

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

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

FOR LINE NUMBER: PAGE 34 / 159  
(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

**A.** Full Name (Last, First, Middle Initial)  
Valerie Ruth Dyke

Mailing Address 13770 Plantation Rd  
Ste 2

City State Zip Code  
Fort Myers FL 33912-4301

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 4 / 2 6 / 2 0 1 1

**Transaction ID:** E04829D3C5486013E65

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen B. Edge

Mailing Address Roswell Park  
Department of Surgical Oncology

City State Zip Code  
Buffalo NY 14263-0001

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

Name of Employer Roswell Park Cancer Institute Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 1 1

**Transaction ID:** B9FCC05F-E0F8-4A9D-

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
James W. Edlund

Mailing Address 6826 Hawksnest Trl

City State Zip Code  
Fort Wayne IN 46835-9667

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

**Transaction ID:** 4D77B5732D419A2634B

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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