//	Amount of Each Disbursement this Period						
		ment For:		IJ	ype		39.95						
	Senate President	Primary Other (spec	General cify) ▼				Mama Itam						
	State: District:		27				Memo Item						
в.	Full Name (Last, First, Middle Initial) BluePay Processing LLC						Date of Disbursement						
	Mailing Address 184 Shuman Blvd - Ste 350	11 07 2017											
	City Naperville	State IL	Zip Code 60540				FEC Identification Number						
	Purpose of Disbursement Merchant Fees	001				1	C						
	Candidate Name			Cate Ty	egory /pe	//	Transaction ID : V0431F457BA Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For: Primary	General		-		10.00						
	State: District:	Other (spec	cify)				Memo Item						
-	Full Name (Last, First, Middle Initial)						Date of Disbursement						
0.	BluePay Processing LLC												
	Mailing Address 184 Shuman Blvd - Ste 350						12 05 2017						
	City Naperville	State IL	Zip Code 60540				FEC Identification Number						
	Purpose of Disbursement Merchant Fees	12		0	01	1	С						
	Candidate Name	//	Transaction ID : V5B4CDB56t Amount of Each Disbursement this Period										
		ment For:			/pe		39.95						
	Senate President	Primary Other (spec	General cify) ▼				Memo Item						
_	State: District:												
s	<b>UBTOTAL</b> of Disbursements This Page (optional).						89.90						
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						Detailed	Summary Page		ŕ	210 28a	-	28b	<u> </u>	23 28c	┝	29	_		
							not be sold or u ress of any polit												
	E OF COM		. ,	-				_											
/				•	Profe	essiona	al Associati	on P	AC	;									
	Name (Last, ePay Pr					[	Date of	Dis						_					
Maili	ng Address	184 Sh	uman Blvd -	Ste 350								12	/	D	)7			2017	Ŷ
City Nape	prville					ate IL	Zip Code 60540				F	EC Ide	enti	ficatio	n	Numbe	er		
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_	Name (Last, rthern Tr			1)							[	Date of	Dis /	sburse	-		Y	YYY	ŕ
	Mailing Address 50 S. La Salle										07 03 2017								
City Chic	aqo					ate IL	Zip Code 60675				FEC Identification Number								
Purp Fee	ose of Disbu	ursement 001						C Transaction ID : A9BB3DF03F Amount of Each Disbursement this Period							eriod				
Office	e Sought:		House	Disbu	urseme	ent For:			уре		365.00								)
	Ū		Senate President		P	rimary Other (spec	General												
State	:	Distri					ony)				_	Me	mo	Item					
-	Name (Last, rthern Tr			I)							[	Date of	Dis						
Maili	ng Address	50 S. L	a Salle									08	/	D	)2			2017	Y
City Chica Purp		se of Disbursement 001						_	FEC Identification Number										
Fee Cano	s lidate Name								Transaction ID : A8A18C8FD Amount of Each Disbursement this Period										
Office	e Sought:		House Senate	Disbu	P	ent For: Primary	General							<u>,                                     </u>	_	-		246.78	}
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					-								_	<del>.</del>				621.7	÷

S	CHEDULE B (FEC Form 3X)			FO	BI	INE NUMBER: PAGE 228 OF 25
	EMIZED DISBURSEMENTS	Use separate schedule(s) (cheo				(only one)
			Summary Page			21b         22         23         26         27           28a         28b         28c         29         30b
	y information copied from such Reports and State for commercial purposes, other than using the na				any p	person for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full)					
$\square$	American College of Surgeons Pro	ofession	al Associatio	n PA	NC	
Α.	Full Name (Last, First, Middle Initial) Northern Trust Bank					Date of Disbursement
	Mailing Address 50 S. La Salle					09 05 2017
	City	State	Zip Code			FEC Identification Number
	Chicago Purpose of Disbursement Fees	IL	60675	00	01	C Transaction ID : FA3605F60B4
	Candidate Name			Cate Ty		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General	,	-	376.26
	State: District:	Juner (spe	uiy) ▼			Memo Item
B.	Full Name (Last, First, Middle Initial) Northern Trust Bank Mailing Address 50 S. La Salle					Date of Disbursement
	City Chicago	State IL	Zip Code 60675			FEC Identification Number
	Purpose of Disbursement Fees Candidate Name			// Transaction ID : 378C428BBC Amount of Each Disbursement this Period		
		Category/ Type				616.40
	State: District:	Primary Other (spe	cify) General			Memo Item
С.	Full Name (Last, First, Middle Initial) Northern Trust Bank					Date of Disbursement
	Mailing Address 50 S. La Salle					11 02 2017
	City Chicago	State IL	Zip Code 60675			FEC Identification Number
	Purpose of Disbursement Fees Candidate Name	Transaction ID : 122DE12F32 Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ement For:		Cate Ty		735.33
	State: District:	Primary Other (spe	General cify) ▼			Memo Item
⊢	UBTOTAL of Disbursements This Page (optional).					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) ategory of the Summary Page	FOR LINE (check only 21b 28a									
Any information copied from such Reports and Stat or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and addre	ess of any politic	al committee to									
American College of Surgeons P	rofessiona	I Associatio	n PAC									
Full Name (Last, First, Middle Initial) A. Northern Trust Bank		Date of Disbursement										
Mailing Address 50 S. La Salle				12 04 2017								
City Chicago	State IL	Zip Code 60675		FEC Identification Number								
Purpose of Disbursement Fees			001									
Candidate Name			Category/ Type	Transaction ID : 3435248EB9C Amount of Each Disbursement this Period								
Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General (ify) ▼		340.94 Memo Item								
State: District:												
Full Name (Last, First, Middle Initial) B.				Date of Disbursement								
Mailing Address												
City	State	Zip Code		FEC Identification Number								
Purpose of Disbursement			· · · ]	С								
Candidate Name			Category/ Type	Amount of Each Disbursement this Period								
Senate	ement For: Primary	General										
State: District:	Other (spec	ify)		Memo Item								
Full Name (Last, First, Middle Initial)				Date of Disbursement								
Mailing Address				M = M / D = D / Y = Y = Y								
City	State	Zip Code		FEC Identification Number								
Purpose of Disbursement				C Amount of Each Disbursement this Period								
Candidate Name			Category/ Type									
Office Sought: House Disburs Senate President	ement For: Primary Other (spec	General ify) ▼		Memo Item								
State: District:												
SUBTOTAL of Disbursements This Page (optional	)		····· ►	340.94								
TOTAL This Period (last page this line number on	ly)			2780.61								

SCH	HEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 230 OF 253								
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the		eck only	/ one)								
		Detailed	Summary Page		210 28a	22         ¥         23         26         27           28b         28c         29         30b								
	information copied from such Reports and State r commercial purposes, other than using the na													
	AME OF COMMITTEE (In Full)				_									
/	American College of Surgeons Pro	ofessiona	al Associatio	on PA	C									
	ull Name (Last, First, Middle Initial) Adrian Smith For Congress													
M	ailing Address 3321 Avenue I Suite 6					07 / D D / Y Y Y Y 2017								
	ity cottsbluff	State NE	Zip Code 69361-4587			FEC Identification Number								
	urpose of Disbursement 2018 Primary Contribution			01	1	C C00412890								
C	andidate Name			Cateo		Transaction ID : 209EBBDB0A Amount of Each Disbursement this Period								
S	Smith, Adrian, Michael, ,			Typ		Amount of Each Disbursement this renou								
Ō		ment For: 2				1000.00								
	Senate     x       President	Primary Other (spec	General cify) ▼			Memo Item								
S	tate: NE District: 03	1												
	ull Name (Last, First, Middle Initial)	ofession	al Associatio	n		Date of Disbursement								
/	American College of Surgeons I h	0163310116												
M	ailing Address 20 F Street, NW Suite 1000					07 10 2017								
	ity /ashington	State DC	Zip Code 20001			FEC Identification Number								
	urpose of Disbursement Fundraiser/Room Rental			01	1	C C00458125								
C	andidate Name			Categ	- L.	Transaction ID : V1662295D5F Amount of Each Disbursement this Period								
C	Chu, Judy, May, ,			Тур										
Ō		ment For:				150.00								
	Senate <b>x</b> President		General			In-Kind								
St	tate: CA District: 27	Other (spec	JIIY)			Memo Item								
-	ull Name (Last, First, Middle Initial)					Date of Disbursement								
•	andy barr tor congress, inc.													
М	ailing Address PO Box 2059					12 11 2017								
	ity exington	State KY	Zip Code 40588			FEC Identification Number								
P	urpose of Disbursement 2018 Primary Contribution			~	1	C C00467571								
C	andidate Name			01 Categ		Transaction ID: 7D23253F5FI Amount of Each Disbursement this Period								
	Barr, Garland, Hale, , IV			Тур		2500.00								
0	Consta	ment For: 2	2018 General			2300.00								
0	President	Other (spec				Memo Item								
5	tate: KY District: 06													
SUE	STOTAL of Disbursements This Page (optional).				►	3650.00								
тот	TAL This Period (last page this line number only	/)			►	, ,								

S	CHEDULE B (FEC Form 3X)	[		FC	DR LINE	NUMBER: PAGE 231 OF 253								
IT	EMIZED DISBURSEMENTS	IENTS Use separate schedule(s) (check												
			Summary Page		21b	22 <b>X</b> 23 26 27								
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	y information copied from such Reports and State for commercial purposes, other than using the nar													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
$\square$	American College of Surgeons Pro	ofessiona	al Associatio	on PA										
	Full Name (Last, First, Middle Initial)													
А.	Andy Harris For Congress					Date of Disbursement								
	Mailing Address PO Box 426					09 / 22 / 2017								
	City	State	Zip Code											
	Stevensville	MD	21666			FEC Identification Number								
	Purpose of Disbursement		'		-	C C00435974								
	2018 Primary Contribution			0	11	Transaction ID : 0907CBADB4								
	Candidate Name				egory/	Amount of Each Disbursement this Period								
	Harris, Andrew, P., , Office Sought: <b>x</b> House Disburse	mont Fam.	04.0	Ту	vpe	1500.00								
		ment For: 2 Primary	2018 General			1300.00								
	President	Other (spec												
	State: MD District: 01	, (opoc	<i></i>			Memo Item								
	Full Name (Last, First, Middle Initial)													
Β.	Ben Cardin For Senate, Inc.					Date of Disbursement								
	· · · · · · · · · · · · · · · · · · ·					M M / D D / Y Y Y Y								
	Mailing Address P.O. Box 21093					12 11 2017								
	3	State	Zip Code	_	_	FEC Identification Number								
	Catonsville Purpose of Disbursement	MD	21228			0 000444507								
	2018 Primary Contribution			0	11	C C00411587								
	Candidate Name			la de		Transaction ID : 13616FF7E46 Amount of Each Disbursement this Period								
	Cardin, Benjamin, L., ,				egory/ /pe									
	Office Sought: House Disburse	ment For: 2	2018			1000.00								
		Primary	General											
	President	Other (spec	cify)			Memo Item								
	State: MD District:					<u> </u>								
~	Full Name (Last, First, Middle Initial)					Dete of Disburgement								
υ.	Bera For Congress					Date of Disbursement								
	Mailing Address PO Box 582496					12 11 2017								
	City	State	Zip Code			FEC Identification Number								
	Elk Grove	CA	95758											
	Purpose of Disbursement 2018 Primary Contribution				11	C C00461061								
	Candidate Name			011 Category/ Type		Transaction ID : 4F2A50C73D								
	Bera, Amerish, B., ,					Amount of Each Disbursement this Period								
		ment For: 2	2018	iy	۳ <sup>۷</sup>	2500.00								
	Senate X	Primary	General											
	President	Other (spec	cify) 🔻			Memo Item								
	State: CA District: 07													
Γ														
s	UBTOTAL of Disbursements This Page (optional)				····· <b>&gt;</b>	5000.00								
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SCHEDU	LE B (FEC Form 3X)			FOF	RLINE	NUMBER: PAGE 232 OF 253											
ITEMIZE	D DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-	eck only 21b 28a												
						on for the purpose of soliciting contributions solicit contributions from such committee.											
	COMMITTEE (In Full)	rofession	al Associatio	on PA	С												
	e (Last, First, Middle Initial) pres For Congress		Date of Disbursement														
Mailing A	ddress PO Box 6207		-			07 13 2017											
City Bryan		State TX	Zip Code 77805			FEC Identification Number											
2018 Pri	of Disbursement mary Contribution			01	1	C C00472241 Transaction ID : 4F3CB4D577											
	, William, H., ,			Categ Typ		Amount of Each Disbursement this Period											
Office So		ement For: Primary Other (spe	General			1500.00											
Full Name B. Bill Ne	TX       District:       17         e (Last, First, Middle Initial)       elson For U S Senate         elson For U S Senate       elson For U S Senate		Date of Disbursement														
	of Disbursement mary Contribution	State Zip Code FL 32935				FEC Identification Number C C00344051 Transaction ID : 966F92C01A/ Amount of Each Disbursement this Period											
Office So		ement For: Primary Other (spe	General	Categ Typ		1000.00 Memo Item											
C. Billy L	e (Last, First, Middle Initial) ong For Congress					Date of Disbursement											
City	ddress 3246 E Ridgeview St	State	Zip Code			12 11 2017											
Springfield Purpose o 2018 Prin Candidate	of Disbursement mary Contribution	ement ribution MO 65804-4076				FEC Identification Number C C00460063 Transaction ID : 9BC3283204, Amount of Each Disbursement this Period											
Office So	bught:     ★     House     Disbursement For: 2018       Senate     Primary     General       President     Other (specify) ▼					3000.00 Memo Item											
	of Disbursements This Page (optional s Period (last page this line number on	-				5500.00											

SC	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 233 OF 253						
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C	heck only 21b 28a	y one) 22 × 23 26 27 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatio	on PA	٩C							
Α.	Full Name (Last, First, Middle Initial) Bob Casey For Senate Inc				Date of Disbursement							
	Mailing Address PO Box 58746		1	09 22 2017								
	City Philadelphia Purpose of Disbursement	State PA	Zip Code 19102			FEC Identification Number						
	2018 Primary Contribution Candidate Name				11 egory/	C C00431056 Transaction ID : C7990666873 Amount of Each Disbursement this Period						
		ment For: 2	2018 General		/pe	1500.00						
	State: PA District:	Other (spe				Memo Item						
в.	Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address PO Box 8277					Date of Disbursement						
	City The Woodlands Purpose of Disbursement 2018 General Contribution					FEC Identification Number C C00311043						
	Senate President	ment For: ; Primary Other (spe	2018 X General cify)		egory/ /pe	Transaction ID : E23F05D9144 Amount of Each Disbursement this Period						
С.	State:       TX       District:       08         Full Name (Last, First, Middle Initial)         Bucshon For Congress					Date of Disbursement						
	Mailing Address PO Box 250					09 22 2017						
	City Newburgh Purpose of Disbursement 2018 General Contribution	State IN	Zip Code 47629	0	11	FEC Identification Number						
	Candidate Name Bucshon, Larry, Dean, , Office Sought:	ry, Dean, ,			egory/ /pe	Transaction ID : D029019F26I Amount of Each Disbursement this Period 1000.00						
	State: IN District: 08	Primary Other (spec	x General			Memo Item						
s	UBTOTAL of Disbursements This Page (optional)				••••• ►	4000.00						
Т	OTAL This Period (last page this line number only	)			····· <b>Þ</b>							

SC	CHEDULE B (FEC Form 3X)			F	OR LIN	E NUMBER: PAGE 234 OF 253								
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C	heck or 211 28a									
	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatio	on PA	AC									
Α.	Full Name (Last, First, Middle Initial) Buddy Carter For Congress					Date of Disbursement								
	Mailing Address PO Box 10570													
	City Savannah Purpose of Disbursement	State GA	Zip Code 31412			FEC Identification Number								
	2018 Primary Contribution Candidate Name			l and the	11	C C00543967 Transaction ID : F731A79F589 Amount of Each Disbursement this Period								
	~ <u>~</u>	ment For: 2	2018		egory/ /pe									
	State: GA District: 01	Primary Other (spec	General cify) ▼			Memo Item								
в.	Full Name (Last, First, Middle Initial)					Date of Disbursement								
	Mailing Address PO Box 2882	82 State Zip Code			12 11 2017									
	Wilmington Purpose of Disbursement 2018 Primary Contribution	DE	19805	C	)11	FEC Identification Number C C00349217 Transaction ID : 0465A26E286								
	°		2018		egory/ /pe	Amount of Each Disbursement this Period								
	x     Senate     x       President     State:     DE	Primary Other (spec	General cify)			Memo Item								
C.	Full Name (Last, First, Middle Initial) Citizens For Rush					Date of Disbursement								
	Mailing Address P. O. Box 7292					09 22 2017								
	City Chicago Purpose of Disbursement	State IL	Zip Code 60680-7292	_		FEC Identification Number								
	2018 Primary Contribution Candidate Name Rush, Bobby, Lee, ,	,		Cate	11 egory/ /pe	Transaction ID : 12057FD90E Amount of Each Disbursement this Period								
	Office Sought: Senate President Disburse	ment For: 2 Primary Other (spec	General			1500.00 Memo Item								
Г	State: IL District: 01													
⊢	UBTOTAL of Disbursements This Page (optional).					3500.00								
т	OTAL This Period (last page this line number only	r)			····· <b>Þ</b>	_ , , , , , , , , , , , , , , , , , , ,								

	CHEDULE B (FEC Form 3X)	llee een					NUMBER: PAGE 235 OF 253														
ITI	EMIZED DISBURSEMENTS	DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page					nly d b Ba	one) 22 28b	×	23 28c	F	26		27 30b							
	y information copied from such Reports and State for commercial purposes, other than using the na																				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatio	n P/	٩C	)															
	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda San											Date of Disbursement									
	Mailing Address 410 1St St SE Suite 310		1					07 13 2017													
	City Washington Purpose of Disbursement	State DC	Zip Code 20003					FEC I			-		er	-							
	2018 Primary Contribution Candidate Name				)11	-			ansa		n II	D : 59									
		ment For: 2	2018	Cate T	ego ype		_	Amour		Each		ispurs	erner	it this Period 2500.00							
	State: CA District: 38	Primary Other (spec	General cify) ▼					М	emo	Item											
В.	Full Name (Last, First, Middle Initial) Crowley For Congress Mailing Address 80-22 Northern Blvd.			Date of Disbursement																	
	City Jackson Heights Purpose of Disbursement 2018 Primary Contribution Candidate Name	State NY	Zip Code 11372	Cate	)11	-		FEC Identification Number C C00338954 Transaction ID : BCF9D831A6													
		ment For: 2 Primary Other (spec	General		ype			Amount of Each Disbursement this Period 2000.00 Memo Item													
C.	Full Name (Last, First, Middle Initial) Crowley For Congress							Date o	_	D	D			( Y Y							
	Mailing Address 80-22 Northern Blvd.	State	Zip Code				_	12 FEC I	denti		11 	Numb		2017							
	Jackson Heights Purpose of Disbursement 2018 Primary Contribution Candidate Name	NY	11372	011			С	C00 ansa	03389 actior	954 n II	1 D : A8	6A5B									
	Crowley, Joseph, , , Office Sought: x House Disburse	ment For: 2	2018 General	Cate	ego ype		_	Amour	it of	Eacn		visdurs	semer	t this Period 3000.00							
	State: NY District: 14	Other (spec						М	emo	Item											
⊢	UBTOTAL of Disbursements This Page (optional).					-			-					7500.00							

SCH	EDULE B (FEC Form 3X)			F	OR	LINE	NUMBI	ER:				PAG	GE	236 OF 253			
ITEN	TEMIZED DISBURSEMENTS		<b>CALC</b> Use separate schedule(s) for each category of the						/ one)								
			Summary Page			21b 28a	22	Ľ	23 280	2		26 29		27 30b			
	formation copied from such Reports and State commercial purposes, other than using the na																
	ME OF COMMITTEE (In Full)																
/	merican College of Surgeons Pr	ofessiona	al Associatio	n P/		;											
	I Name (Last, First, Middle Initial) avid Scott For Congress							_	isbur			_					
Ma	iling Address P.O. Box 960821		07 / D D / Y Y Y Y 2017														
	erdale	State GA	Zip Code 30296				FEC	lden	tificati	ion	Nun	nber	_	_			
20	pose of Disbursement 18 Primary Contribution			0	)11		С		00369 sactic	1	1.0	:421	A93	D33 <sup>,</sup>			
	ndidate Name cott, David, Albert, ,			Cate	egoi ype									this Period			
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Sta	President	Other (spe						Mem	o Item	ı							
_	I Name (Last, First, Middle Initial)																
в. D	ebbie Dingell For Congress						Date of Disbursement										
Ма	iling Address 19855 W. Outer Dr. Ste 103 Ae																
	arborn	StateZip CodeMI48124				FEC Identification Number											
20	pose of Disbursement 018 Primary Contribution			C	)11		C C00558213 Transaction ID : 3477659DAFF										
	ndidate Name ingell, Deborah, Ann, ,			Cate	egoi ype		Amount of Each Disbursement this Period										
		ement For:	2018	1	ype		1500.00										
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Sta	te: MI District: 12	Other (spec	cify)					Mem	o Item	۱							
-	I Name (Last, First, Middle Initial) r. Raul Ruiz For Congress						Date	e of E	isbur	sei	ment						
Ma	iling Address PO Box 3433						M C	9 9	/ D	22		Y		)17			
City Pal	/ m Desert	State CA	Zip Code 92261				FEC	Iden	tificati	ion	Nun	nber					
	pose of Disbursement 18 General Contribution	sbursement Contribution 011 ne Category/ Type					С	-	00502	1	1.0	E51	A44	99C			
	ndidate Name uiz, Raul, , ,						Transaction ID : 2E51A4499C Amount of Each Disbursement this Period										
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$\left  \right $	NAME OF COMMITTEE (In Full)				_	
	American College of Surgeons Pro	otessiona	al Association	۱PA	чС	
	Full Name (Last, First, Middle Initial)					Date of Disbursement
А.	Dr. Raul Ruiz For Congress					
	Mailing Address PO Box 3433					09 22 2017
	5	State	Zip Code			FEC Identification Number
	Palm Desert Purpose of Disbursement	CA	92261			<b>C</b> C00502575
	2018 Primary Contribution			0'	11	Transaction ID : E40754AE7B
	Candidate Name			Cate	gory/	
	Ruiz, Raul, , , Office Sought: x House Disburse			Ту	pe	1500.00
	Office Sought: K House Disburse Senate K	ment For: 2 Primary	General			
	President	Other (spec	cify) 🔻			Memo Item
	State: CA District: 36					
_	Full Name (Last, First, Middle Initial) Dr. Raul Ruiz For Congress					Date of Disbursement
	Dr. Radi Ruiz i di Congress					M M / D D / Y Y Y Y
	Mailing Address PO Box 3433					12 11 2017
	City Palm Desert	State CA	Zip Code 92261			FEC Identification Number
	Purpose of Disbursement	0,1	52201		_	C C00502575
	2018 General Contribution			0	11	Transaction ID : 68CA91DE4F
	Candidate Name				gory/	Amount of Each Disbursement this Period
	Ruiz, Raul, , , Office Sought: <b>x</b> House Disburse	ment For: 2	2018	Iy	ре	2500.00
	Senate	Primary	General			
	President	Other (spec				Memo Item
	State: CA District: 36					
	Full Name (Last, First, Middle Initial) Drew Ferguson For Congress Inc.					Date of Disbursement
						M M / D D / Y Y Y Y
	Mailing Address PO Box 387					09 22 2017
	City	State	Zip Code			FEC Identification Number
	West Point Purpose of Disbursement	GA	31833-0387			
	2018 Primary Contribution			011 Category/		C C00607838
	Candidate Name					Amount of Each Disbursement this Period
	Ferguson, A. Drew, , , IV			Ту	pe	1000.00
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	2018 General			1000.00
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$\backslash$	NAME OF COMMITTEE (In Full)			_																	
	American College of Surgeons Pro	otessiona	al Associatio	n P/	٩C																
Α.	Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congres											Date of Disbursement									
	Mailing Address PO Box 231		07 13 2017																		
	City Lutherville	State MD	Zip Code 21094				FEC Id	entifi	catior	Numb	ber										
	Purpose of Disbursement 2018 Primary Contribution			0	)11		U		37667	-											
	Candidate Name				eqory	/				ID : AF Disbur		2F4FI nt this Period									
	Ruppersberger, C.A., Dutch, ,				ype																
		ment For: 2 Primary Other (spec	General									2500.00									
	State: MD District: 02		, <b>,</b>				Me	mo I	tem												
B.	Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congres	ss Comm	nittee		Date of Disbursement																
	Mailing Address PO Box 231		12 11 2017																		
	City Lutherville Purpose of Disbursement	State MD	Zip Code 21094		FEC Id	-			ber	-											
	2018 Primary Contribution				)11		C C00376673 Transaction ID : 49130EBEFC, Amount of Each Disbursement this Period														
	Ruppersberger, C.A., Dutch, ,				egory ype	//															
	Office Sought: X House Disburser	ment For: 2										1000.00									
	Senate X President	Primary Other (spec	General Cify)				Ma	mo I	tom	,											
	State: MD District: 02																				
C.	Full Name (Last, First, Middle Initial) Friends Of Chris Murphy						Date of	Disl				YYYY									
	Mailing Address PO Box 127						м м 10	/	04			2017									
	City Cheshire	State CT	Zip Code 06410				FEC Id	entifi	catior	Numb	ber										
	Purpose of Disbursement 2018 Convention Contribution			0	)11	٦	C		49264 ction	- 1 - C	9593	2743									
	Candidate Name Murphy, Christopher, Scott, ,			Categ		//	Transaction ID: 839E9327A3: Amount of Each Disbursement this Period														
	Office Sought: House Disburser	ment For: 2 Primary	2018 General				L.		-			2500.00									
	State: CT District:	Other (spec	cify) ▼ Convention				Me	mo I	tem												
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$\mathbb{N}$	NAME OF COMMITTEE (In Full)				_																
	American College of Surgeons Pro	ofessiona	al Associatio	n P	AC	,															
A.	Full Name (Last, First, Middle Initial) Friends Of Elizabeth Esty											Date of Disbursement									
	Mailing Address PO Box 61								12 / D D / Y Y Y Y 12 11 2017												
	City Cheshire	State CT	Zip Code 06410				FE	C Id	enti	ficatio	on	Nur	nbe	er							
	Purpose of Disbursement 2018 Convention Contribution				)11		С		<u></u>	04942	-	1									
	Candidate Name			Cat	ego		Ar								2 <b>517(</b> t this I	Period					
	Esty, Elizabeth, H., , Office Sought: x House Disburse	ment For: 2	2018	1	ype								-		1500.0	0					
	Senate President <b>x</b>	Primary Other (spe					Ē	Ме	emo	Item			,								
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B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn						Date of Disbursement														
	Mailing Address Post Office Box 12567	67					12 11 2017														
	City Columbia	State SC	FE	C Id	enti	ficatio	on	Nur	nbe	er											
	Purpose of Disbursement 2018 Primary Contribution			(	011		C C00255562 Transaction ID : C5ECFF2A48 Amount of Each Disbursement this Period														
	Candidate Name			Cat	ego	ry/															
	Clyburn, James, E., ,				ype																
		ment For: ; Primary	2018 General							,	_		-1-		2500.0	0					
	President	Other (spec						Me	emo	Item											
_	Full Name (Last, First, Middle Initial)							-													
C.	Friends Of John Barrasso						_			sburs		_		Y Y	Ý	Y					
	Mailing Address PO Box 52008							09			22		ŀ	2	017						
	City Casper	State WY	Zip Code 82605				FE	C Id	enti	ficatio	on	Nur	nbe	er							
	Purpose of Disbursement 2018 Primary Contribution			C	)11		С			04363	-	1.0	_								
	Candidate Name Barrasso, John, Anthony, ,			Cat			Transaction ID : CEE5BAC6B Amount of Each Disbursement this Period														
		ment For: 2	2018		ype		Г								2500.0	0					
	XSenatePresident	Primary Other (spe	General cify) ▼					Me	emo	Item											
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	y information copied from such Reports and State for commercial purposes, other than using the na																
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																
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Α.	Full Name (Last, First, Middle Initial) Friends Of John Thune	ame (Last, First, Middle Initial) nds Of John Thune															
	Mailing Address PO Box 841					12 07 <u>Y Y Y Y Y</u> 12 07 <u>2017</u>											
	City Sigur Falls	State SD	Zip Code				FEC Identification Number										
	Sioux Falls Purpose of Disbursement	50	57101		_		C C00409581										
	2022 Primary Contribution			0	)11												
	Candidate Name			Cate	egor	γ/	Transaction ID : A8128D7A45I Amount of Each Disbursement this Period										
	Thune, John, Randolph, ,				ype												
		ment For: 2					2500.00										
	x     Senate     x       President     x       State:     SD	Primary Other (spec	General cify) ▼				Memo Item										
	Full Name (Last, First, Middle Initial)																
Β.	Friends Of Neal Dunn						Date of Disbursement										
	Mailing Address PO Box 16088						09 / D D / Y Y Y Y 22 / 2017										
	-	State	Zip Code			FEC Identification Number											
	Panama City Purpose of Disbursement	FL	32406														
	2018 Primary Contribution			C	)11		C C00582304										
	Candidate Name			Cate	-	v/	Transaction ID : A877ABA682 <sup>,</sup> Amount of Each Disbursement this Period										
	Dunn, Neal, Patrick, ,				ype	J'											
		ment For: 2					2500.00										
	Senate X President	Primary Other (spec	General														
	State: FL District: 02	Other (spec	siry)				Memo Item										
C.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt						Date of Disbursement										
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	Mailing Address PO Box 10178						08 17 2017										
	City Columbia	State MO	Zip Code 65205				FEC Identification Number										
	Purpose of Disbursement			_	-		C C00304758										
	2022 Primary Contribution			011			Transaction ID : FCD5CA2F9										
	Candidate Name			Cate		ry/	Amount of Each Disbursement this Period										
	Blunt, Roy, Dean, , Office Sought: House Disburse	ment For: 2		Ţ	ype		1500.00										
	Consta	Primary	2022 General														
	President X	Other (spec					Memo Item										
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	NAME OF COMMITTEE (In Full)				
$\backslash$	American College of Surgeons Pro	ofessiona	al Association	n PAC	
Α.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown				Date of Disbursement
	Mailing Address PO Box 15293				12 / D D / Y Y Y Y 12 11 2017
	City Washington	State DC	Zip Code 20003		FEC Identification Number
	Purpose of Disbursement 2018 General Contribution			011	C C00264697
	Candidate Name			Category/	Transaction ID : 9A6B6A9FA2 Amount of Each Disbursement this Period
	Brown, Sherrod, Campbell, ,			Туре	1000.00
	Office Sought: House Disburse	ment For: 2 Primary	2018 X General		
	State: OH District:	Other (spec			Memo Item
_	Full Name (Last, First, Middle Initial)				
Β.	George Holding For Congress Inc.				Date of Disbursement
	Mailing Address PO Box 97187				M         M         /         D         D         /         Y
	City Raleigh	State NC	Zip Code 27624		FEC Identification Number
	Purpose of Disbursement 2018 Primary Contribution			011	C C00499236
	Candidate Name			Category/	Transaction ID : B792F4A01C! Amount of Each Disbursement this Period
	Holding, George, E., ,			Туре	
	••	ment For: 2			1500.00
	President	Primary Other (spec	General		
	State: NC District: 02	(-p	<i>,</i>		Memo Item
— с	Full Name (Last, First, Middle Initial) Georgians For Isakson				Date of Disbursement
•.	Georgians i or isakson				
	Mailing Address Post Office Box 250116				12 11 2017
	5	State	Zip Code		FEC Identification Number
	Atlanta Purpose of Disbursement	GA	30325		C C00384693
	2022 Primary Contribution			011	Transaction ID : EECFA8F82E
	Candidate Name Isakson, Johnny, H., ,			Category/	Amount of Each Disbursement this Period
	• • • • •	ment For: 2	2022	Туре	2500.00
	× Senate ×	Primary	General		
	State: GA District:	Other (spec	cify) 🔻		Memo Item
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NAME OF COMMITTEE (In Full)			_							
American College of Surgeons Pr	otession	al Associatio	n P/	4C						
Full Name (Last, First, Middle Initial) A. Hoyer For Congress					Date of Disbursement					
Mailing Address 700 13Th Street NW Suite 600					09 / 22 / 20 <u>1</u> 7					
City Washington	State DC	Zip Code 20005			FEC Identification Number					
Purpose of Disbursement 2018 Primary Contribution	1		0	11	C C00140715 Transaction ID : 25F83B7F5B8					
Candidate Name				egory/	Amount of Each Disbursement this Period					
Hoyer, Steny, Hamilton, , Office Sought: X House Disburs	ement For:	2018	Ty	/pe	2500.00					
Senate President		General								
State: MD District: 05		, (iiy) ▼			Memo Item					
Full Name (Last, First, Middle Initial) B. IMPACT					Date of Disbursement					
Mailing Address 192 Lexington Ave. Suite 1001					12 / D D / Y Y Y Y 12 11 2017					
City New York	State NY	Zip Code 10016			FEC Identification Number					
Purpose of Disbursement 2017 Contribution			0	11	C C00348607 Transaction ID : 6D23956B788					
Candidate Name				egory/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	ement For:		IJ	/pe	2500.00					
President X	Primary Other (spe	General ecify)			Memo Item					
State: District:		Contribution								
Full Name (Last, First, Middle Initial) C. Johnson For Congress					Date of Disbursement					
Mailing Address PO Box 906					09 / D D / Y Y Y Y 22 2017					
City Marietta	State OH	Zip Code 45750			FEC Identification Number					
Purpose of Disbursement 2018 Primary Contribution					C C00476820					
Candidate Name				11 2007/	Transaction ID : 9BC4F71CC1 Amount of Each Disbursement this Period					
Johnson, William, L., ,				egory/ /pe						
Sonato	ement For: Primary	2018 General			1500.00					
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	y information copied from such Reports and State for commercial purposes, other than using the nar					
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatio	n PAC		
Α.	Full Name (Last, First, Middle Initial) Kansans For Marshall Mailing Address PO Box 1588					Date of Disbursement
	City Great Bend	State KS	Zip Code 67530			FEC Identification Number
	Purpose of Disbursement 2018 Primary Contribution Candidate Name	NO	67530	011		C C00576173 Transaction ID : 9D22528FF94
	Marshall, Roger, W., , Office Sought: 🗶 House Disburse	ment For: 2		Categor Type	ry/	Amount of Each Disbursement this Period 1000.00
	State: KS District: 01	Primary Other (spec	General cify) ▼			Memo Item
В.	Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress		Date of Disbursement			
	Mailing Address PO Box 12667 City	State	Zip Code			FEC Identification Number
	Bakersfield Purpose of Disbursement 2018 Primary Contribution Candidate Name McConthuc Kowin, Owen	CA	93389-2667	011 Categor	ry/	C C00420935 Transaction ID : 8303CD01FA( Amount of Each Disbursement this Period
		ment For: 2 Primary Other (spec	General	Туре		2500.00 Memo Item
	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress					Date of Disbursement
	Mailing Address PO Box 3314					07 13 / Y Y Y Y 2017
	City Oregon City Purpose of Disbursement 2018 Primary Contribution	State OR	Zip Code 97045	011		FEC Identification Number
	Candidate Name Schrader, Kurt, , , Office Sought:	ment For: 2	2019	Categor Type	ry/	Transaction ID : 9A3AE49C6C Amount of Each Disbursement this Period 2500.00
	State: OR District: 05	Primary Other (spec	General			Memo Item
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	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatior	n PA	٩C								
Α.	Full Name (Last, First, Middle Initial) Lance For Congress					Date of Disbursement							
	Mailing Address PO Box 999						07	/ D	13		/		017
	City Edison Purpose of Disbursement	State NJ	Zip Code 08818-0999				FEC Ide			-	umb	er	-
	2018 Primary Contribution Candidate Name				11		Tra	C00444	n I	ID			DE8( t this Period
		ment For: 2	2018		egory /pe		Amount			DIS	burs		1000.00
	State: NJ District: 07	Primary Other (spec	General cify) ▼				Mer	no Iterr	ı				
в.	Full Name (Last, First, Middle Initial)						Date of	Disbur:			nt		
	Mailing Address PO Box 261172									D 7	/		2017
	Hartford Purpose of Disbursement	State CT	Zip Code 06126-1172			_	FEC Ide	entificati C00330		-	umb	er	-
	2018 Convention Contribution Candidate Name Larson, John, Barry, ,			Cate	)11 egory /pe	1	Tra	n <b>sactio</b> of Eac					AFDF t this Period
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	State: CT District: 01	Other (spec	Convention				Mer	no Iten	۱				
C.	Full Name (Last, First, Middle Initial) McCaskill For Missouri						Date of	Disbur:			nt	Y	( Y Y
	Mailing Address PO Box 300077						09		22				017
	City St Louis Purpose of Disbursement	State MO	Zip Code 63130				FEC Ide			-	umb	er	-
	Candidate Name McCaskill, Claire, Conner, ,			Cate	11 egory /pe	1/	Tra	C00431 <b>nsactic</b> of Eac	on	ID			ED1 t this Period
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	NAME OF COMMITTEE (In Full)												
	American College of Surgeons Pro	ofessiona	al Associatio	n P/									
Α.	Full Name (Last, First, Middle Initial) McHenry For Congress				Date of Disbursement								
	Mailing Address PO Box 2165						07	/	D 1:		/		017
	City Gastonia	State NC	Zip Code 28053-2165				FEC Id	entifi	catior	n N	umbe	er	
	Purpose of Disbursement 2018 Primary Contribution			C	011		U		39362	-	- 400		
	Candidate Name McHenry, Patrick, Timothy, ,				egor ype	y/			<b>ction</b> Each				t this Period
		ment For: 2 Primary	2018 General		1.00		Ľ					2	2500.00
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	Full Name (Last, First, Middle Initial)												
В.	Nutmeg PAC						Date of	f Dis		eme	nt	Y Y	YY
	Mailing Address C/O Cacace Tusch & Santagata 777 Summer St		1		07 13 2017								
	City Stamford	State CT	Zip Code 06901				FEC Id	entifi	catior	n N	umbe	er	-
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	Candidate Name				egor	y/	Amount	t of E	Each	Dis	sburse	emen	t this Period
	Nutmeg PAC Office Sought: House Disburse	ement For: 2	2017	T	ype								2500.00
	Senate	Primary	General								-9-	_	
	State: District:	Other (spec	cify) Contribution				Me	emo I	ltem				
с.	Full Name (Last, First, Middle Initial) Pascrell For Congress						Date of	f Dis	burse	eme	nt		
	Mailing Address Pob 100						м м 09	/	D 2		1		017
		State NJ	Zip Code 07666				FEC Id	entifi	catior	n N	umbe	er	
	Teaneck Purpose of Disbursement 2018 Primary Contribution		07000		)11		С	C00	3135 <sup>-</sup>	10			
	Candidate Name Pascrell, William, James, , Jr.			Cate	egor ype	y/			<b>ction</b> Each				6FD <i>I</i> t this Period
		ment For: 2	2018	· ·	урс								2500.00
	Senate <b>x</b> President	Primary Other (spec	General cify) ▼					emo I	ltem				
_	State: NJ District: 09	1							literin				
s	UBTOTAL of Disbursements This Page (optional).								,		-,		7500.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 246 OF 253						
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a	y one)						
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politic	ed by any pers al committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.						
$\backslash$	NAME OF COMMITTEE (In Full)										
	American College of Surgeons Pro	ofessiona	al Associatio	n PAC							
Α.	Full Name (Last, First, Middle Initial) Pascrell For Congress				Date of Disbursement						
	Mailing Address Pob 100				12 11 2017						
	City Teaneck	State NJ	Zip Code 07666		FEC Identification Number						
	Purpose of Disbursement 2018 Primary Contribution			011	C C00313510 Transaction ID : 9B6686E099E						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
		ment For: 2 Primary		Туре	1000.00						
	State: NJ District: 09	Other (spec	General cify) ▼		Memo Item						
	Full Name (Last, First, Middle Initial)				Date of Disbursement						
ь.	Paul Tonko For Congress										
	Mailing Address 911 Central Avenue # 221				12 11 2017						
	Albany	State NY	Zip Code 12206		FEC Identification Number						
	Purpose of Disbursement 2018 Primary Contribution			011	C C00450049 Transaction ID : FC1C3FD00E						
	Candidate Name Tonko, Paul, David, ,			Category/ Type	Amount of Each Disbursement this Period						
		ment For:	2018	Турс	1000.00						
		Primary	General								
	State: NY District: 20	Other (spec	cny)		Memo Item						
C.	Full Name (Last, First, Middle Initial) People For Ben				Date of Disbursement						
	Mailing Address PO Box 31129				09 22 2017						
	City Santa Fe	State NM	Zip Code 87594		FEC Identification Number						
	Purpose of Disbursement 2018 Primary Contribution			011	C C00443689 Transaction ID : 9EFBB6EEE						
	Candidate Name Lujan, Ben, Ray, ,			Category/ Type	Amount of Each Disbursement this Period						
	- Sonoto	ment For: 2			2500.00						
	State: NM District: 03	Primary Other (spec	General cify) ▼		Memo Item						
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S	CHEDULE B (FEC Form 3X)		roto ophodulo(-)			NE NUMBER: PAGE 247 OF 253
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(ch	2	only one) 21b 22 <b>X</b> 23 26 27 28a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar					
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatior	۱PA	C	
Α.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress Mailing Address PO Box 823047					Date of Disbursement
		State	Zip Code			
	Dallas Purpose of Disbursement 2018 Primary Contribution	TX	75382-3047	01	11	C C00303305
	Candidate Name Sessions, Peter, Anderson, ,			Cate	gory/ pe	Transaction ID : 894B19DB68I Amount of Each Disbursement this Period
	Office Sought:     X     House     Disburse       Senate     President     X       State:     TX     District:     32	ment For: 2 Primary Other (spec	General			Memo Item
в.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress					Date of Disbursement
	Mailing Address PO Box 823047	State	Zip Code			12 11 2017
	Dallas Purpose of Disbursement 2018 Primary Contribution Candidate Name	TX	75382-3047	_	11 gory/	FEC Identification Number C C00303305 Transaction ID : CA127BD8C5 Amount of Each Disbursement this Period
	••	ment For: 2 Primary Other (spec	General	Ту	pe	1000.00 Memo Item
с.	Full Name (Last, First, Middle Initial) Portman For Senate Committee					Date of Disbursement
	Mailing Address 9856 Archer Lane					08 17 2017
	City Dublin Purpose of Disbursement	State OH	Zip Code 43017-8914			FEC Identification Number
	2022 Primary Contribution Candidate Name Portman, Rob, J., ,			Cate	11 gory/ pe	C C00458463 Transaction ID : 88B8C52D64 Amount of Each Disbursement this Period
	Office Sought: House Disburse X Senate President State: OH District:	ment For: 2 Primary Other (spec	General			1500.00 Memo Item
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only					

S	CHEDULE B (FEC Form 3X)			FC	DR I	INE N	NUMBER: PAGE	248 OF 253			
IT	EMIZED DISBURSEMENTS	Use sepa				y one)					
			category of the Summary Page			21b	22 🗶 23 26	27			
						28a	28b 28c 29	30b			
	y information copied from such Reports and State for commercial purposes, other than using the nar										
$\left  \right $	NAME OF COMMITTEE (In Full)										
	American College of Surgeons Pro	ofessiona	al Associatio	n P/	٩C						
٨	Full Name (Last, First, Middle Initial)						Date of Disbursement				
	Ryan Costello For Congress										
	Mailing Address PO Box 3154							2017			
	City	State	Zip Code				FEC Identification Number				
	West Chester	PA	19381-3154								
	Purpose of Disbursement 2018 Primary Contribution			-	4.4	<b>-</b>	C C00554899				
	Candidate Name			0	11		Transaction ID : 7E694B				
	Costello, Ryan, A., ,				egory ype	//	Amount of Each Disbursemen	nt this Period			
		ment For: 2	2018	1)	yhe			2500.00			
	Senate X	Primary	General					1.46.1			
	President	Other (spec	cify) 🔻				Memo Item				
	State: PA District: 06										
_	Full Name (Last, First, Middle Initial)										
В.	Scalise For Congress						Date of Disbursement				
	Mailing Address DO D - 55515			Y Y Y							
	Mailing Address PO Box 23219		12 11	2017							
	City		FEC Identification Number								
	Jefferson Purpose of Disbursement	LA	70183-3219				C 000004057	-			
	2018 Primary Contribution			0	)11		C C00394957				
	Candidate Name				egory		Transaction ID : 113C18 Amount of Each Disburseme				
	Scalise, Stephen, Joseph, ,				ype	·	. another Each Disburgement				
	Office Sought: X House Disburse	ment For: 2						2500.00			
		Primary	General								
	Ctata:	Other (spec	cify)				Memo Item				
	State: LA District: 01										
C	Full Name (Last, First, Middle Initial)						Date of Disbursement				
υ.	Scott Peters For Congress										
	Mailing Address PO Box 22074							y y y 2017			
	5	State	Zip Code				FEC Identification Number				
	San Diego	CA	92192					-			
	Purpose of Disbursement 2018 Primary Contribution			0	11		C C00503110				
	Candidate Name			<u> </u>	-		Transaction ID : 7668CA				
	Peters, Scott, H., ,				egory ype	"	Amount of Each Disburseme				
		ment For: 2	2018	,				1000.00			
	Senate 🗶	Primary	General								
	President	Other (spec	cify) ▼				Memo Item				
_	State: CA District: 52										
								6000.00			
S	<b>UBTOTAL</b> of Disbursements This Page (optional).							6000.00			
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l '	OTAL This Period (last page this line number only	,			•••••						

S	CHEDULE B (FEC Form 3X)			F	)B I		IUMBER:				PAC	GE 24	19 OF 253
	EMIZED DISBURSEMENTS	Use sepa for each		heck	only	y one)							
			Summary Page			21b 28a	22 	· ·	23 28c		26 29		27 30b
	y information copied from such Reports and State for commercial purposes, other than using the nat				any	perso	n for the	purpo	ose o	f soli	citing	g cont	ributions
$\square$	NAME OF COMMITTEE (In Full)				_								
	American College of Surgeons Pro	ofessiona	al Associatio	n P/									
Α.	Full Name (Last, First, Middle Initial) Sinema For Arizona						Date of	Disb	ourser	nent			
	Mailing Address PO Box 7586		09 / D D / Y Y Y Y 22 2017										
	City Phoenix	State AZ	Zip Code 85011				FEC Ide	entific	ation	Nun	nber		
	Purpose of Disbursement 2018 Primary Contribution			0	11		С	C005	0880	4			
	Candidate Name			Cate	-							F5570	<b>)54</b> his Period
	Sinema, Kyrsten, , ,				/pe	y/	7 mount						00.00
	Office Sought:     House     Disburse       X     Senate     X	ment For: 2 Primary	2018 General				L	- 7			7	25	00.00
	State: AZ District:	Other (spec	cify) ▼				Me	mo It	em				
B	Full Name (Last, First, Middle Initial)						Date of	Dich	urcor	mont			
ь.	Stabenow For US Senate						150	D		Y	Y	YY	
	Mailing Address P.O. Box 4945			09 22 2017						7			
	City East Lansing	State MI	Zip Code 48826				FEC Ide	entific	ation	Nun	nber		
	Purpose of Disbursement 2018 Primary Contribution						С	C003	4447	3			
	Candidate Name				)11							031F8	
	Stabenow, Deborah, , ,			Cate Ty	egory /pe	y/	Amount	OLE	ach i	JISDU	irsen	ient ti	nis Period
		ment For: 2 Primary	2018 General					-,			7	15	00.00
	President	Other (spec					Me	mo It	em				
_	State:     MI     District:       Full Name (Last, First, Middle Initial)												
C.	Upton For All Of Us						Date of	Disb					
	Mailing Address PO Box 490						м м 09	/	22		Y	201	7 7
	City St. Joseph	State MI	Zip Code 49085				FEC Ide	entific	cation	Nun	nber		
	Purpose of Disbursement		40000	_	-		С	C002	20058	4			
	2018 Primary Contribution Candidate Name				11							DA8	
	Upton, Frederick, Stephen, ,			Cate Ty	egory /pe	y/	Amount	of E	ach I	Disbu	irsen	nent ti	nis Period
	Office Sought: X House Disburse	ment For: 2						-,			7	25	00.00
	Senate <b>x</b> President	Primary Other (spec	General cify) ▼				Me	mo It	em				
	State: MI District: 06	-											
s	UBTOTAL of Disbursements This Page (optional).							- 7			<u>.</u>	65	500.00
т	OTAL This Period (last page this line number only	/)									,		

SCHEDULE B (FEC Form 3X)			FC	OR LIN	NE NUMBER: PAGE 250 OF	253
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			bnly one) 1b 22 🗶 23 26 27	
		Summary Page		28		
Any information copied from such Reports and St or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
American College of Surgeons F	rofession	al Associatio	n PA	AC		
Full Name (Last, First, Middle Initial) A. Vern Buchanan For Congress					Date of Disbursement	
Mailing Address P. O. Box 48928					12 11 2017	
City	State FL	Zip Code			FEC Identification Number	
Sarasota Purpose of Disbursement		34230	_		<b>C</b> C00412759	
2018 Primary Contribution			0	11	Transaction ID : 183FBAA1DE	
Candidate Name				egory/	Amount of Each Disbursement this Peri	iod
Buchanan, Vernon, Gale, , Office Sought: x House Disbu	rsement For:	2010		/pe	1000.00	
Office Sought: X House Disbu	<b>x</b> Primary	General				
State: FL District: 16	Other (spe	ecny) ▼			Memo Item	
Full Name (Last, First, Middle Initial)						
B. Walberg For Congress					Date of Disbursement	
Mailing Address PO Box 1362	09 / 22 / 2017					
City	State	Zip Code			FEC Identification Number	
Jackson Purpose of Disbursement	MI	49204-1362			<b>C</b> C00390724	
2018 Primary Contribution			0	11	Transaction ID : B5F8B4E0E4I	
Candidate Name				egory/	Amount of Each Disbursement this Peri	iod
Walberg, Timothy, L., , Office Sought:	reamont For	2010	Ту	/pe	1000.00	
Office Sought: 🗶 House Disbu	rsement For:	2018 General				
President	Other (spe				Memo Item	
State: MI District: 07						
Full Name (Last, First, Middle Initial) C. Walden For Congress					Date of Disbursement	
Mailing Address PO Box 1091					07 / D D / Y Y Y Y 2017	
City	State	Zip Code			FEC Identification Number	
Hood River Purpose of Disbursement	OR	97031-0037				
2018 General Contribution			0	11	C C00333427	
Candidate Name			Cate	egory/	Amount of Each Disbursement this Peri	iod
Walden, Gregory, Paul, ,				/pe	2000.00	
Office Sought: 🖌 House Disbu	rsement For: Primary	2018 X General			3000.00	
President	Other (spe				Memo Item	
State: OR District: 02						
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	CHEDULE B (FEC Form 3X)	Use sens	rate schedule(s)	-		NUMBER: PAGE 251 OF 253
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		eck onl 21b 28a	22 🗶 23 🗌 26 🗌 27
	y information copied from such Reports and State for commercial purposes, other than using the nar					
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	ofessiona	al Associatior	n PA	С	
Α.	Full Name (Last, First, Middle Initial) Walden For Congress					Date of Disbursement
	Mailing Address PO Box 1091 City	State	Zip Code			
	Hood River Purpose of Disbursement	OR	97031-0037			FEC Identification Number
	2018 General Contribution Candidate Name			01		C C00333427 Transaction ID : 4240F8DCCE
	Walden, Gregory, Paul, , Office Sought: x House Disburse	ment For: 2	2018	Categ Typ		Amount of Each Disbursement this Period 2000.00
	State: OR District: 02	Primary Other (spec	<b>x</b> General			Memo Item
в.	Full Name (Last, First, Middle Initial) Walorski For Congress Inc					Date of Disbursement
	Mailing Address PO Box 954	12 11 2017				
	City Mishawaka Purpose of Disbursement	State IN	Zip Code 46546-0954			FEC Identification Number
	2018 Primary Contribution Candidate Name Walorski, Jacqueline, , ,			01 Categ Typ	gory/	Transaction ID : 4FD494D8157 Amount of Each Disbursement this Period
	· · ·	ment For: 2 Primary Other (spec	General			1500.00
	State:         IN         District:         02           Full Name (Last, First, Middle Initial)					
C.	Wenstrup For Congress					Date of Disbursement
	Mailing Address PO Box 9551					07 13 2017
	City Cincinnati	State OH	Zip Code 45209-0551			FEC Identification Number
	Purpose of Disbursement 2018 Primary Contribution Candidate Name Wenstrup, Brad, R., ,			01 Categ Typ	gory/	C C00497818 Transaction ID : 2EAF4AECD: Amount of Each Disbursement this Period
		ment For: 2 Primary Other (spec	General	יעי יאי		2000.00
_	State: OH District: 02	oner (spec	, <b>∀</b>			Memo Item
s	UBTOTAL of Disbursements This Page (optional).				▶	5500.00
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 252 OF 253						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	N						
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any perso	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)										
American College of Surgeons Pro	ofessiona	al Associatio	n PAC							
Full Name (Last, First, Middle Initial) <b>A. Yarmuth For Congress</b>				Date of Disbursement						
Mailing Address 1815 Brownsboro Road, Suite 10	1			12 / D D / Y Y Y Y 12 11 2017						
City Louisville	State KY	Zip Code 40206		FEC Identification Number						
Purpose of Disbursement 2018 Primary Contribution			011	C C00419630						
Candidate Name			Category/	Transaction ID : 9DED8B4E80 Amount of Each Disbursement this Period						
Yarmuth, John, A., ,Office Sought:xKHouseDisburse	ement For:	2018	Туре	1500.00						
Senate X President	Primary Other (spe	General cify) ▼		Memo Item						
State: KY District: 03 Full Name (Last, First, Middle Initial)										
B. Yoder For Congress, Inc				Date of Disbursement						
Mailing Address PO Box 26742				09 / D D / Y Y Y Y 22 2017						
City Overland Park	State KS	Zip Code 66225-6742		FEC Identification Number						
Purpose of Disbursement 2018 Primary Contribution			011	C C00472365 Transaction ID : 47E3770EB0E						
Candidate Name Yoder, Kevin, Wayne, ,			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: 🗙 House Disburse	ement For:	2018	турс	1000.00						
Senate <b>x</b> President	Primary Other (spe	General cify)		Memo Item						
State: KS District: 03	-									
Full Name (Last, First, Middle Initial)				Date of Disbursement						
Mailing Address										
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement			· · · · ]	C						
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse Senate	ement For: Primary	General		1 1 92 1 1 92 1 1 92 1						
State: District:	Other (spe	cify) ▼		Memo Item						
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TOTAL This Period (last page this line number only				121650.00						

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 253 OF 253
ITEMIZED DISBURSEMENTS	for each Detailed	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c 29 30b
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American College of Surgeons Pr	ofessiona	al Association	n PAC	
Full Name (Last, First, Middle Initial) A. Cochran, Amalia, Lenora, ,				Date of Disbursement
Mailing Address University of Utah Department Of Surgery				12 21 2017
City Salt Lake City	State UT	Zip Code 84132-0001		FEC Identification Number
Purpose of Disbursement Partial refund of 12/19 Contribution	ement			C
Candidate Name	Category/ Type			Transaction ID : BC74805DDA Amount of Each Disbursement this Period
Senate	ement For: Primary General Other (specify) ▼			200.00
State: District:				Memo Item
Full Name (Last, First, Middle Initial) B. Shearburn, Edwin, W., , III				Date of Disbursement
Mailing Address 915 Lawn Ave Sellersville Outpatient Center, St				07 25 2017
City Sellersville	State PA	Zip Code 18960-1551		FEC Identification Number
Purpose of Disbursement     010       Refund     Candidate Name       Candidate Name     Category/				<b>Transaction ID : F8DED8F2D3</b> Amount of Each Disbursement this Period
Office Sought: House Disburse	Senate Primary General			100.00
State: District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial) C.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name Category/ Type				Amount of Each Disbursement this Period
Senate	ement For: Primary General			
State: District:	Other (spec	CITY) V		Memo Item
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TOTAL This Period (last page this line number only	/)		<b>&gt;</b>	300.00