

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 28

(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. Bahnson, Robert, R., ,

Mailing Address 915 Olentangy River Rd

Osu Dept of Urology Ste 2000

City

Columbus

State

OH

Zip Code

43212-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State University

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
01 / 31 / 2020

Transaction ID : E1FB5908-1542-4B9C-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Barney, Linda, Marie, ,

Mailing Address 128 E Apple St

Center for Health Education, Ste 7

City

Dayton

State

OH

Zip Code

45409-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wright State University

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
01 / 27 / 2020

Transaction ID : B81E2DF74FB8C2CCED0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : 2539C4E7-EBC3-463E-

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