

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street)

20 F St NW, Ste 1000

Check if different
than previously
reported. (ACC)

Attn: Sara Morse

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382424

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shalgian, Christian, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Shalgian, Christian, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		182546.52
(b) Cash on Hand at Beginning of Reporting Period.....	226771.57	
(c) Total Receipts (from Line 19)	178434.54	476149.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	7

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		
(i) Itemized (use Schedule A).....	161675.23	413740.08
(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
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	177434.54	475149.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made 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 (subtract Line 18(c) from Line 19)	178434.54	476149.59

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2940.46	2960.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2940.46	2960.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121650.00	374150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	300.00	1270.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (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
(c) Total Federal Election Activity (add 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

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	177434.54	475149.59
34. Total Contribution Refunds (from Line 28(d))	300.00	1270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	177134.54	473879.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2940.46	2960.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2940.46	2960.46

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

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

FOR LINE NUMBER: PAGE 6 OF 253

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Aaland, Mary, Oline, ,

Mailing Address 1103 Broadway N

City
 FargoState
 NDZip Code
 58102-2634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North DakotaOccupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 08 / 2017

Transaction ID : 258D7D4E-06A4-45C6-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Adams, Reid, Barton, ,

Mailing Address University of Virginia Health Syst
Department Of Surgery, Box 800709City
 CharlottesvilleState
 VAZip Code
 22908-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Virginia Health SystemOccupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 23 / 2017

Transaction ID : 779C57615C2C42BCB493

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Afonya, Idatonye, Ibibama, ,

Mailing Address 605 Summit Ave

City
 CrookstonState
 MNZip Code
 56716-2712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverview Health SystemOccupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2017

Transaction ID : D0A22A71-9B26-46C2-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Alexander, Edward, Lee, , III

Mailing Address 724 S New St

City
DoverState
DEZip Code
19904-3540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 8FD8B38177768EFCCE0

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Alpern, Louis, M., ,

Mailing Address 4171 N Mesa St
Ste D100City
El PasoState
TXZip Code
79902-1400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Louis M. Alpern, MD

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : 4611EBCE9C5F5252E23

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave
Virginia Mason Medical CenterCity
SeattleState
WAZip Code
98101-2756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2017

Transaction ID : 4CDBBDE5CF34BB2C6B43

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

3100.00

TOTAL 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

FOR LINE NUMBER: PAGE 8 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2017

Transaction ID : 4CA6944182168621FE69

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 4ED78D5D9911408C4E58

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 449CA697C1AA9E988A1A

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

11 / 24 / 2017

Transaction ID : 49EC9596DE87FD5DD2E1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Alseidi, Adnan, Ali, ,

Mailing Address 1100 9th Ave

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Medical Center

Occupation (for Individual)

HPB & Endocrine surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

12 / 20 / 2017

Transaction ID : 4FC4AC0715F73168307F

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Anderson, Richard, Charles, ,

Mailing Address 1001 Main St

Ste 300

City

Peoria

State

IL

Zip Code

61606-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of IL

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 23 / 2017

Transaction ID : 2E77FB84C5D6404F902D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

683.33

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 10 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Anthony, Brian, Thomas, ,

Mailing Address 512 Turner St

City
Waveland

State
MS

Zip Code
39576-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2017

Transaction ID : 09D93ACB8F438F2395C

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Arrington, Amanda, Kathleen, ,

Mailing Address PO Box 245131

University Of Arizona

City
Tucson

State
AZ

Zip Code
85724-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of South Carolina

Occupation (for Individual)

Surgical Oncology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : F2F5A2D6F4D44A44B110

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bailey, Jeffrey, Allen, ,

Mailing Address 8801 Spring Valley Rd

City
Chevy Chase

State
MD

Zip Code
20815-6727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 2EBB0ECA-198D-4841-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2017

Transaction ID : 4585A27CAE36FA71BA15

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2017

Transaction ID : 4DE592F87CB8C5C737ED

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2017

Transaction ID : 4F8BB52E81C2576C2BFD

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

600.00

TOTAL 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

FOR LINE NUMBER: PAGE 12 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017

Transaction ID : 4E1CB6550AF97D0EAACB

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2017

Transaction ID : 46E6A15E32CD3ED6F90C

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Bailey, Patrick, Vance, ,

Mailing Address 20 F St NW

American College Of Surgeons, Ste

City

Washington

State

DC

Zip Code

20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American College of Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2017

Transaction ID : 4995BB7E4606F9BD092E

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

600.00

TOTAL 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

FOR LINE NUMBER: PAGE 13 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Barber, Annabel, Elizabeth, ,

Mailing Address 1701 W Charleston Blvd

Department Of Surgery, Ste 490

City

Las Vegas

State

NV

Zip Code

89102-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univeristy of Nevada School

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : 21FBC003808738EB798

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Baril, Nicole, Basia, ,

Mailing Address 10800 Magnolia Ave

Kaiser Permanente

City

Riverside

State

CA

Zip Code

92505-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 5D297F2045714397BD03

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bass, Barbara, Lee, ,

Mailing Address 6550 Fannin St

Department Of Surgery, Ste 1661

City

Houston

State

TX

Zip Code

77030-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Houston Methodist Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2017

Transaction ID : F7899C07-17D7-4036-

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2017

Transaction ID : 4369A8976C0CA9804477

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2017

Transaction ID : 452D8A373AC2694149B1

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 4073AFF7417482645920

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

TOTAL 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

FOR LINE NUMBER:
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PAGE 15 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
10 / 08 / 2017

Transaction ID : 4734AC6F1BC32D10592B

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
11 / 08 / 2017

Transaction ID : 40ADA2F3E2AB77A0CFA8

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Bastidas, Jefferson, Augusto, ,

Mailing Address 14981 National Ave
Ste 4

City
Los Gatos

State
CA

Zip Code
95032-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
12 / 08 / 2017

Transaction ID : 4DBAB42C44A8BC1C0797

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 16 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2017

Transaction ID : 443E83C36BE513272B9F

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2017

Transaction ID : 4E76BD74B22A80CC0CD4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 4591A30E74D014BEE6AC

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 12 / 2017

Transaction ID : 4FF09D0596CC22F67F08

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 12 / 2017

Transaction ID : 4F738DE67190A93FA9A5

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Beauchamp, Robert, Daniel, ,

Mailing Address Section of Surgical Sciences

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University

Occupation (for Individual)

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 12 / 2017

Transaction ID : 4D6A90CB5A42BC2856A2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Berger, David, L., ,

Mailing Address 15 Parkman St
 Wang 460

City
 Boston

State
 MA

Zip Code
 02114-3117

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Mass General Hospital

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 17 / 2017

Transaction ID : 96BCBC0E-042E-4367-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Berndtson, Allison, Elizabeth, ,

Mailing Address 200 W Arbor Dr
 Mail Code 8896

City
 San Diego

State
 CA

Zip Code
 92103-1911

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UC-San Diego

Occupation (for Individual)
 Trauma Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 08 / 2017

Transaction ID : ED440043-BA8A-49A9-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bianchi, David, Alan, ,

Mailing Address 2415 Musgrove Rd
 Ste 203

City
 Silver Spring

State
 MD

Zip Code
 20904-5228

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Drs. Hauck, Bianchi and Driscoll PA

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2017

Transaction ID : 4A1DB129EB9491A6488E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

775.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bianchi, David, Alan, ,

Mailing Address 2415 Musgrove Rd
Ste 203

City
Silver Spring

State
MD

Zip Code
20904-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drs. Hauck, Bianchi and Driscoll PA

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2017

Transaction ID : 4605AFF228836A640A97

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Bianchi, David, Alan, ,

Mailing Address 2415 Musgrove Rd
Ste 203

City
Silver Spring

State
MD

Zip Code
20904-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drs. Hauck, Bianchi and Driscoll PA

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2017

Transaction ID : 4EECB410DFF3B601038C

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Bianchi, David, Alan, ,

Mailing Address 2415 Musgrove Rd
Ste 203

City
Silver Spring

State
MD

Zip Code
20904-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drs. Hauck, Bianchi and Driscoll PA

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 42419825A58805EFF72C

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 20 OF 253
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bieligm, Samuel, Corwin, ,

Mailing Address 7910 S Braden Ave

City
Tulsa

State
OK

Zip Code
74136-8461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Agnes Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 4835B0768491A06ADD3C

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Bieligm, Samuel, Corwin, ,

Mailing Address 7910 S Braden Ave

City
Tulsa

State
OK

Zip Code
74136-8461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Agnes Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2017

Transaction ID : 4192A4A42B2304D2DD46

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Bieligm, Samuel, Corwin, ,

Mailing Address 7910 S Braden Ave

City
Tulsa

State
OK

Zip Code
74136-8461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Agnes Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 06 / 2017

Transaction ID : 4D55B448DEC06C1E001E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 21 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bielgk, Samuel, Corwin, ,

Mailing Address 7910 S Braden Ave

City
TulsaState
OKZip Code
74136-8461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Agnes Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 06 / 2017

Transaction ID : 4B3D88268B02FC3ABA1C

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Biffl, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2017

Transaction ID : 4A3391A095E0AE8B2B2E

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Biffl, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 25 / 2017

Transaction ID : 43DDB7C4486F4380F071

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

125.00

TOTAL 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

FOR LINE NUMBER: PAGE 22 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Biffl, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2017

Transaction ID : 4EB9A91A75A46ABF7A11

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Biffl, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : 49C29345A8BC99700DB9

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Biffl, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 25 / 2017

Transaction ID : 43B5A68128BFFE8AC06A

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Biffi, Walter, Lanier, ,

Mailing Address 550 S Beretania St

The Queen's Medical Center, Ste 50

City

Honolulu

State

HI

Zip Code

96813-2496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 4FB48AAFE6DCCCACD51

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Birkett, Desmond, H., ,

Mailing Address Lahey Hospital & Medical Ctr

Department Of General Surgery

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lahey Hospita & Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 4A54DEB68171451297F1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bledsoe, James, Harper, ,

Mailing Address 709 Sky Mountain Dr

City

Rogers

State

AR

Zip Code

72756-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : EB5E76202F5943F4C10

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 24 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bodney, Stephen, Anthony, ,

Mailing Address 165 Indian Hills Dr NE

City
Corydon

State
IN

Zip Code
47112-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harrison County Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 8E5E6C8BAE7347AF8BCE

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
Westfield

State
NJ

Zip Code
07090-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rutgers

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2017

Transaction ID : 462184A58A6430862253

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
Westfield

State
NJ

Zip Code
07090-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rutgers

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2017

Transaction ID : 4D05B61FF61FFBC5EC3E

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 25 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
Westfield

State
NJ

Zip Code
07090-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rutgers

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2017

Transaction ID : 4E02B7A7CE76C69E5443

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
Westfield

State
NJ

Zip Code
07090-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rutgers

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2017

Transaction ID : 4AD09D8F931BBCB87D16

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
Westfield

State
NJ

Zip Code
07090-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rutgers

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2017

Transaction ID : 472E930FE30E610B746B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 26 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Bonne, Stephanie, , ,

Mailing Address 158 Harrison Ave

City
WestfieldState
NJZip Code
07090-2433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rutgers

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 4E9BA8359225EBB2E114

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bonville, Daniel, James, ,

Mailing Address Department Of Surgery, Suite Sm166
Houston Methodist Specialty PhysicCity
HoustonState
TXZip Code
77030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Albany Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : C80E7104AE974DD88926

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Borman, Karen, R., ,

Mailing Address 635 Westwood Dr

City
AberdeenState
MDZip Code
21001-2336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 27CD056365B7CEEC160

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

2050.00

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

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

PAGE 27 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Borruso, John, Joseph, ,

Mailing Address 7 Galilee Way

City
NewtownState
CTZip Code
06470-2562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Danbury Office Physician ServicesOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	23	2017

Transaction ID : 0F0BA9127F8D4BE9A80B

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
07	03	2017

Transaction ID : 479EA43F8E1ECDD6A04E

Amount of Each Receipt this Period

37.88

☐ Memo Item

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

C. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	03	2017

Transaction ID : 464984370E7840D5E018

Amount of Each Receipt this Period

37.88

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

475.76

TOTAL 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

FOR LINE NUMBER: PAGE 28 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 4989804870144626F505

Amount of Each Receipt this Period

37.88

☐ Memo Item

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

B. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2017

Transaction ID : 4E37B595196E7B6825D2

Amount of Each Receipt this Period

37.88

☐ Memo Item

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

C. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 41808FF819E20C1CB4D4

Amount of Each Receipt this Period

37.88

☐ Memo Item

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

113.64

TOTAL 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

FOR LINE NUMBER: PAGE 29 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Borst, Marilyn, Jane, ,

Mailing Address 2545 Broadway St

City
ToledoState
OHZip Code
43609-3116FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 431AB1E247997CD8A335

Amount of Each Receipt this Period

37.88

☐ Memo Item

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

B. Bosworth, John, Michael, , Jr.

Mailing Address 15235 Shady Grove Rd
Ste 100City
RockvilleState
MDZip Code
20850-6273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Siegel and Bosworth ENT CenterOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : DED85760-BE33-4D57-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bradley, Kevin, Michael, ,

Mailing Address 64 Lenfant Ct

City
Glen MillsState
PAZip Code
19342-1669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Christiana HospitalOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : E4E9F4C64907101EBEF

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

787.88

TOTAL 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

FOR LINE NUMBER: PAGE 30 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Breaux, Charles, Warren, , Jr.

Mailing Address 2643 Patterson Rd, Ste 603

The Pediatric Specialty Clinic At

City

Grand Junction

State

CO

Zip Code

81506-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Mary's Hospital

Occupation (for Individual)

Pediatric Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 08 / 2017

Transaction ID : 4459F557-636E-4019-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Brewer, Brian, , ,

Mailing Address 2509 N Talbott St

City

Indianapolis

State

IN

Zip Code

46205-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indiana University School of Medicine

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

MM / DD / YYYY
07 / 24 / 2017

Transaction ID : 47EFA392ECD1CF3F8464

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Brewer, Brian, , ,

Mailing Address 2509 N Talbott St

City

Indianapolis

State

IN

Zip Code

46205-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indiana University School of Medicine

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.30

Date of Receipt

MM / DD / YYYY
09 / 24 / 2017

Transaction ID : 4F8DB5A253C0CA1AA250

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Brewer, Brian, , ,

Mailing Address 2509 N Talbott St

City
Indianapolis

State
IN

Zip Code
46205-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University School of Medicine

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 4940A352790980D2A576

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Brewer, Brian, , ,

Mailing Address 2509 N Talbott St

City
Indianapolis

State
IN

Zip Code
46205-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University School of Medicine

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2017

Transaction ID : 43C995FFBB7B0DB9B48F

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Brewer, Brian, , ,

Mailing Address 2509 N Talbott St

City
Indianapolis

State
IN

Zip Code
46205-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University School of Medicine

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 4BA9853D812FC2171989

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

TOTAL 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

FOR LINE NUMBER: PAGE 32 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Britt, Stephen, Lyle, ,

Mailing Address 7938 Al Highway 69
Ste 120

City
Guntersville

State
AL

Zip Code
35976-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : E5766C3619E210F5083

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Brownstein, Michelle, , ,

Mailing Address 105 Glen Haven Dr

City

Chapel Hill

State

NC

Zip Code

27516-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 16ABCE4DD0E749748AEF

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Brunt, L., Michael, ,

Mailing Address 660 S Euclid Ave
Campus Box 8109

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University School of Medici

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : 986FE926D2BA591088B

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 33 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Buchmiller, Terry, , ,

Mailing Address Department Of Surgery

Boston Children's Hospital

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boston Childrens Hospital

Occupation (for Individual)

Pediatric Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : F1EBC2CF-71C9-43E0-

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Bunn, Wiley, Douglas, , Jr.

Mailing Address 475 Irving Ave

Suite 204, Ste 204A

City

Syracuse

State

NY

Zip Code

13210-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gyn Oncology of CNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2017

Transaction ID : C07B6840-680B-4F11-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Byers, Patricia, M., ,

Mailing Address PO Box 16960

Department Of Surgery (D-40)

City

Miami

State

FL

Zip Code

33101-6960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Miami Sch of Med

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : A6F77A29881C46B291CB

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 34 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Canal, David, Felix, ,

Mailing Address 702 Eskenazi Ave

Fob 5Th Floor, Executive Suite

City

Indianapolis

State

IN

Zip Code

46202-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indiana University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : 0655A447-FA1E-4505-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Castro, Candice, Lee, ,

Mailing Address 90 Granburg Cir

City

San Antonio

State

TX

Zip Code

78218-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2017

Transaction ID : D84CB9C49A42BA777E4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Cha, Walter, Sun, ,

Mailing Address 6770 Mayfield Rd

Cleveland Clinic General Surgery,

City

Mayfield Hts

State

OH

Zip Code

44124-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : E315D521765E43D7B17F

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Chan, Edie, Y., ,

Mailing Address 1750 W Harrison St
 773 Jelke

City
 Chicago

State
 IL

Zip Code
 60612-3825

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Rush Univ Med Center

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : D1E64E60CA674DC6B745

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Chang, Michael, Chi-Ming, ,

Mailing Address Wake Frst
 Department Of Surgery

City
 Winston Salem

State
 NC

Zip Code
 27157-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Wake Forest

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 19 / 2017

Transaction ID : 4619A0778D46942292FF

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Chang, Michael, Chi-Ming, ,

Mailing Address Wake Frst
 Department Of Surgery

City
 Winston Salem

State
 NC

Zip Code
 27157-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Wake Forest

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 19 / 2017

Transaction ID : 41DF8E532A5FE8C6A841

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 36 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Chang, Michael, Chi-Ming, ,

Mailing Address Wake Frst

Department Of Surgery

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Forest

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 400DA1A354E683CACAE60

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Chang, Michael, Chi-Ming, ,

Mailing Address Wake Frst

Department Of Surgery

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Forest

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

Transaction ID : 4D7FB6DE5F0E3E575BCA

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Chang, Michael, Chi-Ming, ,

Mailing Address Wake Frst

Department Of Surgery

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Forest

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2017

Transaction ID : 454795E4C72C3BC0C8F2

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 37 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Chang, Michael, Chi-Ming, ,

Mailing Address Wake First

Department Of Surgery

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Forest

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 4119ADB1213F36DCC934

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Chen, Mike, Kuang-Sing, ,

Mailing Address 1600 7th Ave S

Division Of Pediatric Surgery, Jfl

City

Birmingham

State

AL

Zip Code

35233-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Alabama at Birmingham

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 7683808E-E7E8-4ACD-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Cheng, Charles, , ,

Mailing Address 1818 N Meade St

Fox Valley Surgical Associates, St

City

Appleton

State

WI

Zip Code

54911-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fox Valley Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 154F0701-2C58-4FB9-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

850.00

TOTAL 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

FOR LINE NUMBER: PAGE 38 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Cherr, Gregory, Spicer, ,

Mailing Address 100 High St

Department Of Surgery

City

Buffalo

State

NY

Zip Code

14203-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY Buffalo

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : AB120547-524C-4DBC-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Choi, Jennifer, Nicole, ,

Mailing Address 545 Barnhill Dr

EH500

City

Indianapolis

State

IN

Zip Code

46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

IU Health Physicians

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 41F8C6EABE5E48F996B1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cipolle, Mark, David, ,

Mailing Address 4735 Ogletown Stanton Rd

Ste 3301

City

Newark

State

DE

Zip Code

19713-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Christiana Care Health System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 62479577F7144012734

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 18 / 2017

Transaction ID : 9F17B41C-6E0B-406D-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

09 / 19 / 2017

Transaction ID : 47818CF67CCC1C514BF8-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 19 / 2017

Transaction ID : 4EF5A7A123CE3FDB130D

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 40 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 4E00E5568EEF4EEE8627

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2017

Transaction ID : 430BA6D2E7250CFF2BEB

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Cochran, Amalia, Lenora, ,

Mailing Address University of Utah

Department Of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : 4C45ADB6DFB3078591CE

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

2100.00

TOTAL 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

FOR LINE NUMBER: PAGE 41 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Cochran, Willie, , , Jr.

Mailing Address 2955 E Atsina Dr
 2955 E. Atsina Dr.

City
 Sierra Vista

State
 AZ

Zip Code
 85650-8424

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Jafa Productions

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2017

Transaction ID : 74517A72-C735-4C4B-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Cole, Timothy, , ,

Mailing Address 7300 Eldorado Pkwy
 Ste 260

City
 McKinney

State
 TX

Zip Code
 75070-3826

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Surgical Specialists of North Texas

Occupation (for Individual)
 General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017

Transaction ID : 499D1CC2-F475-4093-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Conyers, Julie, Anne, ,

Mailing Address 225 Loganberry Ct

City
 Ketchikan

State
 AK

Zip Code
 99901-9318

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self Employed

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : B19520483ED541C788F9

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

TOTAL 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

FOR LINE NUMBER: PAGE 42 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Coren, Charles, V., ,

Mailing Address 320 Post Ave
Ste 101

City
Westbury

State
NY

Zip Code
11590-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : EFA4798A-7551-4BD9-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Cosman, Bard, C., ,

Mailing Address 3350 La Jolla Village Dr
112E

City
San Diego

State
CA

Zip Code
92161-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Department of Veterans Affairs

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 88BEDA88-ABC7-4B62-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Covington, Darell, Tyrone, ,

Mailing Address 500 Plaza Ct
447 Office Plaza, Ste C

City
East Stroudsburg

State
PA

Zip Code
18301-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2017

Transaction ID : 4E55A09318EF6EE5ADE4

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1583.33

TOTAL 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

FOR LINE NUMBER: PAGE 43 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Covington, Darell, Tyrone, ,

Mailing Address 500 Plaza Ct

447 Office Plaza, Ste C

City

East Stroudsburg

State

PA

Zip Code

18301-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

MM / DD / YYYY
08 / 19 / 2017

Transaction ID : 4900871C1DB851D20422

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Covington, Darell, Tyrone, ,

Mailing Address 500 Plaza Ct

447 Office Plaza, Ste C

City

East Stroudsburg

State

PA

Zip Code

18301-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

MM / DD / YYYY
09 / 19 / 2017

Transaction ID : 4B53B02B14A6007920EA

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Covington, Darell, Tyrone, ,

Mailing Address 500 Plaza Ct

447 Office Plaza, Ste C

City

East Stroudsburg

State

PA

Zip Code

18301-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

MM / DD / YYYY
10 / 19 / 2017

Transaction ID : 4CBBB57B53CF5DD10D09

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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 44 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Covington, Darell, Tyrone, ,

Mailing Address 500 Plaza Ct

447 Office Plaza, Ste C

City

East Stroudsburg

State
PA

Zip Code

18301-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

11 / 19 / 2017

Transaction ID : 4D0AAF39866CF3F28998

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Cribari, Chris, , ,

Mailing Address 2500 Rocky Mountain Ave

North Medical Office Building, Sui

City

Loveland

State
CO

Zip Code

80538-9004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Specialists of the Rockies

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

12 / 22 / 2017

Transaction ID : 4ED0988187D53DA179C9

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City

Memphis

State
TN

Zip Code

38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSC

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

07 / 20 / 2017

Transaction ID : 4359BFFF664ADA4C43A7

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

246.66

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 45 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City
Memphis

State
TN

Zip Code
38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

08 / 20 / 2017

Transaction ID : 4B4ABB032E04AC79D7DC

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City
Memphis

State
TN

Zip Code
38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

09 / 20 / 2017

Transaction ID : 445B9CC2F7F247C492B1

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City
Memphis

State
TN

Zip Code
38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

10 / 20 / 2017

Transaction ID : 43D6A5B28CCE1DF35B43

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 46 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City
MemphisState
TNZip Code
38163-0001FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2017

Transaction ID : 4789B89A30910F85EA15

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. Croce, Martin, Alexander, ,

Mailing Address Univ of Tennessee Dept of Surg Sui

City
MemphisState
TNZip Code
38163-0001FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 4D45B03C9EA452FA02ED

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

C. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City
Las VegasState
NVZip Code
89102-2314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Desert West SurgeryOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2017

Transaction ID : 409983A7859CE7DB9B91

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

210.00

TOTAL 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

FOR LINE NUMBER: PAGE 47 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City

Las Vegas

State

NV

Zip Code

89102-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Desert West Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2017

Transaction ID : 488587D2435B5DAC124F

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

B. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City

Las Vegas

State

NV

Zip Code

89102-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Desert West Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 4C25B8D79277DE576672

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

C. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City

Las Vegas

State

NV

Zip Code

89102-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Desert West Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : 4B778023D540BB9241FB

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

150.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City

Las Vegas

State

NV

Zip Code

89102-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Desert West Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 11 / 2017

Transaction ID : 4A8EBABCEFB7EF88CEFF

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Curry, James, Dylan, ,

Mailing Address 1111 Shadow Ln

City

Las Vegas

State

NV

Zip Code

89102-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Desert West Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 11 / 2017

Transaction ID : 424584D3BE014B337700

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Daley, Brian, , ,

Mailing Address 1924 Alcoa Hwy

U-11

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University General Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 09 / 2017

Transaction ID : 9BA1CA79-7903-4DF4-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 49 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Daly, Christopher, J., ,

Mailing Address 804 Torrey Pine Dr

City
MarsState
PAZip Code
16046-2620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Daqueshe UniversityOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : DA717282536947D2ADCD

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dandan, Imad, Sami, ,

Mailing Address 12828 Harwick Ln

City
San DiegoState
CAZip Code
92130-2707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : A4553673C92A99316E4

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Dattilo, Jeffery, Bartholomeau, ,

Mailing Address 4402 Sunnybrook Dr

City
NashvilleState
TNZip Code
37205-3860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Thomas HealthOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : CA5084915E8B456A80B5

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 50 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2017

Transaction ID : 45959303529AACD97C20

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
08 / 11 / 2017

Transaction ID : 408F9951C6DDEDC18FBF

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2017

Transaction ID : 49EBA4E8A422A799DF78

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 51 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : 4336BA2C399A68B2EBD7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2017

Transaction ID : 48C59EC4BD725511FCF8

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Davis, Rodney, , ,

Mailing Address 4301 W Markham St

University Of Arkansas For Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt Univ Med Ctr

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 4472B3D9C3869D2468F3

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

TOTAL 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

FOR LINE NUMBER: PAGE 52 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Davis, William, H., ,

Mailing Address 258 Adams Rd

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2017

Transaction ID : 4F03949B64FA78A0E936

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Davis, William, H., ,

Mailing Address 258 Adams Rd

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : 479ABC1416E66466A799

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Davis, William, H., ,

Mailing Address 258 Adams Rd

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 414CB92BDFDE2C0A6A47

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Davis, William, H., ,

Mailing Address 258 Adams Rd

City
Chula

State
GA

Zip Code
31733-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Circulation, LLC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2017

Transaction ID : 4236A8E6E09C0C387E55

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Davis, William, H., ,

Mailing Address 258 Adams Rd

City
Chula

State
GA

Zip Code
31733-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Circulation, LLC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2017

Transaction ID : 48FBA20E08AD7FC032F4

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Davis, William, H., ,

Mailing Address 258 Adams Rd

City
Chula

State
GA

Zip Code
31733-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Circulation, LLC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 4898B9D78DDBD9CAE0CA

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 54 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Deatherage, Mark, Frederick, ,

Mailing Address 1600 NW 6th St
 North Suite

City
 Grants Pass

State
 OR

Zip Code
 97526-1094

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : 2F74219435250075275

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FI 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : 48DBA085CDEA7EAB287A

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FI 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2017

Transaction ID : 4C508BE37C45E5F0FE40

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

620.00

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

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

FOR LINE NUMBER: PAGE 55 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FI 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : 4C1496E0CA0FEFDFACA7

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FI 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2017

Transaction ID : 4EA2BEBA9BA621F22CF9

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FI 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2017

Transaction ID : 4B1FBA331E4EFDBE6C97

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

180.00

TOTAL 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

FOR LINE NUMBER: PAGE 56 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Detlefs, Corey, L., ,

Mailing Address 925 E McDowell Rd
 FL 2

City
 Phoenix

State
 AZ

Zip Code
 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Banner University Medical Center, Phoe

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : 4FD8922DC3115C50233E

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Doherty, Gerard, Michael, ,

Mailing Address 75 Francis St
 Brigham And Women's Hospital

City
 Boston

State
 MA

Zip Code
 02115-6110

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Michigan

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 04 / 2017

Transaction ID : 4F808ECD3B7D8A4817D4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Doherty, Gerard, Michael, ,

Mailing Address 75 Francis St
 Brigham And Women's Hospital

City
 Boston

State
 MA

Zip Code
 02115-6110

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Michigan

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 04 / 2017

Transaction ID : 46139B882C1EE655ABDD

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

160.00

TOTAL 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

FOR LINE NUMBER: PAGE 57 OF 253

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Doherty, Gerard, Michael, ,

Mailing Address 75 Francis St

Brigham And Women's Hospital

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2017

Transaction ID : 407EA29A20C8BB283E7B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Doherty, Gerard, Michael, ,

Mailing Address 75 Francis St

Brigham And Women's Hospital

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2017

Transaction ID : 46CC8C0C35AF5A0726F8

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Doherty, Gerard, Michael, ,

Mailing Address 75 Francis St

Brigham And Women's Hospital

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
12 / 04 / 2017

Transaction ID : 4DEF8A5AFF158FE6E349

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 58 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Dolman, Heather, S., ,

Mailing Address 4201 Saint Antoine St
Ste 4S-13

City
Detroit

State
MI

Zip Code
48201-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wayne State University School of Medic

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 508AB1C718D34534A3F3

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Donahue, David, , ,

Mailing Address 1059 Redbud Cir

City

Longmont

State

CO

Zip Code

80503-7351

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 73BC5551F2C345DC9282

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Downard, Cynthia, Denise, ,

Mailing Address 315 E Broadway
Ste 565

City

Louisville

State

KY

Zip Code

40202-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Louisville

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2017

Transaction ID : C0370EE7-C3DC-4152-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Duane, Therese, M., ,

Mailing Address 1500 S Main St

3Rd Floor Opc - Suite 303

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JPS Health Network

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2017

Transaction ID : F10EE543-28B1-4A59-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dubose, Joseph, Jeremy, ,

Mailing Address 4501 Alhambra Dr

Apt 232

City

Davis

State

CA

Zip Code

95618-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

MM / DD / YYYY
07 / 07 / 2017

Transaction ID : 4464BDC7AEB28269794F

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Dubose, Joseph, Jeremy, ,

Mailing Address 4501 Alhambra Dr

Apt 232

City

Davis

State

CA

Zip Code

95618-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

MM / DD / YYYY
08 / 07 / 2017

Transaction ID : 44AE85E8D3B10EE90C46

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 60 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Dubose, Joseph, Jeremy, ,

Mailing Address 4501 Alhambra Dr
Apt 232

City
Davis

State
CA

Zip Code
95618-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 4DCEAD910AC3BC4E8D4I

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Dubose, Joseph, Jeremy, ,

Mailing Address 4501 Alhambra Dr
Apt 232

City
Davis

State
CA

Zip Code
95618-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : 45EDAF93990EE367CDA5

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Dubose, Joseph, Jeremy, ,

Mailing Address 4501 Alhambra Dr
Apt 232

City
Davis

State
CA

Zip Code
95618-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2017

Transaction ID : 461DA3E0D95788524ABC

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Dubose, Joseph, Jeremy, ,Mailing Address 4501 Alhambra Dr
Apt 232City
DavisState
CAZip Code
95618-7152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2017

Transaction ID : 4755B1A5D68308B8D703

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Duchesne, Juan, , ,Mailing Address 1430 Tulane Ave
Ste 8527

City

New Orleans

State
LAZip Code
70112-2632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

North Oaks Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
07	28	2017

Transaction ID : 4BCA82F106D2F84B65CA

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

C. Duchesne, Juan, , ,Mailing Address 1430 Tulane Ave
Ste 8527

City

New Orleans

State
LAZip Code
70112-2632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

North Oaks Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	28	2017

Transaction ID : 4CA6939961FDD4EE092A

Amount of Each Receipt this Period

33.33

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

149.99

TOTAL 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

FOR LINE NUMBER: PAGE 62 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Duchesne, Juan, , ,

Mailing Address 1430 Tulane Ave
Ste 8527

City
New Orleans

State
LA

Zip Code
70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Oaks Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 4B67B2E38086865578C6

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

B. Duchesne, Juan, , ,

Mailing Address 1430 Tulane Ave
Ste 8527

City
New Orleans

State
LA

Zip Code
70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Oaks Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 4476BDFB8CE156D80F31

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

C. Duchesne, Juan, , ,

Mailing Address 1430 Tulane Ave
Ste 8527

City
New Orleans

State
LA

Zip Code
70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Oaks Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 420EBCAC59EB85B3CBD3

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

99.99

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Duchesne, Juan, , ,

Mailing Address 1430 Tulane Ave
Ste 8527

City
New Orleans

State
LA

Zip Code
70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Oaks Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 4018B21CEAD0613863B1

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

B. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd
Wright State Boonshoft School Of M

City
Beavercreek

State
OH

Zip Code
45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright State Physicians

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2017

Transaction ID : 45AFB11B9EA8307B7FFB

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd
Wright State Boonshoft School Of M

City
Beavercreek

State
OH

Zip Code
45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright State Physicians

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : 46FB86B92FE78AD0EE2E

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

433.33

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

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

FOR LINE NUMBER: PAGE 64 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd

Wright State Boonshoft School Of M

City

Beavercreek

State

OH

Zip Code

45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wright State Physicians

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 4BC2BE0E79A70609B25F

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd

Wright State Boonshoft School Of M

City

Beavercreek

State

OH

Zip Code

45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wright State Physicians

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2017

Transaction ID : 4D12A1861E3D8C0BBF2D

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd

Wright State Boonshoft School Of M

City

Beavercreek

State

OH

Zip Code

45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wright State Physicians

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2017

Transaction ID : 4FDDADB8E1ED5D694F34

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

600.00

TOTAL 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

FOR LINE NUMBER: PAGE 65 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Dunn, Margaret, M., ,

Mailing Address 725 University Blvd

Wright State Boonshoft School Of M

City

Beavercreek

State

OH

Zip Code

45324-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wright State Physicians

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 473D81CAB420EF261ECC

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Eastman, Alexander, Laurance, ,

Mailing Address University of Texas Southwestern M

Division Of Burns, Trauma And Crit

City

Dallas

State

TX

Zip Code

75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Texas Southwestern Medic

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : DE66C429219FEFDE4E8

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City

Knoxville

State

TN

Zip Code

37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memphis Surgery Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : 44BDAB40E954034D6D98

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

533.33

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City

Knoxville

State

TN

Zip Code

37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memphis Surgery Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
08 / 28 / 2017

Transaction ID : 4D63A4D19C5ADB0F49DF

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City

Knoxville

State

TN

Zip Code

37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memphis Surgery Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
09 / 28 / 2017

Transaction ID : 44CBB77DBFE3ADAB2582

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City

Knoxville

State

TN

Zip Code

37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memphis Surgery Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
10 / 28 / 2017

Transaction ID : 49A49D3EBBA0FB40CD6C

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 67 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City
Knoxville

State
TN

Zip Code
37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memphis Surgery Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 4812BE8BEFB3EE599D5A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Edwards, Norma, Marie, ,

Mailing Address 640 Blowing Rock Ln

City
Knoxville

State
TN

Zip Code
37922-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memphis Surgery Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 419FA8F8E85007A6FC8B

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Ellis, Clyde, Neal, , Jr.

Mailing Address 701 W 5th St
Ste 2263

City
Odessa

State
TX

Zip Code
79763-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Tech University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 5C3CBC434A34442C8620

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

666.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. **Anderson, Blaine, L., ,**

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2017

Transaction ID : 4EF48CA10ADB559E1340

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. **Anderson, Blaine, L., ,**

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2017

Transaction ID : 4E5591E777696011BB3C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. **Anderson, Blaine, L., ,**

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 4B7AB47F8E4585B47E0D

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

TOTAL 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

FOR LINE NUMBER: PAGE 69 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Anderson, Blaine, L., ,

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2017

Transaction ID : 472A897B87C43D7484C3

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Anderson, Blaine, L., ,

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 4C6F82449D977C739063

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Anderson, Blaine, L., ,

Mailing Address 1924 Alcoa Hwy
Ste U-11

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University General Surgeons

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 4C92917222A051733528

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 70 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fahy, Bridget, Noel, ,

Mailing Address Unm Dept of Surgery
 Msc07-4025

City
 Albuquerque

State
 NM

Zip Code
 87131-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 The Methodist Hospital

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : 59DB0D9F41584223A130

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
 Burke

State
 VA

Zip Code
 22015-4503

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Auckland City Hospital

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2017

Transaction ID : 4DFE9D35E22B1049DF20

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
 Burke

State
 VA

Zip Code
 22015-4503

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Auckland City Hospital

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017

Transaction ID : 4CE5A1D4E50B62DF755D

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

334.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
Burke

State
VA

Zip Code
22015-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auckland City Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 4DA18DC26773EBA3551F

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
Burke

State
VA

Zip Code
22015-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auckland City Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2017

Transaction ID : 411FBF211D53D03B9416

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
Burke

State
VA

Zip Code
22015-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auckland City Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2017

Transaction ID : 4ACF9F06AC89E203EAB0

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

126.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fairfax, Lindsay, , ,

Mailing Address 6913 Courageous Cir

City
Burke

State
VA

Zip Code
22015-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Auckland City Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 4BC1B714665B28BF3993

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2017

Transaction ID : 49FE9A45E839EF3D5A13

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2017

Transaction ID : 400CB6F818A389FC766E

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

142.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 43858194796FDA16E13C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2017

Transaction ID : 4F56B71E0D1E861B8A7C

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

Transaction ID : 4BB2BDB03057320B6BCC

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fann, Stephen, Austin, ,

Mailing Address Musc Dept of Surg
420 Csb:Msc 613

City
Charleston

State
SC

Zip Code
29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of South Carolina School of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 45BC9ACA3F81C0FEB1C1

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Felger, Erin, Angela, ,

Mailing Address 10700 Beach Mill Rd

City

Great Falls

State

VA

Zip Code

22066-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WHC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 536AEF53F5943B3AF4B

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Ferdinand, Colville, H. B., ,

Mailing Address 2210 Morningside Dr

City

Augusta

State

GA

Zip Code

30904-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Augusta University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 413FBAA8A5A749528842

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

550.00

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 75 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2017

Transaction ID : 4E12A975F6FC557BE17B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
08 / 07 / 2017

Transaction ID : 4D54BC1BD0AFB540F55B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
09 / 07 / 2017

Transaction ID : 430AA6ACE2BF4AA0D6DC

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2017

Transaction ID : 41198E9DF81E0582A67B

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2017

Transaction ID : 478881F51A8533560CC0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ferrada, Paula, , ,

Mailing Address PO Box 980454

Vcu Health System

City

Richmond

State

VA

Zip Code

23298-0454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
12 / 07 / 2017

Transaction ID : 4F34A047E5140FE0C894

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Ficke, James, , ,

Mailing Address 601 N Caroline St
Ste 5215

City
Baltimore

State
MD

Zip Code
21287-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 7AB407EF EAE04A43B19F

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Field, Richard, Jennings, , III

Mailing Address PO Box 339
260 Main Street

City
Centerville

State
MS

Zip Code
39631-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : D186749A-1EA8-4B69-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Fischer, Peter, E., ,

Mailing Address 910 Madison Ave
Uthsc Department Of Surgery, Ste 2

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolinas Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : A8E90057F9B2CD331C3

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fisher, Mason, G., ,

Mailing Address N1959 Joy Ln

City
La CrosseState
WIZip Code
54601-7172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health SystemOccupation (for Individual)
General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2017

Transaction ID : 91BCA141-CBC8-422D-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Fitch, Jamie, , ,

Mailing Address 1330 Rosalie St

City
HoustonState
TXZip Code
77004-2844FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : 3E20CD06-FE83-428E-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Fletcher, H., Stephen, ,

Mailing Address 5 Stoney Brook Way

City
MorristownState
NJZip Code
07960-7912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 8C86530A88F2466FB13A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

TOTAL 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

FOR LINE NUMBER: PAGE 79 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Flint, Lewis, Matthew, , Jr.

Mailing Address American College Of Surgeons
 Division Of Education

City
 Chicago

State
 IL

Zip Code
 60611

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 American College of Surgeons

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2017

Transaction ID : DAAAC93C-F910-4E77-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Foster, Shannon, Marie, ,

Mailing Address 65 Sycamore Dr

City
 Reading

State
 PA

Zip Code
 19606-9538

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Reading Hospital

Occupation (for Individual)
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 22 / 2017

Transaction ID : 6C5AAB61-D2C5-4715-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Freischlag, Julie, A., ,

Mailing Address Wake Forest Baptist Medical Center

City
 Winston Salem

State
 NC

Zip Code
 27157-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Johns Hopkins Hospital

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 75C40771D2DB47BC81AA

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Fry, Donald, Edmund, ,

Mailing Address 1 E Wacker Dr

Mpa Healthcare Solutions, Ste 2850

City

Chicago

State

IL

Zip Code

60601-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michael Pine and Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2017

Transaction ID : C56DD177F5363D02737

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Fuchshuber, Pascal, R., ,

Mailing Address 1425 S Main St

City

Walnut Creek

State

CA

Zip Code

94596-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Permanente Medical Group

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2017

Transaction ID : 87B9D0DD-4599-4F3B-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gaines, Barbara, A., ,

Mailing Address 1 Childrens Hospital Dr

Children's Hospital Of Pittsburgh

City

Pittsburgh

State

PA

Zip Code

15224-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Children's Hospital of Pittsburgh of U

Occupation (for Individual)

Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : 72150A37507BB39235A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gandhi, Rajesh, Ramesh, ,

Mailing Address 1500 S Main St

John Peter Smith, Opc 303

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 2F590628D4D644FD8940

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2017

Transaction ID : 4130B58FA973FBBAD4D4

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : 49ED8434B3E16994D726

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

2700.00

TOTAL 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

FOR LINE NUMBER: PAGE 82 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City
Fort Worth

State
TX

Zip Code
76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 406EAC37A63FB1098DDF

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City
Fort Worth

State
TX

Zip Code
76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : 48F888B4E54A422D0701

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City
Fort Worth

State
TX

Zip Code
76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2017

Transaction ID : 46799141F1E0608B3E6E

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 83 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Garcia, Fernando, , ,

Mailing Address 4305 Kirkland Dr

City
Fort WorthState
TXZip Code
76109-4902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : 4371A900BAD18A2C6919

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Gass, Jennifer, Suzanne, ,

Mailing Address 101 Dudley St

City
ProvidenceState
RIZip Code
02905-2401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Women and Infants' Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017

Transaction ID : 46D6ECFB-EBB6-4583-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gavitt, Brian, , ,

Mailing Address 6160 Woodlark Dr

City
CincinnatiState
OHZip Code
45230-2718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UC Davis Medical Center

Occupation (for Individual)

Surgical Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : 4E6FA874002BD31E2D28

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gavitt, Brian, , ,

Mailing Address 6160 Woodlark Dr

City
Cincinnati

State
OH

Zip Code
45230-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis Medical Center

Occupation (for Individual)
Surgical Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 3B510366CD7D4EA8D16

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gavitt, Brian, , ,

Mailing Address 6160 Woodlark Dr

City
Cincinnati

State
OH

Zip Code
45230-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis Medical Center

Occupation (for Individual)
Surgical Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 46F997CCE5A5A062C1AA

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Gavitt, Brian, , ,

Mailing Address 6160 Woodlark Dr

City
Cincinnati

State
OH

Zip Code
45230-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis Medical Center

Occupation (for Individual)
Surgical Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 45F7ABE1AD6F66F57949

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 85 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gavitt, Brian, , ,

Mailing Address 6160 Woodlark Dr

City
CincinnatiState
OHZip Code
45230-2718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis Medical CenterOccupation (for Individual)
Surgical Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 43B688F04C8F66E7C141

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Geehan, Douglas, Michael, ,

Mailing Address 2301 Holmes St
Department Of SurgeryCity
Kansas CityState
MOZip Code
64108-2640FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 122CD2CC63873B88DF1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. German, John, Clifford, ,

Mailing Address 396 S Main St
200City
OrangeState
CAZip Code
92868-3834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 7416EC6C-CA16-4408-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1275.00

TOTAL 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

FOR LINE NUMBER: PAGE 86 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gestring, Mark, Lawrence, ,

Mailing Address 20 Van Cortland Dr

City
PittsfordState
NYZip Code
14534-3048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester Medical CenterOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 08483F9D1AC741019C6E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Giangobbe, Mitchell, James, ,

Mailing Address 13629 W Camino Del Sol
Ste 180

City

Sun City West

State

AZ

Zip Code

85375-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2017

Transaction ID : FEF2FA8-E10E-4932-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Glasberg, Scot, Bradley, ,

Mailing Address 42A E 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scot Bradley Glasberg, M.D.Occupation (for Individual)
Plastic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : 483F8EF45B90EA3BE192

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1333.33

TOTAL 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

FOR LINE NUMBER: PAGE 87 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Godfrey, Henry, George, ,

Mailing Address 3944 222nd St

City
BaysideState
NYZip Code
11361-2412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY G. GODFREY, MD,PCOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 554B47A704FE4E729CB0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Goldberg, Amy, Joy, ,

Mailing Address 3401 N Broad St
FI 4City
PhiladelphiaState
PAZip Code
19140-5103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Temple University HospitalOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017

Transaction ID : 26D7A3C9EE6FF99AD6B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St
Maricopa Medical CenterCity
PhoenixState
AZZip Code
85008-4973FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maricopa Medical CenterOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2017

Transaction ID : 4D22B09544F21045AED5

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

1666.66

TOTAL 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

FOR LINE NUMBER: PAGE 88 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maricopa Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2017

Transaction ID : 45F89FD0D333638AD57D

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maricopa Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 484D97384F8E065B4557

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

C. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maricopa Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : 4287B5283EF24B1480D3

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

1249.98

TOTAL 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

FOR LINE NUMBER: PAGE 89 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maricopa Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2017

Transaction ID : 4F6C99B769E2E34B4102

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

B. Goldberg, Ross, Frederick, ,

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Maricopa Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 4C5AB3716385D251E4DC

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

C. Gotcher, Jack, , ,

Mailing Address 1928 Alcoa Hwy

Ste 305

City

Knoxville

State

TN

Zip Code

37920-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT Med Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 45B4554EF8AD402DAEE9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1083.32

TOTAL 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

FOR LINE NUMBER: PAGE 90 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2017

Transaction ID : 47AAB7F9280BE3380A6A

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2017

Transaction ID : 4053A7D26AF151EF66D1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 446AABD6A8E50B96A39C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 91 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2017

Transaction ID : 47DE8A150C6D08B780D7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
11 / 19 / 2017

Transaction ID : 4A489FE11666FE8E6D89

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Graham, Alan, M., ,

Mailing Address 411 Riverview Cir

City
New Hope

State
PA

Zip Code
18938-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crozer-Keystone Healthcare

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
12 / 19 / 2017

Transaction ID : 4422AD209662165FF0DC

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 92 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gross, Kirby, Robert, ,

Mailing Address 4242 Broadway St
Apt 302

City
San Antonio

State
TX

Zip Code
78209-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Federal Employee

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 8A48859CC5824A34AEDD

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City

East Haddam

State

CT

Zip Code

06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2017

Transaction ID : 48458FB91FB11C9136AD

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City

East Haddam

State

CT

Zip Code

06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2017

Transaction ID : 4005A3D31AD1133505E0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

09 / 20 / 2017

Transaction ID : 44C7A9C12E841F5BF73D

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 4033849FCAED18CE9242

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

10 / 22 / 2017

Transaction ID : 4172BE5167C0D72E7125

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

650.00

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 94 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 235C3F94FE4D45F6A6A6

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

Transaction ID : 473BBFDB95C5863F506F

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Gross, Ronald, Ian, ,

Mailing Address 9 Newberry Rd

City
East Haddam

State
CT

Zip Code
06423-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Medical Center

Occupation (for Individual)

Surgeon-Chief of Trauma & Acute Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 422787A5BC4CD0B4DCD6

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 95 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gugliuzza, K., Kristene Koontz, ,

Mailing Address 301 University Blvd
 Utmb Route 0534

City
 Galveston

State
 TX

Zip Code
 77555-5302

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UTMB

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 25 / 2017

Transaction ID : 4F2D91B58444D0AE4975

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Gugliuzza, K., Kristene Koontz, ,

Mailing Address 301 University Blvd
 Utmb Route 0534

City
 Galveston

State
 TX

Zip Code
 77555-5302

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UTMB

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : 463C912ADA3E07B754E9

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Gugliuzza, K., Kristene Koontz, ,

Mailing Address 301 University Blvd
 Utmb Route 0534

City
 Galveston

State
 TX

Zip Code
 77555-5302

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UTMB

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 25 / 2017

Transaction ID : 4169968EA139A18A7454

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

TOTAL 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

FOR LINE NUMBER: PAGE 96 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Gugliuzza, K., Kristene Koontz, ,

Mailing Address 301 University Blvd
Utmb Route 0534

City
Galveston

State
TX

Zip Code
77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMB

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 4A1A9D5A6522F1FF2C69

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Haase, Steven, Carl, ,

Mailing Address 1500 E Medical Center Dr
2130 Taubman Center

City
Ann Arbor

State
MI

Zip Code
48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2017

Transaction ID : 3B0CA4C2-F120-4BB7-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Halverson, Amy, Lynne, ,

Mailing Address 676 N Saint Clair St
Div Of Gastrointestinal & Onc Surg

City
Chicago

State
IL

Zip Code
60611-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern Univ Feinberg Sch of Med

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : D3675B2D-5C31-4C31-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

775.00

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

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

FOR LINE NUMBER: PAGE 97 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hartman, Kenneth, John, ,

Mailing Address Davenport Surgical Goup
Suite 3020

City
Davenport

State
IA

Zip Code
52803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Davenport Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2017

Transaction ID : E07CECA3-76A3-47A5-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hartsaw, Sara, L., ,

Mailing Address 3100 W Lakeway Rd
Ste 1

City
Gillette

State
WY

Zip Code
82718-6373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
High Plains Surgical Associates, PC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : BC97FAB088F8065578D

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Hawley, Kristy, , , MD

Mailing Address 3700 Toone St
Apt 1320

City
Baltimore

State
MD

Zip Code
21224-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar

Occupation (for Individual)
General Surgery Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : A7E8DAB4-9952-4934-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 98 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hebert, James, C., ,

Mailing Address University of Vermont
 Fahc Campus, Fletcher 462

City Burlington State VT Zip Code 05405-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Vermont

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

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

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

B. Henry, Sharon, M., ,

Mailing Address 520 S Hanover St

City Baltimore State MD Zip Code 21201-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Maryland Medical System

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 30 / 2017

Transaction ID : 37A9453174B8F4A6E37

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Henson, Kenneth, Irvin, ,

Mailing Address 8650 Sudley Rd
 Ste 206

City Manassas State VA Zip Code 20110-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

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)..... ►

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

1750.00

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

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

FOR LINE NUMBER: PAGE 99 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hetzler, Peter, T., ,

Mailing Address 200 White Rd

Little Silver Commons Suite 211

City

Little Silver

State

NJ

Zip Code

07739-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Peter T Hetzler MD FACS

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : AEABA634-D624-447D-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hilfiker, Mary, Lenora, ,

Mailing Address 3030 Childrens Way

Ste 107

City

San Diego

State

CA

Zip Code

92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCSD

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2017

Transaction ID : 4B0DB568A2CD55E14667

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

C. Hilfiker, Mary, Lenora, ,

Mailing Address 3030 Childrens Way

Ste 107

City

San Diego

State

CA

Zip Code

92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCSD

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : 4374A907448484C48432

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

670.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 253
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hilfiker, Mary, Lenora, ,Mailing Address 3030 Childrens Way
Ste 107City
San DiegoState
CAZip Code
92123-4226FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : 452694DC83F031D4BB49

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

B. Hilfiker, Mary, Lenora, ,Mailing Address 3030 Childrens Way
Ste 107City
San DiegoState
CAZip Code
92123-4226FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2017

Transaction ID : 4ABE9BA55039FABD57A0

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

C. Hilfiker, Mary, Lenora, ,Mailing Address 3030 Childrens Way
Ste 107City
San DiegoState
CAZip Code
92123-4226FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

Transaction ID : 4A27B3A226D276505060

Amount of Each Receipt this Period

210.00

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

630.00

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

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

PAGE 101 OF 253

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hilfiker, Mary, Lenora, ,Mailing Address 3030 Childrens Way
Ste 107City
San DiegoState
CAZip Code
92123-4226FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	15	2017

Transaction ID : 4849872BBF4F3BBEEBA

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

B. Huenergardt, Brenda, Kay, ,Mailing Address 1650 Main St
Ste BCity
WoodwardState
OKZip Code
73801-3046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brenda K Huenergardt, MD, PCOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	31	2017

Transaction ID : C63F2EB3530C02CD822

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Iglesias, Roberto, Carlos, ,

Mailing Address 2077 Pebble Beach Dr

City
NewburghState
INZip Code
47630-8414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evansville Surgical AssocOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	24	2017

Transaction ID : FB4736B80F304795BCD7

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1210.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Jarman, Benjamin, Thomas, ,

Mailing Address 1900 South Ave

Mail Stop C05-001

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2017

Transaction ID : EA4D9EECC57147F98A13

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Jenkins, Donald, Howard, ,

Mailing Address 7703 Floyd Curl Dr

University Of Texas Health Science

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2017

Transaction ID : DFED55B578B4FA5D399

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jensen, Aaron, Ross, ,

Mailing Address 4650 W Sunset Blvd

Keck School Of Medicine, Universit

City

Los Angeles

State

CA

Zip Code

90027-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2017

Transaction ID : C2B0E484628047D6B9C5

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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 103 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Johnson, Tiv, Ashanti, ,

Mailing Address 3001 Datarw Ln

City
Indian Trail

State
NC

Zip Code
28079-2688

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 740278BA-CBAF-43C1-

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Jones, Kenneth, Bruce, ,

Mailing Address 4802 E Johnson Ave
FI 2

City
Jonesboro

State
AR

Zip Code
72401-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 14E0A4CA0090E19A541

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Joshi, Amit, Rohan Toor, ,

Mailing Address 5501 Old York Rd
Klein Suite 510

City
Philadelphia

State
PA

Zip Code
19141-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Einstein Healthcare Network

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : FD6891AB-37AD-4664-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

850.00

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 104 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Kaufman, Howard, Scott, ,

Mailing Address 10 Congress St
Ste 300

City
Pasadena

State
CA

Zip Code
91105-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : B2E6D9BD-4B05-4275-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kaups, Krista, L., , MD FACS

Mailing Address 2823 Fresno St
Crmc, Dept 1

City
Fresno

State
CA

Zip Code
93721-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Regional Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 1A8F361ADCA04676B6BA

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Kelly, Thomas, Conner, ,

Mailing Address PO Box 3528
Cooper Clinic

City
Fort Smith

State
AR

Zip Code
72913-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cooper Clinic

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : CF9E424147806C70C21

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 105 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Kempenich, Jason, , ,

Mailing Address University Of Texas Health Science
Department Of Surgery

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Health Science Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2017

Transaction ID : 42C78B4ABF41E956752E

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Kempenich, Jason, , ,

Mailing Address University Of Texas Health Science
Department Of Surgery

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Health Science Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
10 / 25 / 2017

Transaction ID : 4F51AB62A3754D7A3A09

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Kempenich, Jason, , ,

Mailing Address University Of Texas Health Science
Department Of Surgery

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Health Science Cent

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 25 / 2017

Transaction ID : 4A57B1A5D3A2B009CBB6

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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 106 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Kempenich, Jason, , ,

Mailing Address University Of Texas Health Science
Department Of Surgery

City
San Antonio

State
TX

Zip Code
78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Texas Health Science Cent

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 4437AD61A168C79B7762

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Kennedy, Alfred, Parker, , Jr.

Mailing Address 100 N Academy Ave
21-70

City
Danville

State
PA

Zip Code
17822-9800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2017

Transaction ID : 6535A5C732D9A80D129

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kirton, Orlando, Cecilio, ,

Mailing Address 1245 Highland Ave
Department Of Surgery, Ste 604

City
Abington

State
PA

Zip Code
19001-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Abington Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2017

Transaction ID : B75FC086-FE96-482C-

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

625.00

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 107 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Klaristenfeld, Daniel, David, ,

Mailing Address 5893 Copley Dr

Garfield Specialty Clinic-Departme

City

San Diego

State

CA

Zip Code

92111-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente Fontana Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 20 / 2017

Transaction ID : 4821B690A3D902CDFAD9

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Klaristenfeld, Daniel, David, ,

Mailing Address 5893 Copley Dr

Garfield Specialty Clinic-Departme

City

San Diego

State

CA

Zip Code

92111-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente Fontana Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 20 / 2017

Transaction ID : 4EF699599F0B529DE82B

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Klaristenfeld, Daniel, David, ,

Mailing Address 5893 Copley Dr

Garfield Specialty Clinic-Departme

City

San Diego

State

CA

Zip Code

92111-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente Fontana Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 20 / 2017

Transaction ID : 4DC49CE694BBC4764408

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 253
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Klaristenfeld, Daniel, David, ,

Mailing Address 5893 Copley Dr

Garfield Specialty Clinic-Departme

City

San Diego

State

CA

Zip Code

92111-7906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente Fontana Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 49A893ACE444AEF4368B

Amount of Each Receipt this Period

25.00



Memo Item

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

B. Klein, Michael, D., ,

Mailing Address 3901 Beaubien St

Department Of Pediatric Surgery

City

Detroit

State

MI

Zip Code

48201-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Children's Hospital of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : C39CA744-F08C-4EF3-

Amount of Each Receipt this Period

250.00



Memo Item

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

C. Koehler, Richard, Hudson, ,

Mailing Address 1 Hospital Rd

Martha's Vineyard Hospital

City

Oak Bluffs

State

MA

Zip Code

02557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Martha's Vineyard Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2017

Transaction ID : 4B8CBC35480D69703AB6

Amount of Each Receipt this Period

83.33



Memo Item

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

358.33

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Koehler, Richard, Hudson, ,

Mailing Address 1 Hospital Rd

Martha's Vineyard Hospital

City

Oak Bluffs

State

MA

Zip Code

02557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Martha's Vineyard Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 4144A97A441D147EF2FC

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kohman, Leslie, J., ,

Mailing Address 750 E Adams St

Upstate Cancer Center

City

Syracuse

State

NY

Zip Code

13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2017

Transaction ID : 413CB26DC39423BC8DE3

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kohman, Leslie, J., ,

Mailing Address 750 E Adams St

Upstate Cancer Center

City

Syracuse

State

NY

Zip Code

13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 4391A6E6000CB934EE7F

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

103.33

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

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

FOR LINE NUMBER: PAGE 110 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Kohman, Leslie, J., ,

Mailing Address 750 E Adams St

Upstate Cancer Center

City

Syracuse

State

NY

Zip Code

13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2017

Transaction ID : 4797846CCE11A2017353

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Kohman, Leslie, J., ,

Mailing Address 750 E Adams St

Upstate Cancer Center

City

Syracuse

State

NY

Zip Code

13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : 488C83C83AE48E283F05

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Kohman, Leslie, J., ,

Mailing Address 750 E Adams St

Upstate Cancer Center

City

Syracuse

State

NY

Zip Code

13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 4361B5179F52E3416C2F

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.00

TOTAL 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

FOR LINE NUMBER: PAGE 111 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Kraus, Dennis, Harry, ,

 Mailing Address 130 E 77th St
 Fl 10

 City
 New York

 State
 NY

 Zip Code
 10075-1851

 FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : 867E1F708E29D162569

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kridel, Russell, W. H., ,

 Mailing Address 6655 Travis St
 Ste 900

 City
 Houston

 State
 TX

 Zip Code
 77030-1336

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 Facial Plastic Surgery Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2017

Transaction ID : 47E42312-250E-4A42-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Kwan, Albert, Man-Chung, ,

Mailing Address 1820 W 21st St

 City
 Clovis

 State
 NM

 Zip Code
 88101-4024

 FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017

Transaction ID : A7271C890BDF4CD59764

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

TOTAL 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

FOR LINE NUMBER: PAGE 112 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : 4CA2BAB9DB350B2E2574

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : 400CA11B1AA177F210C9

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 4D3A9147CA047B8427F3

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 113 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 4E8C9E764C5F7ED35853

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 487FB27370C89FDF31C0

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Lamasters, Teresa, Leann, ,

Mailing Address 2500 Country Side PI

City

West Des Moines

State

IA

Zip Code

50265-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UnityPoint Clinic Weight Loss Speciali

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 43A797D82A9727096939

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lambert, John, Sydney, ,

Mailing Address 501 Virginia Dr

City
Batesville

State
AR

Zip Code
72501-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : A0F9FC1529A048D3B2A0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lampard, Simon, David, ,

Mailing Address 620 Howard Ave
Upmc Altoona

City
Altoona

State
PA

Zip Code
16601-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC Altoona

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 561269D95E086863D5B

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Landry, Barry, Gerard, ,

Mailing Address 604 N Acadia Rd
Ste 207

City
Thibodaux

State
LA

Zip Code
70301-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : E6AA2C1522F549F28ABC

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lariviere, Gene, Robert, ,

Mailing Address 5708 32nd Ave

City

Center Point

State

IA

Zip Code

52213-9265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Gay Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	28	2017

Transaction ID : D154D7B2873D82E27AE

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Lee, Kenneth, Kwock Wah, ,

Mailing Address 497 Scaife Hall

City

Pittsburgh

State

PA

Zip Code

15261-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Pittsburgh

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	23	2017

Transaction ID : 571696BDD8DA4408AEC9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Lees, Jason, Spencer, ,

Mailing Address 800 Stanton L Young Blvd

Aat Suite 9000

City

Oklahoma City

State

OK

Zip Code

73104-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of OK

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	27	2017

Transaction ID : BDB5AAB4-8063-4C3E-

Amount of Each Receipt this Period

250.00

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

1500.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

07 / 19 / 2017

Transaction ID : 4442BED2CE985FA0E124

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 19 / 2017

Transaction ID : 4D2384D4A42094744ECD

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 19 / 2017

Transaction ID : 44B7B65C5B0745062B3C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 117 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 19 / 2017

Transaction ID : 4DEAAB2428BB95BAB8C1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 19 / 2017

Transaction ID : 408687A0431236547170

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Letton, Robert, Warren, , Jr.

Mailing Address 1200 Everett Dr

Pediatric Surgery, Ste 2320

City

Oklahoma City

State

OK

Zip Code

73104-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OUHSC Children's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 19 / 2017

Transaction ID : 4ABBB7BE297236F47725

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 118 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lichliter, Warren, E., ,

Mailing Address 3409 Worth St
 Ste 600

City
 Dallas

State
 TX

Zip Code
 75246-2042

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 North Texas C&R Surgery

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 896E8ED881384206B753

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Litton, Thomas, Christopher, ,

Mailing Address 9239 Medical Plaza Dr

City

Charleston

State

SC

Zip Code

29406-9126

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 TriCounty Surgical Associates

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2017

Transaction ID : 65792B93161E22BDFED

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Litvak, David, A., ,

Mailing Address 2600 6th St SW
 Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Cancer Treatment Centers of America

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2017

Transaction ID : 48D3B5DC46ED878A4E78

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

850.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Litvak, David, A., ,

Mailing Address 2600 6th St SW

Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cancer Treatment Centers of America

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 23 / 2017

Transaction ID : 4BF5900DBC63153B992D

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Litvak, David, A., ,

Mailing Address 2600 6th St SW

Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cancer Treatment Centers of America

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 23 / 2017

Transaction ID : 4A6EA94727E396E0EDF6

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Litvak, David, A., ,

Mailing Address 2600 6th St SW

Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cancer Treatment Centers of America

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 23 / 2017

Transaction ID : 45FBBC526F9EA79FE137

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 120 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Litvak, David, A., ,

Mailing Address 2600 6th St SW

Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cancer Treatment Centers of America

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2017

Transaction ID : 40DF8BF18906E8D26B42

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Litvak, David, A., ,

Mailing Address 2600 6th St SW

Aultman Hospital

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cancer Treatment Centers of America

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : 43EC8B1176899DC019FA

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Lohmuller, Joseph, Leo, ,

Mailing Address 1228 E Rusholme St

Medical Office Building 1, Suite 3

City

Davenport

State

IA

Zip Code

52803-2453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Davenport Surgical Group, PC

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017

Transaction ID : 11A243D60A5E4E4F8AD4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

450.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Lottenberg, Lawrence, , ,

Mailing Address 159 Darby Island Pl

City
Jupiter

State
FL

Zip Code
33458-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Florida College of Medic

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 245601C35C5248298314

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Luchette, Fred, A., ,

Mailing Address 2160 S 1st Ave
Dept of

City
Maywood

State
IL

Zip Code
60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : AB14DB11-9D07-4CBA-

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Luchtefeld, Martin, Andrew, ,

Mailing Address 4100 Lake Dr SE
Ste 205

City
Grand Rapids

State
MI

Zip Code
49546-8292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : A38CD6B62CD69746F71

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 122 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Madison, John, R., ,

Mailing Address 2094 E State St
 Ste D

City
 Salem

State
 OH

Zip Code
 44460-4409

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 17 / 2017

Transaction ID : 78E2FBE3793BE896D7D

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Mahvi, David, M., ,

Mailing Address 114 Doughty St
 Ste 243

City

Charleston

State
 SC

Zip Code
 29425-8914

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 medical university of SC

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : D4E3AF8D-53C7-4E06-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Maish, George, Orville, , III

Mailing Address 910 Madison Ave
 Ste 215

City

Memphis

State
 TN

Zip Code
 38103-3403

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

UTHSC

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : 43529BA4BF44FF1A1E99

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

633.33

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Maish, George, Orville, , III

Mailing Address 910 Madison Ave
Ste 215

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 4F49A1A9C95B638E4AA6

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Maish, George, Orville, , III

Mailing Address 910 Madison Ave
Ste 215

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 41EE903BC5EF935261E5

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Maish, George, Orville, , III

Mailing Address 910 Madison Ave
Ste 215

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 4734B0A12E2004524227

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

TOTAL 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

FOR LINE NUMBER: PAGE 124 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Malangoni, Mark, A., ,

Mailing Address 1617 John F Kennedy Blvd

American Board Of Surgery, Ste 860

City

Philadelphia

State

PA

Zip Code

19103-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 26 / 2017

Transaction ID : 351DDF597A21494BB52C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Martin, Eric, , , MD

Mailing Address 1 Medical Center Dr

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 24 / 2017

Transaction ID : 25A11A62A45E4FC793AE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Martin, Matthew, Brunson, ,

Mailing Address 1002 N Church St

Ste 302

City

Greensboro

State

NC

Zip Code

27401-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Central Carolina Surgery

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 25 / 2017

Transaction ID : A830221E5ED34CCA9367

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

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 125 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Marx, William, H., ,

Mailing Address 750 E Adams St

City
Syracuse

State
NY

Zip Code
13210-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Syracuse VA Med Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 977CC21AAD38C91293F

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Matsuura, Peter, Arnold, ,

Mailing Address 670 Ponahawai St
Ste 214

City
Hilo

State
HI

Zip Code
96720-7830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 9025C96B102890C31ED

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. McDonald, Kristin, , ,

Mailing Address 6701 Emporia Ct

City
Springfield

State
VA

Zip Code
22152-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACS

Occupation (for Individual)
Manager, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2017

Transaction ID : EBB9BC522B6245F7B695

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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 126 OF 253

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. McKenna, Daniel, , ,

Mailing Address 2845 Greenbrier Rd
Ste 230

City
Green Bay

State
WI

Zip Code
54311-6519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora BayCare Medical

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 432E928D068F432D5E0F

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City

Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2017

Transaction ID : 4F8CBAF641805011348A

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City

Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : 457F95B5BC716CA72430

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

183.33

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

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

FOR LINE NUMBER: PAGE 127 OF 253

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City
Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 45AC8BBAF7298C29FD0E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City
Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 4A6AB95A35972114B2DE

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City
Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 48F099B230BD15711955

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 128 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McQuiston, James, , ,

Mailing Address 17375 Hall Rd

City
Macomb

State
MI

Zip Code
48044-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Surgical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41F5AF59A777ECBBE64F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McVay Gillam, Marcene, Renee, ,

Mailing Address 1560 W Beebe Capps Expy
C-207

City
Searcy

State
AR

Zip Code
72143-5169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMS

Occupation (for Individual)
surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 7D811AD1-B486-4CD1-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melvin, W., , ,

Mailing Address 3400 Bainbridge Ave
FI 4

City
Bronx

State
NY

Zip Code
10467-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 3694A879A5064C9EA1CC

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 253

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mendible, Mariana, I., ,

Mailing Address 310 Deer Track Trl

City
ClintonState
NCZip Code
28328-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heinz Health ServicesOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

Transaction ID : 452199135EF5F4B8630B

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mendible, Mariana, I., ,

Mailing Address 310 Deer Track Trl

City
ClintonState
NCZip Code
28328-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heinz Health ServicesOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2017

Transaction ID : 4589AAD51C91DBB77016

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mendible, Mariana, I., ,

Mailing Address 310 Deer Track Trl

City
ClintonState
NCZip Code
28328-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heinz Health ServicesOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : 4E49AC95C58B13A79DDB

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mendible, Mariana, I., ,

Mailing Address 310 Deer Track Trl

City
Clinton

State
NC

Zip Code
28328-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heinz Health Services

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2017

Transaction ID : 41F388073EE80539892F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mercado, Philip, Donat, ,

Mailing Address 1011 Baldwin Park Blvd

Kaiser Permanente Medical Center

City

Baldwin Park

State
CA

Zip Code
91706-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 398D5771DD4D458BB48A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meredith, J., Wayne, ,

Mailing Address Wake Frst

Department Of Surgery

City

Winston Salem

State
NC

Zip Code
27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest University School of Medic

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 9CD13B5AFE3A435E819B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 253
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Millis, James, Michael, ,Mailing Address University Of Chicago Medicine
Transplantation Institute Departme

City Chicago	State IL	Zip Code 60637
-----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ChicagoOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2017

Transaction ID : EF5BB685-79A6-4D01-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Milroy, Mary, Jeannine, ,Mailing Address 1104 W 8th St
Yankton Medical Clinic

City Yankton	State SD	Zip Code 57078-3306
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yankton Medical ClinicOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : 7ED1ADBAB4B241F9176

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Minard, Gayle, , ,Mailing Address 910 Madison Ave
FI 2

City Memphis	State TN	Zip Code 38103-3403
-----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TNOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2017

Transaction ID : 4A5DAA50621C9AB8B6FC

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

833.33

TOTAL 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

FOR LINE NUMBER: PAGE 132 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minard, Gayle, , ,

Mailing Address 910 Madison Ave
FI 2

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TN

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2017

Transaction ID : 4A9B8B1C760C1ACF18CA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Minard, Gayle, , ,

Mailing Address 910 Madison Ave
FI 2

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TN

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 4C819A4F54F3D520EB30

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Minard, Gayle, , ,

Mailing Address 910 Madison Ave
FI 2

City
Memphis

State
TN

Zip Code
38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TN

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 4CEC90901237C2D292DE

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 253
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minard, Gayle, , ,Mailing Address 910 Madison Ave
FL 2City
MemphisState
TNZip Code
38103-3403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TNOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	8			2	0	1	7		

Transaction ID : 419D9C9C76BE88FCB178

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Minei, Joseph, Paul, ,Mailing Address Department of Surgery Btcc
Ut Southwestern Medical CenterCity
DallasState
TXZip Code
75390-9158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT SouthwesternOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	4			2	0	1	7		

Transaction ID : 8C77CB6BC5EE499891A2

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Misra, Hara, Prasad, ,Mailing Address 11000 N Scottsdale Rd
Ste 190City
ScottsdaleState
AZZip Code
85254-5106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	7		

Transaction ID : 81C3B5C226CD4DB0A634

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1583.33

TOTAL 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

FOR LINE NUMBER: PAGE 134 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

07 / 20 / 2017

Transaction ID : 4838A9B9FE2194854466

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

08 / 20 / 2017

Transaction ID : 49FD8675D5FF2BCF0A2D

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

09 / 20 / 2017

Transaction ID : 4051958D144250EEBC86

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 253
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

MM / DD / YYYY
 10 / 20 / 2017

Transaction ID : 49EB9A83C90B38E35625

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

MM / DD / YYYY
 11 / 20 / 2017

Transaction ID : 40D09F19CDAC40BAE819

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moalem, Jacob, , ,

Mailing Address 22 Westland Ave

City
Rochester

State
NY

Zip Code
14618-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

MM / DD / YYYY
 12 / 20 / 2017

Transaction ID : 405ABB61369AF804CFCC

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.99

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 136 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moawad, John, A., ,

Mailing Address 95 Arch St

Akron Vascular Associates, Ste 215

City

Akron

State

OH

Zip Code

44304-1467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
summahealth

Occupation (for Individual)
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 4B931283-FC2A-405B-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Molt, Patrick, L., ,

Mailing Address PO Box 465

207 NW 10Th Street

City

Fairfield

State

IL

Zip Code

62837-0465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : CDBC4C34FBE9B4AB41D

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Surgical Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2017

Transaction ID : 4F3C89102164DE7D5AB7

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1325.00

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 137 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

08 / 25 / 2017

Transaction ID : 4B668DBE1113DC81CBA5

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

09 / 25 / 2017

Transaction ID : 4090ADAA0F1BD2B880EB

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

10 / 25 / 2017

Transaction ID : 4B1FA6C8C8062E4B7B5C

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2017

Transaction ID : 4B87B6AEE08257C41628

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monaghan, Sean, Farrell, ,

Mailing Address 593 Eddy St

Department Of Surgery, Middle Hous

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2017

Transaction ID : 4642ADE8935F1A48D629

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore, Laura, , ,

Mailing Address 6431 Fannin St

Msb 4.270

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2017

Transaction ID : 45B5BECAD71AFB5062D4

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

233.33

TOTAL 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

FOR LINE NUMBER: PAGE 139 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Laura, , ,

Mailing Address 6431 Fannin St
Msb 4.270

City
Houston

State
TX

Zip Code
77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

08 / 15 / 2017

Transaction ID : 4397AF40A8FE657884A2

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moore, Laura, , ,

Mailing Address 6431 Fannin St
Msb 4.270

City
Houston

State
TX

Zip Code
77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 15 / 2017

Transaction ID : 4EDCBBACCD354CAFBC0

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

07 / 09 / 2017

Transaction ID : 49C68EC9560567E83C7F

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.66

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 140 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 09 / 2017

Transaction ID : 41D4958839A5363CCBB8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 09 / 2017

Transaction ID : 4BD7AE1C3EFCB456D139

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 09 / 2017

Transaction ID : 4126B1891CA1BD34244A

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 141 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 09 / 2017

Transaction ID : 481C9A8ED857579B0FB8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moseson, Dane, Leonard, ,

Mailing Address PO Box 3002

City
Longview

State
WA

Zip Code
98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 09 / 2017

Transaction ID : 4BF984E28A55C20AEC75

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moul, Judd, W., ,

Mailing Address Duke University Medical Center
Dumc 3707, Rm 1562

City
Durham

State
NC

Zip Code
27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Duke University Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2017

Transaction ID : FFC700BFD65C5B3C7ED

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mulvihill, Sean, J., ,

Mailing Address 295 S Chipeta Way

University Of Utah Health

City

Salt Lake City

State

UT

Zip Code

84108-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : BEC27FB9DD0E495292E9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr

1C340-Uh, Spc 5033

City

Ann Arbor

State

MI

Zip Code

48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2017

Transaction ID : 444A9F29C4F7A872D285

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr

1C340-Uh, Spc 5033

City

Ann Arbor

State

MI

Zip Code

48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2017

Transaction ID : 4EC982B972C24E5D31EF

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

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 143 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr
1C340-Uh, Spc 5033

City
Ann Arbor

State
MI

Zip Code
48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2017

Transaction ID : 458A9C1B2A7CBD2CDC83

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr
1C340-Uh, Spc 5033

City
Ann Arbor

State
MI

Zip Code
48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2017

Transaction ID : 4E688CF59FC2848D2C97

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr
1C340-Uh, Spc 5033

City
Ann Arbor

State
MI

Zip Code
48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

MM / DD / YYYY
10 / 25 / 2017

Transaction ID : D0BB02D3CA3040B5BFD9

Amount of Each Receipt this Period

325.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

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 144 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr
1C340-Uh, Spc 5033

City
Ann Arbor

State
MI

Zip Code
48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

11 / 19 / 2017

Transaction ID : 428D8046ABA337BC33DD

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Napolitano, Lena, Marie, ,

Mailing Address 1500 E Medical Center Dr
1C340-Uh, Spc 5033

City
Ann Arbor

State
MI

Zip Code
48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

12 / 19 / 2017

Transaction ID : 4CA8920B079916DA9D39

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Natuzzi, Eileen, Stack, , MD FACS

Mailing Address 509 Hermes Ave

City
Encinitas

State
CA

Zip Code
92024-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2017

Transaction ID : C7E1184CE4F7EAE120D

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2017

Transaction ID : 46C28995AF03116326BF

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

MM / DD / YYYY
08 / 28 / 2017

Transaction ID : 46FB9779021A336B9BEA

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2017

Transaction ID : 4700A88397F846D4686C

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2017

Transaction ID : 48FC97D69C070E49319D

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2017

Transaction ID : 4E24AD702F15B345954D

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neumayer, Leigh, A., ,

Mailing Address 1501 N Campbell Ave

P. O. Box 245018, Rm 4174E

City

Tucson

State

AZ

Zip Code

85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Utah University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 4F1DB26718BE2E4355E3

Amount of Each Receipt this Period

120.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 253

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nfonsam, Valentine, , ,

Mailing Address 6473 E Calle De Mirar

City
TucsonState
AZZip Code
85750-1269FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of ArizonaOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	26	2017

Transaction ID : 99E749957D3144FABB93

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nicastro, Jeffrey, Michael, ,Mailing Address 27005 76th Ave
Ste B241

City

New Hyde Park

State
NYZip Code
11040-1402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NSLIJOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	24	2017

Transaction ID : F24AAA61111F409B953D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nogueras, Juan, Jose, ,

Mailing Address 7901 Sequoia Ln

City

Parkland

State
FLZip Code
33067-2390FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	12	2017

Transaction ID : 6E348C19-8D80-4A98-

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
SyracuseState
NYZip Code
13203-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science CenOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2017

Transaction ID : 49989D3EEFE58AB85C48

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
SyracuseState
NYZip Code
13203-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science CenOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

Transaction ID : 44228E86FA2EDC7B7109

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
SyracuseState
NYZip Code
13203-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science CenOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 4151A2899B1D25857E25

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL 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

FOR LINE NUMBER: PAGE 149 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
Syracuse

State
NY

Zip Code
13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science Cen

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2017

Transaction ID : 441BB2693E037C2ECA12

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
Syracuse

State
NY

Zip Code
13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science Cen

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2017

Transaction ID : 49AA81D61F31E6362038

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Numann, Patricia, J., ,

Mailing Address 323 Highland Ave

City
Syracuse

State
NY

Zip Code
13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital Health Science Cen

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 4D6C8BAC291DB95486B5

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

MM / DD / YYYY
07 / 26 / 2017

Transaction ID : 4F44ADB4524B261A6E6E

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

MM / DD / YYYY
08 / 26 / 2017

Transaction ID : 45B0ACA16A4C9280F0E0

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2017

Transaction ID : 490AA47066935940927F

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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 151 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2017

Transaction ID : 434AAC92AC57FDA2255A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 0C2B366725E308D1530

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2017

Transaction ID : 481A8425E817F5B33824

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

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 152 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Patricia, A., ,

Mailing Address 2 Montague Ter
Apt 4A

City
Brooklyn

State
NY

Zip Code
11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 4B86A653CECEC8EE9F4D

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olds, Garth, Alan, ,

Mailing Address 925 Highland Blvd
Ste 1200

City
Bozeman

State
MT

Zip Code
59715-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 01EE427D-DF3D-44CD-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Overmiller, Carl, Lee, ,

Mailing Address 306 Pine Crest Ln

City
Ripley

State
WV

Zip Code
25271-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson General Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

Transaction ID : 38A0AF95-01C0-4454-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owens, Bernard, J., , III

Mailing Address 16299 Jug Rd

City
Burton

State
OH

Zip Code
44021-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : C9E4ED8DA6905F44D11

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pagan, John, Joseph, ,

Mailing Address 915 Lawn Ave
Ste 203

City
Sellersville

State
PA

Zip Code
18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pennridge Surgical

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3B790281-89C5-4E4C-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Paramo, Juan, Carlos, ,

Mailing Address 4300 Alton Rd
Mt Sinai Medical Center

City
Miami Beach

State
FL

Zip Code
33140-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : B0B2CFA5B4544E3B9873

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perlstein, Jon, , ,

Mailing Address Chair, Department Of Trauma & Acut
Sutter Roseville Medical Center

City State Zip Code
Roseville CA 94535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : A16B479F91344DAA82DD

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Person, Michael, A., ,

Mailing Address 911 E 20th St
Surgical Institute Of Sd, Ste 700

City State Zip Code
Sioux Falls SD 57105-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Surgical Institute of South Dakota

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : A7532BC81B684FEBA0DD

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Petersen, Anne, Elizabeth, ,

Mailing Address 1601 E Broadway

City State Zip Code
Columbia MO 65201-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boone Medical Group

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

Transaction ID : C15076A3C05BDEC5E99

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Petrik, Pavel, Vaclav, ,

Mailing Address 1331 W Avenue J
Ste 203City
LancasterState
CAZip Code
93534-2954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : E3AE6C5DBE9FEC86E5B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pezzi, Christopher, Mario, ,

Mailing Address 3958 Baymeadows Rd
Unit 2604City
JacksonvilleState
FLZip Code
32217-1806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 4A739166BEC7AAE9BD3

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pohl, Dieter, , ,

Mailing Address 1539 Atwood Ave
Ste 201City
JohnstonState
RIZip Code
02919-3262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Chartercare Medical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1209.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 42A4B50E43B3BC0EFFE6

Amount of Each Receipt this Period

209.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1209.00

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 156 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2017

Transaction ID : 4B49BB52335AC40DD47C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : 4E14B8D761994CC8EE02

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 44879F3C387B80CA85D0

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 157 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : 417A83CEC7C2BDBAB02E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2017

Transaction ID : 4EE49B52E60CF0A0CAF6

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poje, Christopher, Peter, ,

Mailing Address 3580 Sheridan Dr
Ste 115

City
Buffalo

State
NY

Zip Code
14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of Buffalo

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 48BABA667BEA9C5D96AD

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Polk, Travis, , ,

Mailing Address Navy Trauma Training Center
 Lac#43;Usc Medical Center

City

Los Angeles

State

CA

Zip Code

90033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : 6AD24678A7C41F0FA90

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Potts, John, Rex, , III

Mailing Address 515 N State St
 Ste 2000

City

Chicago

State

IL

Zip Code

60654-4865

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ACGME

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : E5719DFF-CF90-491D-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Radtke, N., D., ,

Mailing Address 240 Audubon Medical Plaza

City

Louisville

State

KY

Zip Code

40217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : D647817F11119A56EF8

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1750.00

TOTAL 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

FOR LINE NUMBER: PAGE 159 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramaswamy, Archana, , ,

Mailing Address 1 Veterans Dr

Va Medical Center, # 2J-110

City

Minneapolis

State

MN

Zip Code

55417-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Missouri

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 5A6A89CF24294D59A9B0

Amount of Each Receipt this Period

2500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reardon, Patrick, R., ,

Mailing Address 6550 Fannin St

Ste 2435

City

Houston

State

TX

Zip Code

77030-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Methodist Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : A3FA07E4F9D74C9D824B

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reavis, Kevin, Michael, ,

Mailing Address 4805 NE Glisan St

Ste 6N60

City

Portland

State

OR

Zip Code

97213-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : D1B88C68192F4B6D8D80

Amount of Each Receipt this Period

250.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed, Scott, , ,

Mailing Address 1532 Bordeaux Pl

City
Norfolk

State
VA

Zip Code
23509-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverside Medical Group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 2A78C358-281E-468C-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reiling, Richard, B., ,

Mailing Address 1150 S Kings Dr

City
Charlotte

State
NC

Zip Code
28207-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 51D1D016436948E687D0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reilly, Patrick, M., ,

Mailing Address 51 N 39th St
1 Mob, Suite 120

City
Philadelphia

State
PA

Zip Code
19104-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of PA

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : D43D00C73AE109BB335

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivera-Hernandez, Mariluz, , ,

Mailing Address 7 Riverside Blvd

City
San Juan

State
PR

Zip Code
00926-8642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2017

Transaction ID : 411F9E01AA6460D2CB47

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivera-Hernandez, Mariluz, , ,

Mailing Address 7 Riverside Blvd

City
San Juan

State
PR

Zip Code
00926-8642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2017

Transaction ID : 4BB7B8FDA44E4AD58C42

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rivera-Hernandez, Mariluz, , ,

Mailing Address 7 Riverside Blvd

City
San Juan

State
PR

Zip Code
00926-8642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 04 / 2017

Transaction ID : 4C29BA5D1FC9B2CBE2BC

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

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 162 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rivera-Hernandez, Mariluz, , ,

Mailing Address 7 Riverside Blvd

City
San Juan

State
PR

Zip Code
00926-8642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 40C1808F2057AC5204B4

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2017

Transaction ID : 49CE88500D4C43E31904

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2017

Transaction ID : 4380B88E01203217C06E

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 4EC98C0BD1812BE6C893

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 47FBAAE505286FF0D233

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2017

Transaction ID : 446CB7377036C3BA3034

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robertson, Ronald, David, ,

Mailing Address 4301 W Markham St
Slot 520

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 44669392A2C0CB5B490F

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodning, Charles, B., ,

Mailing Address 2451 Fillingim St
Mastin #716

City
Mobile

State
AL

Zip Code
36617-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South Alabama

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 6D29030F8CE2AB91E94

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rogers, Ann, Marie, ,

Mailing Address 13 Killarney Building

City
Hershey

State
PA

Zip Code
17033-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hershey Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 78EC97D2-29DD-4CB3-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.66

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 165 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rojas Carroll, Lyda, E., ,

Mailing Address 672 Stoneleigh Ave
FI 2

City
Carmel

State
NY

Zip Code
10512-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount kisco medical group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 4A7E90AC68C4D4664A90

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rojas Carroll, Lyda, E., ,

Mailing Address 672 Stoneleigh Ave
FI 2

City
Carmel

State
NY

Zip Code
10512-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount kisco medical group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 49A197D42A3BEA5BDFE8

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rojas Carroll, Lyda, E., ,

Mailing Address 672 Stoneleigh Ave
FI 2

City
Carmel

State
NY

Zip Code
10512-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount kisco medical group

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2017

Transaction ID : 4F8F9B4B39E97390C708

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL 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

FOR LINE NUMBER: PAGE 166 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rojas Carroll, Lyda, E., ,

Mailing Address 672 Stoneleigh Ave
 Fl 2

City
 Carmel

State
 NY

Zip Code
 10512-4634

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Mount kisco medical group

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 25 / 2017

Transaction ID : 45E7BD57AA003A7F252D

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rossi, Matthew, Brandl, ,

Mailing Address PO Box 267
 107 Tremont Street

City
 Hopedale

State
 IL

Zip Code
 61747-0267

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 self

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : 15731792-CBA5-433C-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rotolo, Francis, Steven, ,

Mailing Address 6535 N Charles St
 Physicians Pavillion North, Suite

City
 Towson

State
 MD

Zip Code
 21204-5832

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Greater Baltimore Medical Center

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2017

Transaction ID : 9E410D26-51AC-4DC5-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rough, William, , ,

Mailing Address 115 Sarazen Dr

City

Moorestown

State

NJ

Zip Code

08057-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : A25E0AC3AB3E484DB8E0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rozycki, Grace, , ,

Mailing Address 545 Barnhill Dr

Department Of Surgery, # EH511

City

Indianapolis

State

IN

Zip Code

46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INDIANA UNIVERSITY HEALTH

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : C0F1B0C8-1538-41D6-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rubin, Marc, S., ,

Mailing Address Department Of Surgery

North Shore Medical Center

City

Salem

State

MA

Zip Code

01970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Massachusetts Gneral Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 26 / 2017

Transaction ID : E26FA891-0A24-417F-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL 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

FOR LINE NUMBER: PAGE 168 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rubino, Matthew, , ,

Mailing Address 501 W 14th St
Ste 4N54

City
Wilmington

State
DE

Zip Code
19801-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Associates of New Castle

Occupation (for Individual)
General Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

10 / 14 / 2017

Transaction ID : 4027A526277AC83A6802

Amount of Each Receipt this Period

20.84

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rubino, Matthew, , ,

Mailing Address 501 W 14th St
Ste 4N54

City
Wilmington

State
DE

Zip Code
19801-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Associates of New Castle

Occupation (for Individual)
General Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

11 / 14 / 2017

Transaction ID : 4AE18ADF285BB701C563

Amount of Each Receipt this Period

20.84

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rubino, Matthew, , ,

Mailing Address 501 W 14th St
Ste 4N54

City
Wilmington

State
DE

Zip Code
19801-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Associates of New Castle

Occupation (for Individual)
General Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 14 / 2017

Transaction ID : 492681CA19C6F277D831

Amount of Each Receipt this Period

20.84

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rush, Robert, M., ,

Mailing Address Deputy Commander for Surgical Serv
 Madigan Army Medical Center

City Tacoma State WA Zip Code 98431-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : 4B9FBB6F45B0EF4C6483

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rush, Robert, M., ,

Mailing Address Deputy Commander for Surgical Serv
 Madigan Army Medical Center

City Tacoma State WA Zip Code 98431-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 20 / 2017

Transaction ID : 433C9B5F0BFEBF5BB3EE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rush, Robert, M., ,

Mailing Address 4710 John Luhr Rd NE

City Olympia State WA Zip Code 98516-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : 4E669A03A8EADB8C75E0

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 170 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rush, Robert, M., ,

Mailing Address 4710 John Luhr Rd NE

City
Olympia

State
WA

Zip Code
98516-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2017

Transaction ID : 44D097264D71D89F0A27

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rush, Robert, M., ,

Mailing Address 4710 John Luhr Rd NE

City
Olympia

State
WA

Zip Code
98516-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

Transaction ID : 415AB3C1F171FEE9A00B

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rush, Robert, M., ,

Mailing Address 4710 John Luhr Rd NE

City
Olympia

State
WA

Zip Code
98516-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rutan, Kathryn, Lynn, ,

Mailing Address 7802 Creekside View Ln

City
SpringfieldState
VAZip Code
22153-3213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States NavyOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : 7DC010F6ABD086FE8B8

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryder, Beth, Ann, ,

Mailing Address University Surgical Associates
Suite 302City
ProvidenceState
RIZip Code
02904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Surgical AssociatesOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : C5BF4C8A3739C128FDD

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Safford, Shawn, David, ,

Mailing Address 3015 Avenham Ave SW

City
RoanokeState
VAZip Code
24014-1403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carilion ClinicOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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 only).....▶

1250.00

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 172 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2017

Transaction ID : 48179A0DFC1F655AE5EE

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2017

Transaction ID : 4528BBC527B0307E92C6

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 4C52A8FA7207A8BF6C79

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2017

Transaction ID : 41B28900020FC5A7E629

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2017

Transaction ID : 48BCBADA5BC97ADBE905

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salomone, Jeffrey, Paul, ,

Mailing Address 372 W Secretariat Dr

City
Tempe

State
AZ

Zip Code
85284-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 4B288817DFCCE1B008F2

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sarani, Babak, , ,

Mailing Address 2150 Pennsylvania Ave NW
 Ste 6B

City
 Washington

State
 DC

Zip Code
 20037-3201

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Mfa

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : 7168A889-F325-46C8-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sartorelli, Kenneth, Hans, ,

Mailing Address 111 Colchester Ave
 267FI4

City
 Burlington

State
 VT

Zip Code
 05401-1473

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Univ of VT

Occupation (for Individual)
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : B263406430D20491785

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sava, Jack, , ,

Mailing Address 110 Irving St NW
 Ste 4B-39

City
 Washington

State
 DC

Zip Code
 20010-3017

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Med Star Health

Occupation (for Individual)
 Surgeons

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 05 / 2017

Transaction ID : 0E50DBEF-4F35-4453-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Savarise, Mark, Thomas, ,

Mailing Address 5126 W Daybreak Pkwy

University Of Utah South Jordan He

City

South Jordan

State

UT

Zip Code

84009-5994

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : C9CB17A94FE24F0B9A89

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schirmer, Bruce, David, ,

Mailing Address Department of Surgery

University Of Virginia Hospital

City

Charlottesville

State

VA

Zip Code

22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Virginia Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2017

Transaction ID : 88B304CA-EF1E-44F4-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schreiber, Martin, A., ,

Mailing Address 3181 SW Sam Jackson Park Rd

Mail Code L611

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OHSU

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 76593EABC8111AAF8F1

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schwaizberg, Steven, D., ,

Mailing Address 100 High St

Department Of Surgery, # D351

City
BuffaloState
NYZip Code
14203-1126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CHA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : 11BA15E587C DFA0A2A2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr

Emerson Hall 509

City
IndianapolisState
INZip Code
46202-5112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana UniversityOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017

Transaction ID : 4C759B1B0CD4290E704F

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr

Emerson Hall 509

City
IndianapolisState
INZip Code
46202-5112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana UniversityOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2017

Transaction ID : 46DBB8F05D46FBCBD150

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

420.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City
Indianapolis

State
IN

Zip Code
46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

09 / 21 / 2017

Transaction ID : 4FC0A4AEB828190E4A28

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City
Indianapolis

State
IN

Zip Code
46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

10 / 21 / 2017

Transaction ID : 496F9E70D511B7AE083F

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City
Indianapolis

State
IN

Zip Code
46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

11 / 21 / 2017

Transaction ID : 4AE3BC157C0A6E4706ED

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Selzer, Don, Jay, ,

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City
Indianapolis

State
IN

Zip Code
46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 46AD85EA1E01CAD4E142

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Senkowski, Christopher, Keith, ,

Mailing Address 4700 Waters Ave
Department Of Surgical Education

City
Savannah

State
GA

Zip Code
31404-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACI Surgical Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2017

Transaction ID : 4AB1F5C4-172D-4533-

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seymour, Neal, Edward, ,

Mailing Address Vice Chair Chief Divide of General
Baystate Medical Center

City
Springfield

State
MA

Zip Code
01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baystate Health

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : FB0EF16B-4BBC-4282-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

635.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shah, Mona, , ,

Mailing Address 3628 E Imperial Hwy
Ste 202

City
Lynwood

State
CA

Zip Code
90262-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pro health Partners

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : CBAD7751EF504BC5AB97

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shaver, Timothy, R., ,

Mailing Address 5290 Chandley Farm Cir

City
Centreville

State
VA

Zip Code
20120-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Surgery Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 8CAEF00D279A445EA1CD

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave
Sellersville Outpatient Center, St

City
Sellersville

State
PA

Zip Code
18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grand View Surgical Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2017

Transaction ID : 4D7C8CDFDABF54C5B2EA

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 27 / 2017

Transaction ID : 432D91B77B9BF15AE50B

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 27 / 2017

Transaction ID : 4001B44ACB40FEA58B3A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : 4D94810B0C34619CD49F

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017

Transaction ID : 4593B0458836DDCA376C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2017

Transaction ID : 4BCAB244A456DFCF5990

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shearburn, Edwin, W., , III

Mailing Address 915 Lawn Ave

Sellersville Outpatient Center, St

City

Sellersville

State

PA

Zip Code

18960-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grand View Surgical Associates

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017

Transaction ID : 479EA0A2AC64E22CFD2B

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shires, G., , III

Mailing Address 8200 Walnut Hill Ln

Texas Health Presbyterian Hospital

City
DallasState
TXZip Code
75231-4426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Hospital of DallasOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : ED53E17C-D82C-4AFB-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sidwell, Richard, A., ,

Mailing Address 1415 Woodland Ave
Ste 140City
Des MoinesState
IAZip Code
50309-3203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Iowa ClinicOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 4A52C8A25F2969EEA16

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203City
GulfportState
MSZip Code
39507-3855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gulf Coast Veterans Healthcare SystemOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2017

Transaction ID : 4A428203DD36293C33C2

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1650.00

TOTAL 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

FOR LINE NUMBER: PAGE 183 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203

City
Gulfport

State
MS

Zip Code
39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gulf Coast Veterans Healthcare System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2017

Transaction ID : 48158F9E6D18C63A552C

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203

City
Gulfport

State
MS

Zip Code
39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gulf Coast Veterans Healthcare System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 4683A7246FCB57182C7

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203

City
Gulfport

State
MS

Zip Code
39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gulf Coast Veterans Healthcare System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : 429BBAA24FF4D480553E

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

450.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203

City
Gulfport

State
MS

Zip Code
39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gulf Coast Veterans Healthcare System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2017

Transaction ID : 4871AC2197D9067FEE1A

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simon, Kenneth, Bernard, ,

Mailing Address 2255 Switzer Rd
Apt J203

City
Gulfport

State
MS

Zip Code
39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gulf Coast Veterans Healthcare System

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 477994E2F62E566E6934

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simon, Ronald, Jay, ,

Mailing Address 4802 10th Ave
Maimonides Medical Center

City
Brooklyn

State
NY

Zip Code
11219-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : C25A1E8C2FDF406686FF

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

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 185 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sinanan, Mika, Narad, ,

Mailing Address 1959 NE Pacific St
356410

City
Seattle

State
WA

Zip Code
98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2017

Transaction ID : 4A9F904AC75601544135

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sinanan, Mika, Narad, ,

Mailing Address 1959 NE Pacific St
356410

City
Seattle

State
WA

Zip Code
98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2017

Transaction ID : 45D99D5262778518D15C

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sinanan, Mika, Narad, ,

Mailing Address 1959 NE Pacific St
356410

City
Seattle

State
WA

Zip Code
98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 4427B0AF5884096D8D8F

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

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 186 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Jeffrey, , ,

Mailing Address 3750 Convoy St
Ste 201

City
San Diego

State
CA

Zip Code
92111-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Trauma & Fracture Speciali

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 6C865558-8407-4760-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Ted, Ray, ,

Mailing Address 42 Carriage Sq

City
Waco

State
TX

Zip Code
76708-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 3346EE41464C473F9114

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Solorzano, Carmen, Cecilia, ,

Mailing Address 2220 Pierce Ave
597 Preston Research Building

City
Nashville

State
TN

Zip Code
37232-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical Ctr

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 90A0B297CD2F641FF42

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Solowey, Alex, Choffel, ,

Mailing Address 9 Easthaven Ln

City

White Plains

State

NY

Zip Code

10605-5460

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 11 / 2017

Transaction ID : 45D7B2B460D833BA29F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sonntag, Cheyenne, , ,

Mailing Address 781 Zermatt Dr

City

Hummelstown

State

PA

Zip Code

17036-9703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Hershey Medical Center

Occupation (for Individual)

General Surgery Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 24 / 2017

Transaction ID : 08B27AD5EB2E490A8F8D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soper, Nathaniel, Jolas, ,

Mailing Address 251 E Huron St

Northwestern Medicine, Dept Of Sur

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwestern University Feinberg Schoo

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2017

Transaction ID : E8E6E7D7-DFB7-4D66-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soybel, David, Ira, ,

Mailing Address 500 University Dr

General Surgery Specialties

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hershey Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 8AD1F20E73FF46A5B8B4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spain, David, , ,

Mailing Address 300 Pasteur Dr

Section Of Acute Care Suregry, # S

City

Stanford

State

CA

Zip Code

94305-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stanford University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2017

Transaction ID : EDD352B8-6392-4F57-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spencer, David, Lamar, ,

Mailing Address 2520 Promenade Blvd

City

Ocean Springs

State

MS

Zip Code

39564-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Miss. Surgeons

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : CACD4E0E-6D3A-4FDC-

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

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 189 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. St. Hill, Charles, , ,

Mailing Address 1707 W Charleston Blvd
Ste 160

City
Las Vegas

State
NV

Zip Code
89102-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MountainView Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : 612A9A07169CB72FCB0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stasney, C., Richard, ,

Mailing Address 3211 Ferndale St

City
Houston

State
TX

Zip Code
77098-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Ear, Nose and Throat Consultants

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : 33AFB6B665724F9D9628

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stein, Sharon, Lisa, ,

Mailing Address 11100 Euclid Ave, # 5047
Dept Surgery/Division Of Colorecta

City
Cleveland

State
OH

Zip Code
44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospitals/Case medical Cent

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2017

Transaction ID : 9B797B37021F48D49967

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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 190 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steinberg, Steven, M., ,

Mailing Address 395 W 12th Ave

The Ohio State University, Ste 630

City

Columbus

State

OH

Zip Code

43210-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State Univ

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2017

Transaction ID : E76052EE-697F-4A03-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sternfeld, William, Charles, ,

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Toldeo Clinic, Inc

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4584.00

Date of Receipt

10 / 23 / 2017

Transaction ID : A57CECC5EE8245EDBA9B

Amount of Each Receipt this Period

4584.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Ronald, M., ,

Mailing Address 7703 Floyd Curl Dr

Ut Health Science Center At San An

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

07 / 02 / 2017

Transaction ID : 427C802361E96BF9315C

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5044.00

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 191 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Ronald, M., ,

Mailing Address 7703 Floyd Curl Dr

Ut Health Science Center At San An

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

MM / DD / YYYY
08 / 02 / 2017

Transaction ID : 424A952EADF90449BA0E

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Ronald, M., ,

Mailing Address 14443 Iron Horse Way

City

Helotes

State

TX

Zip Code

78023-3971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2017

Transaction ID : 4346BD3CF455DB1FCAB9

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Ronald, M., ,

Mailing Address 7703 Floyd Curl Dr

Ut Health Science Center At San An

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

MM / DD / YYYY
10 / 02 / 2017

Transaction ID : 41589B66AD948BF13407

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

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 192 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Ronald, M., ,

Mailing Address 7703 Floyd Curl Dr

Ut Health Science Center At San An

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

11 / 02 / 2017

Transaction ID : 45608F0594D81FD455BB

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Ronald, M., ,

Mailing Address 7703 Floyd Curl Dr

Ut Health Science Center At San An

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHSCSA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

12 / 02 / 2017

Transaction ID : 4DBE9BDE83AF3DED430C

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Streit, Stephanie, , ,

Mailing Address 2879 Markbreit Ave

City

Cincinnati

State

OH

Zip Code

45209-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

07 / 19 / 2017

Transaction ID : 46A7AFB49AB69AA3F7FC

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

470.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 253

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Streit, Stephanie, , ,

Mailing Address 2879 Markbreit Ave

City
Cincinnati

State
OH

Zip Code
45209-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2017

Transaction ID : 488287575BECE16B97A4

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Streit, Stephanie, , ,

Mailing Address 6737 Quinella Dr

City
Las Vegas

State
NV

Zip Code
89103-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 4FFBB43C97EF12D881EC

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Streit, Stephanie, , ,

Mailing Address 6737 Quinella Dr

City
Las Vegas

State
NV

Zip Code
89103-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2017

Transaction ID : 65001F1E-AD92-4647-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 194 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Streit, Stephanie, , ,

Mailing Address 6737 Quinella Dr

City

Las Vegas

State

NV

Zip Code

89103-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 19 / 2017

Transaction ID : 4B938EC073E8C64ECE85

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Streit, Stephanie, , ,

Mailing Address 6737 Quinella Dr

City

Las Vegas

State

NV

Zip Code

89103-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 19 / 2017

Transaction ID : 460FAB80A2BC4C9EB069

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Streit, Stephanie, , ,

Mailing Address 6737 Quinella Dr

City

Las Vegas

State

NV

Zip Code

89103-4357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAF

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 19 / 2017

Transaction ID : 4B3D9AE91FB694B59C1B

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sussman, Howard, Lawrence, ,

Mailing Address 8 Candy Ln

City

Roslyn Heights

State

NY

Zip Code

11577-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Joseph Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : D1A3D870-EA79-4E14-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : 478C92EB5716AD859138

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2017

Transaction ID : 476393230277759A8C78

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1083.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 457DA4C39270DB3D301F

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2017

Transaction ID : 424292D23C7B3CBE5526

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

Transaction ID : 45E483928637444942A9

Amount of Each Receipt this Period

416.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1249.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sutherland, Michael, J., ,

Mailing Address 4301 W Markham St

Uams Department Of Surgery, # 520-

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : 46E49D378207A741AEE7

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Szlabick, Randolph, Eugene, ,

Mailing Address 1301 N Columbia Rd

Undsmhs Dept Of Surg Rm 271, Stop

City

Grand Forks

State

ND

Zip Code

58202-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of North Dakota

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2017

Transaction ID : 4C6A8BB8B17015E3AAA9

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Szlabick, Randolph, Eugene, ,

Mailing Address 1301 N Columbia Rd

Undsmhs Dept Of Surg Rm 271, Stop

City

Grand Forks

State

ND

Zip Code

58202-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of North Dakota

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2017

Transaction ID : 4B99824783A2B504D7AD

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

466.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2017

Transaction ID : 45DA8D39552F61F7B101

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2017

Transaction ID : 401DA377C0628A93A53C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 4AE4BD6EC6965F8E1FF8

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 253
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 07 / 2017

Transaction ID : 48408B210140E6C37D87

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2017

Transaction ID : 4C79A6D75714C4EC0585

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tan, Amy, E., ,

Mailing Address 57 Water St

City
Blue Hill

State
ME

Zip Code
04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Hill Memorial Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
12 / 07 / 2017

Transaction ID : 40F9B78799E609B26151

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tavakkoli, Ali, , MBBS, FACS

Mailing Address 75 Francis St

Brigham And Women's Hospital

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and Women's Hospital

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2017

Transaction ID : C4BAAC48-41B1-482B-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thambi-Pillai, Thavam, Achenanthan, ,

Mailing Address 1508 W 22nd St

Ste 101

City

Sioux Falls

State

SD

Zip Code

57105-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sanford Health

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2017

Transaction ID : C47AC9C0706ED84BD06

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thirlby, Richard, Coller, ,

Mailing Address Virginia Mason Medical Center

Mailstop C6-Gsur

City

Seattle

State

WA

Zip Code

98111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Virginia Mason Clinic

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 13 / 2017

Transaction ID : 02F6519B25F2E7A0923

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL 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

FOR LINE NUMBER: PAGE 201 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomas, J., Scott, ,

Mailing Address 3352 Forrester Rd

City
TempleState
TXZip Code
76502-4309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scott and White Memorial HospitalOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : F589F282-F91D-4722-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302City
South BendState
INZip Code
46601-1073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVSOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2017

Transaction ID : 42BC88BC28561E312864

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302City
South BendState
INZip Code
46601-1073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVSOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2017

Transaction ID : 491DA4B9B11F3684C829

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

416.66

TOTAL 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

FOR LINE NUMBER:
(check only one)

PAGE 202 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302

City
South Bend

State
IN

Zip Code
46601-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVS

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 468CA492919748E5CA86

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302

City
South Bend

State
IN

Zip Code
46601-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVS

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2017

Transaction ID : 4C5FBEBEC03A032E776D5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302

City
South Bend

State
IN

Zip Code
46601-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVS

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2017

Transaction ID : 4A9C8917FDB20FBE8EA8

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Mark, Alan, ,

Mailing Address 621 Memorial Dr
Ste 302

City
South Bend

State
IN

Zip Code
46601-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GVS

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41D7BFD2B6AFF401F44D

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thorson, Alan, G., ,

Mailing Address 9850 Nicholas St
Ste 100

City
Omaha

State
NE

Zip Code
68114-2191

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 8B61E8CF883C4AB6A0E3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Timmerman, Gary, L., ,

Mailing Address 1508 W 22nd St
Ste 101

City
Sioux Falls

State
SD

Zip Code
57105-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Associates

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2017

Transaction ID : F0A2F8C9-EA20-4C9E-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Timmons, Shelly, , ,

Mailing Address 647 Whitetail Dr

City

Hummelstown

State

PA

Zip Code

17036-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 50A0234A-8601-490A-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tinkoff, Glen, Herman, ,

Mailing Address 11000 Euclid Ave
Lakeside 7

City

Cleveland

State

OH

Zip Code

44106-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Christinia Care

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2017

Transaction ID : 42FD96B4068C93398CDF

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tinkoff, Glen, Herman, ,

Mailing Address 11000 Euclid Ave
Lakeside 7

City

Cleveland

State

OH

Zip Code

44106-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Christinia Care

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : 4C9E9A16B8063266BEB7

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

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 205 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tinkoff, Glen, Herman, ,

Mailing Address 11000 Euclid Ave
Lakeside 7

City
Cleveland

State
OH

Zip Code
44106-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Christinia Care

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 46D5929DC113D0D28EFE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tinkoff, Glen, Herman, ,

Mailing Address 11000 Euclid Ave
Lakeside 7

City
Cleveland

State
OH

Zip Code
44106-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Christinia Care

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2017

Transaction ID : 45A9A0237DE95E1F8542

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Torres, Denise, , ,

Mailing Address Geisinger Med Ctr
Mc 21-68

City
Danville

State
PA

Zip Code
17822-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Med Ctr

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2017

Transaction ID : F2DB2843016EB528B02

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Towfigh, Shirin, , ,

Mailing Address 450 N Roxbury Dr
Ste 224

City

Beverly Hills

State

CA

Zip Code

90210-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mt. Sinai Med Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2017

Transaction ID : A430AF11403A4FB9996C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Townsend, Courtney, M., , Jr.

Mailing Address University of Texas Medical Br
John Sealy Annex Suite 6.146

City

Galveston

State

TX

Zip Code

77555-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Texas Medical Branch

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2017

Transaction ID : 47C9B4A8EAFD4D91AE5F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tracci, Margaret, Shizue, ,

Mailing Address PO Box 800679

City

Charlottesville

State

VA

Zip Code

22908-0679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of VA

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : B87DE32F277D48FF974E

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Trostle, Douglas, R., ,

Mailing Address 1 Guthrie Sq

Guthrie Clinic Ltd

City

Sayre

State

PA

Zip Code

18840-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Guthrie Medical Group

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2017

Transaction ID : FEDED559455842A08508

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Upperman, Jeffrey, Scott, ,

Mailing Address 4650 W Sunset Blvd

Dept of

City

Los Angeles

State

CA

Zip Code

90027-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USC

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2017

Transaction ID : 17696E2B0A774B2ABEA5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Urist, Marshall, McLean, ,

Mailing Address 2321 Highland Cres S

City

Birmingham

State

AL

Zip Code

35205-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ Of Alabama Birmingham

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2017

Transaction ID : 76EF595B3947FB6C33A

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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 208 OF 253

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
07 / 19 / 2017

Transaction ID : 4004AC05A277F10238C7

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
08 / 19 / 2017

Transaction ID : 4D8BA7250E1E5A81EB1E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
09 / 19 / 2017

Transaction ID : 4D15A1B2332536AF27CF

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

10 / 19 / 2017

Transaction ID : 4AFCA245095A18ADF632

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

11 / 19 / 2017

Transaction ID : 4450AB6B14AA4FF84171

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vates, George, Edward, ,

Mailing Address 2180 S Clinton Ave

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14618-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 19 / 2017

Transaction ID : 44E894040C07E3FFE204

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
WyndmoorState
PAZip Code
19038-7907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2017

Transaction ID : 4A01ACCC3D6D7A1D4594

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
WyndmoorState
PAZip Code
19038-7907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2017

Transaction ID : 46CF85CBA54C793801E3

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
WyndmoorState
PAZip Code
19038-7907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 46DF9F099A2D6B61CC6A

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
Wyndmoor

State
PA

Zip Code
19038-7907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2017

Transaction ID : 4352A59FEF2F6DF8F525

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
Wyndmoor

State
PA

Zip Code
19038-7907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

Transaction ID : 417BA0DF1F8E955A1502

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ward, William, Harrell, , Jr.

Mailing Address 811 E Willow Grove Ave

City
Wyndmoor

State
PA

Zip Code
19038-7907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 479B9080859CBE92B2D6

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waring, Bruce, James, ,

Mailing Address 400 Indiana St
Ste 200

City
Golden

State
CO

Zip Code
80401-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Specialists of Colorado

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : D68ADA24-6BF7-4186-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warneke, James, Andrew, ,

Mailing Address 3838 N Campbell Ave

City
Tucson

State
AZ

Zip Code
85719-1478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arizona Health Sciences Center

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 340CC8499CB643B2B2CE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watters, Jennifer, , ,

Mailing Address 61492 Hackleman Ct

City
Bend

State
OR

Zip Code
97702-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon HEalth & Science University

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 94C08844AFE74C27B564

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weiss, Eric, Glenn, ,

Mailing Address 5686 Westminster Ave

City

Boca Raton

State

FL

Zip Code

33496-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Florida

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2017

Transaction ID : 4EEFA33218C8CF308F0A

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weiss, Eric, Glenn, ,

Mailing Address 5686 Westminster Ave

City

Boca Raton

State

FL

Zip Code

33496-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Florida

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2017

Transaction ID : 4663ADB1FB6EB2736745

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weiss, Eric, Glenn, ,

Mailing Address 5686 Westminster Ave

City

Boca Raton

State

FL

Zip Code

33496-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Florida

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2017

Transaction ID : 4A6AABCD031E8EA0FD6

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 number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wesley, John, Robert, ,

Mailing Address 185 S Old Creek Rd

City
Vernon Hills

State
IL

Zip Code
60061-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 9C75FACB705B3105A36

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wessells, Hunter, Buchanan, ,

Mailing Address 1959 NE Pacific St

Univ Of Washington Department Of U

City
Seattle

State
WA

Zip Code
98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Washington

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2017

Transaction ID : B359B31AE70542678031

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Cassandra, , ,

Mailing Address 2211 River Park Ct

City
Augusta

State
GA

Zip Code
30907-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Augusta University

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 9C7995456AC54E4B90AD

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Jon, Charles, ,

Mailing Address 15 Newlands St

City
Chevy Chase

State
MD

Zip Code
20815-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Va Hospital

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : CAB068CAC99F5F4441F

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whiting, James, F., ,

Mailing Address 887 Congress St
Ste 400

City
Portland

State
ME

Zip Code
04102-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2017

Transaction ID : 705F63D8-FBCD-444E-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wills, Hale, Edward, ,

Mailing Address 2 Dudley St
Ste 190

City
Providence

State
RI

Zip Code
02905-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Surgical Associates

Occupation (for Individual)
Pediatric Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2017

Transaction ID : D36C430C-6A5A-4A4F-

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1250.00

TOTAL 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

FOR LINE NUMBER: PAGE 216 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Alison, M., ,

Mailing Address PO Box 9238

City

Morgantown

State

WV

Zip Code

26506-9238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2017

Transaction ID : 31091A2813F2623602D

Amount of Each Receipt this Period

300.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, Bryant, Whitley, ,

Mailing Address 95 Collier Rd NW
Ste 6015

City

Atlanta

State

GA

Zip Code

30309-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
piedmomnt healthcare

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2017

Transaction ID : B48FDE04-CA3B-4056-

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilson, Jason, Paul, ,

Mailing Address 400 Pinellas St
Ste 200

City

Clearwater

State

FL

Zip Code

33756-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BayCare Medical Group

Occupation (for Individual)

Surgical Oncologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017

Transaction ID : 455591D7-542E-4422-

Amount of Each Receipt this Period

250.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1050.00

TOTAL 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

FOR LINE NUMBER: PAGE 217 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winchell, Robert, John, ,

Mailing Address 525 E 68th St, Rm K-701

Department Of Surgery, New York-Pr

City
New York

State
NY

Zip Code
10065-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Weill Cornell Medical College

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2017

Transaction ID : 8A91F02BFC1A4A6CAD1F

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City
Mission Hills

State
KS

Zip Code
66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University in St. Louis

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2017

Transaction ID : 4068B8682D1946417DF0

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City
Mission Hills

State
KS

Zip Code
66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University in St. Louis

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

Transaction ID : 4C9893F227C67775048D

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 253
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City

Mission Hills

State

KS

Zip Code

66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University in St. Louis

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 14 / 2017

Transaction ID : 40B5ADFA464D00EE8269

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City

Mission Hills

State

KS

Zip Code

66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University in St. Louis

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 14 / 2017

Transaction ID : 43FF96AEAA6662EA25AE

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City

Mission Hills

State

KS

Zip Code

66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University in St. Louis

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 14 / 2017

Transaction ID : 44B99BED18E11C631CDA

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City

Mission Hills

State

KS

Zip Code

66208-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University in St. Louis

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2017

Transaction ID : 46788EEC6D9BBF28630C

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wren, Sherry, Marie, ,

Mailing Address 459 Homer Ave
Apt 4

City

Palo Alto

State

CA

Zip Code

94301-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stanford Univeristy

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : 01D6C403-1842-4BB2-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr
Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2017

Transaction ID : 497792815BDFC420BAC3

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

630.00

TOTAL 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

FOR LINE NUMBER: PAGE 220 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr

Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2017

Transaction ID : 4ECFBDC38F2A59262416

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr

Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 4CBD8934EFA552A082EF

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr

Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2017

Transaction ID : 4717B9AA6C3FF0DEDD94

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 221 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr

Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 18 / 2017

Transaction ID : 40C8BCE184DF4BCAE3F8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yowler, Charles, , ,

Mailing Address 2500 Metrohealth Dr

Department Of Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Metro Health Medical Center

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 18 / 2017

Transaction ID : 4200B3B76A953E1027FE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zamierowski, David, S., ,

Mailing Address 13203 Lamar Ave

City

Overland Park

State

KS

Zip Code

66209-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2017

Transaction ID : C2B12F0841CD87AE694

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zarzaur, Ben, Louis, , Jr.

Mailing Address 702 Rotary Cir

Indiana University School Of Medic

City

Indianapolis

State

IN

Zip Code

46202-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT Medical Group

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : A1DFF654E34EBC3F09D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zehnpfennig, Michael, , ,

Mailing Address 2835 Fort Missoula Rd

Dr J General Surgery, Ste 306

City

Missoula

State

MT

Zip Code

59804-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. James Surgical Associates

Occupation (for Individual)

General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 4C9A8C6006902FBA9E15

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zehnpfennig, Michael, , ,

Mailing Address 2835 Fort Missoula Rd

Dr J General Surgery, Ste 306

City

Missoula

State

MT

Zip Code

59804-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. James Surgical Associates

Occupation (for Individual)

General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2017

Transaction ID : 4CE08400ABEC8CE37EB0

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL 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

FOR LINE NUMBER: PAGE 223 OF 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zehnpfennig, Michael, , ,

Mailing Address 2835 Fort Missoula Rd

Dr J General Surgery, Ste 306

City

Missoula

State

MT

Zip Code

59804-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. James Surgical Associates

Occupation (for Individual)

General Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2017

Transaction ID : 4BEA947F4E44C442AA91

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zehnpfennig, Michael, , ,

Mailing Address 2835 Fort Missoula Rd

Dr J General Surgery, Ste 306

City

Missoula

State

MT

Zip Code

59804-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. James Surgical Associates

Occupation (for Individual)

General Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 4172B362A6042137E77C

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zinner, Michael, J., ,

Mailing Address 8900 N Kendall Dr

Miami Cancer Institute

City

Miami

State

FL

Zip Code

33176-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and Woman

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2017

Transaction ID : C35CD6EDD1D6105BD43

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1050.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 253

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zwolak, Robert, M., ,Mailing Address **Dartmouth-Hitchcock Medical Center**
Medical Center DrCity
LebanonState
NHZip Code
03756FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Dartmouth-Hitchcock Medical CenterOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 404E7E76-064B-40AC-

Amount of Each Receipt this Period

650.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**650.00****161675.23**

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 253
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222

FEC ID number of contributing
federal political committee.

C

C00254185

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2017

Transaction ID : 2CB46ABAA818C03AF44

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 253

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. BluePay Processing LLC

Mailing Address 184 Shuman Blvd - Ste 350

City
NapervilleState
ILZip Code
60540Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : V24F9626289

Amount of Each Disbursement this Period

39.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BluePay Processing LLC

Mailing Address 184 Shuman Blvd - Ste 350

City
NapervilleState
ILZip Code
60540Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : V0431F457BA

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BluePay Processing LLC

Mailing Address 184 Shuman Blvd - Ste 350

City
NapervilleState
ILZip Code
60540Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : V5B4CDB56t

Amount of Each Disbursement this Period

39.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

89.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 253

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. BluePay Processing LLC

Mailing Address 184 Shuman Blvd - Ste 350

City
NapervilleState
ILZip Code
60540Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				07				2017					

FEC Identification Number

C

Transaction ID : V8437079AD!

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				03				2017					

FEC Identification Number

C

Transaction ID : A9BB3DF03F

Amount of Each Disbursement this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
08				02				2017					

FEC Identification Number

C

Transaction ID : A8A18C8FD!

Amount of Each Disbursement this Period

246.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

621.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 253

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : FA3605F60B

Amount of Each Disbursement this Period

376.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : 378C428BBC

Amount of Each Disbursement this Period

616.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : 122DE12F32

Amount of Each Disbursement this Period

735.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1727.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 253

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Northern Trust Bank

Mailing Address 50 S. La Salle

City
ChicagoState
ILZip Code
60675Purpose of Disbursement
Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				04				2017					

FEC Identification Number

C

Transaction ID : 3435248EB9C

Amount of Each Disbursement this Period

340.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.94

2780.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

Mailing Address 3321 Avenue I
Suite 6City
ScottsbluffState
NEZip Code
69361-4587Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Smith, Adrian, Michael, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 03

FEC Identification Number

C C00412890

Transaction ID : 209EBDB0A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American College of Surgeons Professional Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2017

Mailing Address 20 F Street, NW
Suite 1000City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Fundraiser/Room Rental

011

Category/
Type

Candidate Name

Chu, Judy, May, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 27

FEC Identification Number

C C00458125

Transaction ID : V1662295D5F

Amount of Each Disbursement this Period

150.00

In-Kind

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

Mailing Address PO Box 2059

City
LexingtonState
KYZip Code
40588Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Barr, Garland, Hale, , IV

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 06

FEC Identification Number

C C00467571

Transaction ID : 7D23253F5FI

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 426

City
StevensvilleState
MDZip Code
21666Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Harris, Andrew, P., ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00435974**Transaction ID : 0907CBADB4**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate, Inc.

Mailing Address P.O. Box 21093

City
CatonsvilleState
MDZip Code
21228Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Cardin, Benjamin, L., ,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00411587**Transaction ID : 13616FF7E46**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City
Elk GroveState
CAZip Code
95758Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Bera, Amerish, B., ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00461061**Transaction ID : 4F2A50C73D**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City
BryanState
TXZip Code
77805Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Flores, William, H., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

FEC Identification Number

C C00472241

Transaction ID : 4F3CB4D577

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City
MelbourneState
FLZip Code
32935Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Nelson, Bill, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

FEC Identification Number

C C00344051

Transaction ID : 966F92C01A

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City
SpringfieldState
MOZip Code
65804-4076Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Long, William, H., , II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

FEC Identification Number

C C00460063

Transaction ID : 9BC3283204

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Casey For Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2017

Mailing Address PO Box 58746

City
PhiladelphiaState
PAZip Code
19102Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Casey, Robert, P., , Jr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District:

FEC Identification Number

C C00431056

Transaction ID : C7990666873

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address PO Box 8277

City
The WoodlandsState
TXZip Code
77387-8277Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 08

FEC Identification Number

C C00311043

Transaction ID : E23F05D9144

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bucshon For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2017

Mailing Address PO Box 250

City
NewburghState
INZip Code
47629Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Bucshon, Larry, Dean, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 08

FEC Identification Number

C C00468256

Transaction ID : D029019F261

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address PO Box 10570

City
SavannahState
GAZip Code
31412Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Carter, Earl, L. B., ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

FEC Identification Number

C C00543967**Transaction ID : F731A79F589**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address PO Box 2882

City
WilmingtonState
DEZip Code
19805Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Carper, Thomas, Richard, ,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2017

FEC Identification Number

C C00349217**Transaction ID : 0465A26E286**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Mailing Address P. O. Box 7292

City
ChicagoState
ILZip Code
60680-7292Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Rush, Bobby, Lee, ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

FEC Identification Number

C C00257121**Transaction ID : 12057FD90E1**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Linda Sanchez

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2017

Mailing Address 410 1St St SE
Suite 310City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Sanchez, Linda, T., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 38

FEC Identification Number

C C00384057

Transaction ID : 593A6114434

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2017

Mailing Address 80-22 Northern Blvd.

City
Jackson HeightsState
NYZip Code
11372Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Crowley, Joseph, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 14

FEC Identification Number

C C00338954

Transaction ID : BCF9D831A6

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address 80-22 Northern Blvd.

City
Jackson HeightsState
NYZip Code
11372Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Crowley, Joseph, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 14

FEC Identification Number

C C00338954

Transaction ID : A86A5B33A4

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 236 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Scott For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2017

Mailing Address P.O. Box 960821

City
RiverdaleState
GAZip Code
30296Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Scott, David, Albert, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 13

FEC Identification Number

C C00369801

Transaction ID : C421A93D33'

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address 19855 W. Outer Dr.
Ste 103 AeCity
DearbornState
MIZip Code
48124Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Dingell, Deborah, Ann, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 12

FEC Identification Number

C C00558213

Transaction ID : 3477659DAFF

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2017

Mailing Address PO Box 3433

City
Palm DesertState
CAZip Code
92261Purpose of Disbursement
2018 General Contribution

011

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 36

FEC Identification Number

C C00502575

Transaction ID : 2E51A4499C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 237 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm DesertState
CAZip Code
92261Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00502575**Transaction ID : E40754AE7B**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm DesertState
CAZip Code
92261Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00502575**Transaction ID : 68CA91DE4F**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City
West PointState
GAZip Code
31833-0387Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00607838**Transaction ID : CCFF659C99**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2017

Mailing Address PO Box 231

City
LuthervilleState
MDZip Code
21094Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Ruppersberger, C.A., Dutch, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 02

FEC Identification Number

C C00376673

Transaction ID : AF0D552F4F

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dutch Ruppersberger For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

Mailing Address PO Box 231

City
LuthervilleState
MDZip Code
21094Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Ruppersberger, C.A., Dutch, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 02

FEC Identification Number

C C00376673

Transaction ID : 49130EBEFC

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

Mailing Address PO Box 127

City
CheshireState
CTZip Code
06410Purpose of Disbursement
2018 Convention Contribution

011

Candidate Name

Murphy, Christopher, Scott, ,

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT

District:

Convention

FEC Identification Number

C C00492645

Transaction ID : 839E9327A3

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 239 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City
CheshireState
CTZip Code
06410Purpose of Disbursement
2018 Convention Contribution

011

Category/
Type

Candidate Name

Esty, Elizabeth, H., ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☐ General☒ Other (specify) ☐ Convention

State: CT District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2017					

FEC Identification Number

C C00494203

Transaction ID : C2D1652517C

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City
ColumbiaState
SCZip Code
29211Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Clyburn, James, E., ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General☐ Other (specify)

State: SC District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2017					

FEC Identification Number

C C00255562

Transaction ID : C5ECFF2A48

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Mailing Address PO Box 52008

City
CasperState
WYZip Code
82605Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Barrasso, John, Anthony, ,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General☐ Other (specify) ☐

State: WY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				22				2017					

FEC Identification Number

C C00436386

Transaction ID : CEE5BAC6B

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 240 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City
Sioux FallsState
SDZip Code
57101Purpose of Disbursement
2022 Primary Contribution

011

Candidate Name

Thune, John, Randolph, ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				07				2017					

FEC Identification Number

C C00409581**Transaction ID : A8128D7A45I**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama CityState
FLZip Code
32406Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Dunn, Neal, Patrick, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				22				2017					

FEC Identification Number

C C00582304**Transaction ID : A877ABA682I**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 10178

City
ColumbiaState
MOZip Code
65205Purpose of Disbursement
2022 Primary Contribution

011

Candidate Name

Blunt, Roy, Dean, ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
08				17				2017					

FEC Identification Number

C C00304758**Transaction ID : FCD5CA2F9I**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Brown, Sherrod, Campbell, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00264697

Transaction ID : 9A6B6A9FA2

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding For Congress Inc.

Mailing Address PO Box 97187

City
RaleighState
NCZip Code
27624Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Holding, George, E., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00499236

Transaction ID : B792F4A01C

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Georgians For Isakson

Mailing Address Post Office Box 250116

City
AtlantaState
GAZip Code
30325Purpose of Disbursement
2022 Primary Contribution

011

Category/
Type

Candidate Name

Isakson, Johnny, H., ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00384693

Transaction ID : EECFA8F82E

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 242 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Hoyer For CongressMailing Address 700 13Th Street NW
Suite 600City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Hoyer, Steny, Hamilton, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00140715**Transaction ID : 25F83B7F5B**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IMPACTMailing Address 192 Lexington Ave.
Suite 1001City
New YorkState
NYZip Code
10016Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

IMPACT

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00348607**Transaction ID : 6D23956B788**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address PO Box 906

City
MariettaState
OHZip Code
45750Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Johnson, William, L., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00476820**Transaction ID : 9BC4F71CC1**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 243 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kansans For Marshall

Mailing Address PO Box 1588

City
Great BendState
KSZip Code
67530Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Marshall, Roger, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00576173**Transaction ID : 9D22528FF94**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389-2667Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

McCarthy, Kevin, Owen, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00420935**Transaction ID : 8303CD01FA**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon CityState
ORZip Code
97045Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Schrader, Kurt, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	7		

FEC Identification Number

C C00446906**Transaction ID : 9A3AE49C6C**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 244 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lance For Congress

Mailing Address PO Box 999

City
EdisonState
NJZip Code
08818-0999Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Lance, Leonard, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2017

FEC Identification Number

C C00444224**Transaction ID : 14C2640DE8**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Mailing Address PO Box 261172

City
HartfordState
CTZip Code
06126-1172Purpose of Disbursement
2018 Convention Contribution

011

Category/
Type

Candidate Name

Larson, John, Barry, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☐ General
☒ Other (specify)

State: CT

District: 01

Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

FEC Identification Number

C C00330142**Transaction ID : 2220452AFDF**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCaskill For Missouri

Mailing Address PO Box 300077

City
St LouisState
MOZip Code
63130Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

McCaskill, Claire, Conner, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

FEC Identification Number

C C00431304**Transaction ID : 3F67561ED1**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. McHenry For Congress

Mailing Address PO Box 2165

City
GastoniaState
NCZip Code
28053-2165Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

McHenry, Patrick, Timothy, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	7		

FEC Identification Number

C C00393629

Transaction ID : 1988D1A9B1

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nutmeg PACMailing Address C/O Cacace Tusch & Santagata
777 Summer StCity
StamfordState
CTZip Code
06901Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Nutmeg PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	7		

FEC Identification Number

C C00492983

Transaction ID : 87302EF5D6L

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address Pob 100

City
TeaneckState
NJZip Code
07666Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Pascrell, William, James, , Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00313510

Transaction ID : A7A84E6FD/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 246 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address Pob 100

City
TeaneckState
NJZip Code
07666Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Pascrell, William, James, , Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

FEC Identification Number

C C00313510**Transaction ID : 9B6686E099E**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Tonko For CongressMailing Address 911 Central Avenue
221City
AlbanyState
NYZip Code
12206Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Tonko, Paul, David, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

FEC Identification Number

C C00450049**Transaction ID : FC1C3FD00E**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 31129

City
Santa FeState
NMZip Code
87594Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Lujan, Ben, Ray, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

FEC Identification Number

C C00443689**Transaction ID : 9EFBB6EEE**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 247 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 823047

City
DallasState
TXZip Code
75382-3047Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Sessions, Peter, Anderson, ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00303305

Transaction ID : 894B19DB68I

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City
DallasState
TXZip Code
75382-3047Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Sessions, Peter, Anderson, ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00303305

Transaction ID : CA127BD8C5

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City
DublinState
OHZip Code
43017-8914Purpose of Disbursement
2022 Primary Contribution

011

Category/
Type

Candidate Name

Portman, Rob, J., ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	7			2	0	1	7		

FEC Identification Number

C C00458463

Transaction ID : 88B8C52D64

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West ChesterState
PAZip Code
19381-3154Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Costello, Ryan, A., ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

FEC Identification Number

C C00554899

Transaction ID : 7E694BD1DD

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City
JeffersonState
LAZip Code
70183-3219Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Scalise, Stephen, Joseph, ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

FEC Identification Number

C C00394957

Transaction ID : 113C189D048

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 22074

City
San DiegoState
CAZip Code
92192Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Peters, Scott, H., ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

FEC Identification Number

C C00503110

Transaction ID : 7668CA45F6

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sinema For Arizona

Mailing Address PO Box 7586

City
PhoenixState
AZZip Code
85011Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00508804**Transaction ID : FC57F557054**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stabenow For US Senate

Mailing Address P.O. Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00344473**Transaction ID : D9F0031F865**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address PO Box 490

City
St. JosephState
MIZip Code
49085Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00200584**Transaction ID : AEECD854**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Buchanan, Vernon, Gale, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00412759**Transaction ID : 183FBAA1DC**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walberg For Congress

Mailing Address PO Box 1362

City
JacksonState
MIZip Code
49204-1362Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Walberg, Timothy, L., ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00390724**Transaction ID : B5F8B4E0E4I**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City
Hood RiverState
ORZip Code
97031-0037Purpose of Disbursement
2018 General Contribution

011

Candidate Name

Walden, Gregory, Paul, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	7		

FEC Identification Number

C C00333427**Transaction ID : A1216E671F**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Walden For Congress

Mailing Address PO Box 1091

City
Hood RiverState
ORZip Code
97031-0037Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Walden, Gregory, Paul, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

FEC Identification Number

C C00333427**Transaction ID : 4240F8DCCE**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Mailing Address PO Box 954

City
MishawakaState
INZip Code
46546-0954Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Walorski, Jacqueline, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

FEC Identification Number

C C00468579**Transaction ID : 4FD494D8157**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City
CincinnatiState
OHZip Code
45209-0551Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Wenstrup, Brad, R., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

FEC Identification Number

C C00497818**Transaction ID : 2EAF4AECD**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road, Suite 101

City
LouisvilleState
KYZip Code
40206Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Yarmuth, John, A., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C C00419630**Transaction ID : 9DED8B4E80**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland ParkState
KSZip Code
66225-6742Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Yoder, Kevin, Wayne, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	7		

FEC Identification Number

C C00472365**Transaction ID : 47E3770EB01**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

121650.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Cochran, Amalia, Lenora, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

Mailing Address University of Utah
Department Of Surgery

City Salt Lake City State UT Zip Code 84132-0001

Purpose of Disbursement
Partial refund of 12/19 Contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : BC74805DDA

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shearburn, Edwin, W., , III

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

Mailing Address 915 Lawn Ave
Sellersville Outpatient Center, St

City Sellersville State PA Zip Code 18960-1551

Purpose of Disbursement
Refund

Candidate Name

010

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : F8DED8F2D3

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

300.00