

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 27	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Brian Williams		Date of Receipt		
	Mailing Address the Professional Center Suite 405		M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9		
	City Akron	State OH	Zip Code 44304	<b>Transaction ID:</b> B85AC7C6587CB844ACA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Surgeon			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	22835.00