

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Dwight Edmisten

Mailing Address Watauga Surgical Group Pa  
965 State Farm Road

City Boone State NC Zip Code 28607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

**Transaction ID:** 9FAB7B55FAA206A80FF

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David Michael Follette

Mailing Address 660 Laurel Drive

City Sacramento State CA Zip Code 95864-5665

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

**Transaction ID:** 8478857D6A9F74DB042

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Mario Dino Forte

Mailing Address PO Box 579

City Longview State WA Zip Code 98632-7375

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

**Transaction ID:** 3C90BCB10E77C3DD7DD

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **915.00**

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