

**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

Attn: Sara Morse

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382424

3. IS THIS REPORT

☒

NEW (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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2013

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

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer

Christian Shalgian

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 31 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">517453.12</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">517453.12</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">288230.64</span>	<span style="border: 1px solid black; padding: 2px;">288230.64</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">805683.76</span>	<span style="border: 1px solid black; padding: 2px;">805683.76</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">247255.00</span>	<span style="border: 1px solid black; padding: 2px;">247255.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">558428.76</span>	<span style="border: 1px solid black; padding: 2px;">558428.76</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 06/2004)

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 Y Y
01	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**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).....

227279.66

227279.66

(ii) Unitemized .....

54950.98

54950.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

282230.64

282230.64

(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) ..... ►

282230.64

282230.64

## 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.....

6000.00

6000.00

## 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))..... ►

288230.64

288230.64

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

288230.64

288230.64

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	245000.00	245000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	2255.00	2255.00
(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)).....	2255.00	2255.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	247255.00	247255.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	247255.00	247255.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	282230.64	282230.64
34. Total Contribution Refunds (from Line 28(d)) .....	2255.00	2255.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	279975.64	279975.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **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 213  
(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 (Last, First, Middle Initial)

**A. Mary Oline Aaland**

Mailing Address 1103 Broadway N

City State Zip Code  
 Fargo ND 58102-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Indiana Surgical Spec.

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 Y  
 04 29 2013

Transaction ID : C5F014279F0DC9BF6B5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David B. Adams**

Mailing Address 25 Courtenay Dr  
 Suite 7100A, MS 290

City State Zip Code  
 Charleston SC 29425-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Medical University of South Carolina

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 Y  
 03 20 2013

Transaction ID : 07524341-1082-4F70-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael David Adolph**

Mailing Address James Cancer Hospital  
 Ohio State University Medical Cent

City State Zip Code  
 Columbus OH 43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mercy Health

Occupation  
 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  
 04 17 2013

Transaction ID : A179C464CE92B4842AA

Amount of Each Receipt this Period

1000.00

**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 7 OF 213

(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 (Last, First, Middle Initial)

**A. Carson Kendall Agee**

Mailing Address 20 Progress Point Pkwy  
Ste 100

City State Zip Code  
O Fallon MO 63368-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BJC Medical Group

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 Y  
04 / 29 / 2013

Transaction ID : 72A207C81DCF2D063EF

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Paul Ahearne**

Mailing Address 14 Medical Park Dr

City State Zip Code  
Asheville NC 28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Surgical Specialists

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 Y  
04 / 06 / 2013

Transaction ID : AE40C36F-A73C-480A-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Roxie Mae Albrecht**

Mailing Address Univ of Oklahoma Health Sciences C  
Williams Pavilion Building, Room 2

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Oklahoma Health Sciences Cente

Occupation

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  
04 / 01 / 2013

Transaction ID : 2BB230400E08F66696F

Amount of Each Receipt this Period

1000.00

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

1615.00

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 213

(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 (Last, First, Middle Initial)

**A. Keith Dave Amos**

Mailing Address 170 Manning Dr

University of North Carolina, # 72

City

Chapel Hill

State

NC

Zip Code

27514-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Hospital

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 Y  
 04 / 17 / 2013

Transaction ID : 0EA4831764B61721142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James A. Anderson**

Mailing Address 419 S Washington St

Ste 102

City

Casper

State

WY

Zip Code

82601-2951

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 12 / 2013

Transaction ID : 22EBCDD7D462C77404E

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Gary Leslie Appelt**

Mailing Address 633 Medical Pkwy

City

Brenham

State

TX

Zip Code

77833-5412

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 Y  
 05 / 01 / 2013

Transaction ID : E6F7DF55A739CA0B157

Amount of Each Receipt this Period

500.00

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

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

3250.00



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

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

FOR LINE NUMBER: PAGE 9 OF 213

(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 (Last, First, Middle Initial)

A. Juan A. Asensio-Gonzalez

Mailing Address Westchester Medical Center  
Taylor Pavillion Suite E-137

City Valhalla State NY Zip Code 10595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Miami Miller School of Med

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 Y  
04 / 17 / 2013

Transaction ID : 10E8D6F5DD08D4C3568

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis W. Ashley

Mailing Address 777 Hemlock St  
Msc #103

City Macon State GA Zip Code 31201-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GA Hospital

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 Y  
04 / 01 / 2013

Transaction ID : 98F67EF095F2154C066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John L. D. Atkinson

Mailing Address Department Neurosurgery  
Mayo Clinic

City Rochester State MN Zip Code 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

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  
02 / 15 / 2013

Transaction ID : 9DC1A1499818D7D988A

Amount of Each Receipt this Period

1000.00

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

2000.00

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 10 OF 213

(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 (Last, First, Middle Initial)

**A. William Travis Avara III**

Mailing Address 2525 Telephone Rd

City State Zip Code  
Pascagoula MS 39567-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

South MS Surgery

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 Y  
04 / 17 / 2013

Transaction ID : 24946F06C824C450976

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert R. Bahnson**

Mailing Address 915 Olentangy River Rd  
Osu Department of Urology Suite 31

City State Zip Code  
Columbus OH 43212-3153

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio State University

Occupation

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  
01 / 16 / 2013

Transaction ID : CD61C9F1384F65A3138

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. H. Randolph Bailey**

Mailing Address 6550 Fannin St  
Ste 2307

City State Zip Code  
Houston TX 77030-2723

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2013

Transaction ID : 85FA60D70C767B3CFBD

Amount of Each Receipt this Period

1000.00

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

3750.00

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 11 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 26 / 2013

**Transaction ID : 4605BD7C1CD4230A3B17**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 26 / 2013

**Transaction ID : 4300B131172C2FA8C129**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 26 / 2013

**Transaction ID : 4588AD0B250F0F857C41**

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 213

(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 (Last, First, Middle Initial)

**A. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

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  
04 / 17 / 2013

Transaction ID : 4F12AD8901E34D8B347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

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  
04 / 26 / 2013

Transaction ID : 461A9AABE14D414A1884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

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  
05 / 26 / 2013

Transaction ID : 434190B922F551D76B38

Amount of Each Receipt this Period

250.00

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 13 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Patrick Vance Bailey**

Mailing Address 2601 E Roosevelt St

Mihs Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2013

**Transaction ID : 42899F6EEE729A087993**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Linda Marie Barney**

Mailing Address Center for Health Education

Suite 7000

City

Dayton

State

OH

Zip Code

45409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2013

**Transaction ID : 2B926C67EC96E37F9C6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Robert M. Barone**

Mailing Address 3075 Health Center Dr

Ste 102

City

San Diego

State

CA

Zip Code

92123-2773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC San Diego School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 29 / 2013

**Transaction ID : 86A918824F3221D6944**

Amount of Each Receipt this Period

250.00

**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 14 OF 213

(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 (Last, First, Middle Initial)

**A. Erik Sven Barquist**

Mailing Address 720 W Oak St  
Ste 201

City State Zip Code  
Kissimmee FL 34741-4998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Public Health 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 Y  
04 / 17 / 2013

Transaction ID : 9A91201DAE7034C5B59

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher John Bartels**

Mailing Address 200 Lexington Ave

City State Zip Code  
Pittsburgh PA 15215-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pittsburgh

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 Y  
04 / 30 / 2013

Transaction ID : 5AF17C340856DF11040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Shawn Bauer**

Mailing Address 911 E 20th St  
Surgical Institute of South Dakota

City State Zip Code  
Sioux Falls SD 57105-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Institute of South Dakota

Occupation

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  
04 / 17 / 2013

Transaction ID : CD8DD2E166703209862

Amount of Each Receipt this Period

1000.00

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

2000.00

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 15 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. David Duane Beck**

Mailing Address 11700 W 2nd Pl

Medical Plaza 2, Suite 210

City

Lakewood

State

CO

Zip Code

80228-1704

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

01 / 10 / 2013

Transaction ID : 72E88FDEF886DFAE6E3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Franklin Peter Bendewald**

Mailing Address 752 N High Point Rd

City

Madison

State

WI

Zip Code

53717-2236

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

05 / 01 / 2013

Transaction ID : F5301A9672B76BB23F9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Marilu Bintz**

Mailing Address 610 E Taylor St

City

Prairie Du Chien

State

WI

Zip Code

53821-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gunderson Lutheran

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 71B84763451CC21C161

Amount of Each Receipt this Period

500.00

**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 16 OF 213

(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 (Last, First, Middle Initial)

A. Peter William Blumencranz

Mailing Address 400 Pinellas St  
Ste 200

City State Zip Code  
Clearwater FL 33756-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baycare Health System

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 Y Y  
04 / 29 / 2013

Transaction ID : 990B10403A3B4E65E52

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cecelia Haines Boardman

Mailing Address 7603 Forest Ave  
Virginia Gynecologic Oncology

City State Zip Code  
Richmond VA 23229-4942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VWHS

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 Y Y  
01 / 10 / 2013

Transaction ID : 5282750BEFB87110746

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen Anthony Bodney

Mailing Address 165 Indian Hills Dr NE

City State Zip Code  
Corydon IN 47112-7257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrison County Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1913.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : F92D5D79-6B18-4D66-

Amount of Each Receipt this Period

1913.00

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

2663.00

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 17 OF 213

(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 (Last, First, Middle Initial)

**A. Paul F. Bogner**

Mailing Address 509 Quail Creek Ave

City State Zip Code  
 Newton KS 67114-5636

FEC ID number of contributing federal political committee.

C

Name of Employer

Newton Med Center

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 Y  
 05 / 03 / 2013

Transaction ID : 03A18EBD073BD4BC589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David C. Borgstrom**

Mailing Address Bassett Healthcare  
 Department of Surgery

City State Zip Code  
 Cooperstown NY 13326

FEC ID number of contributing federal political committee.

C

Name of Employer

Bassett Healthcare

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 Y  
 04 / 30 / 2013

Transaction ID : 435C8A05-FA52-4DE0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Marilyn Jane Borst**

Mailing Address 2545 Broadway St

City State Zip Code  
 Toledo OH 43609-3116

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

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 Y  
 04 / 08 / 2013

Transaction ID : AE659B22-0020-4B97-

Amount of Each Receipt this Period

500.00

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:  
(check only one)

PAGE 18 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Michael Steven Bouton**

Mailing Address 737 Broadway N

Department of Surgery, Route 36

City

Fargo

State

ND

Zip Code

58102-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

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 Y  
05 / 01 / 2013

Transaction ID : CC124EC1-5940-429C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Karen Jean Brasel**

Mailing Address 9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Wisconsin

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 Y  
04 / 01 / 2013

Transaction ID : 2F38FCC2B6ED0A198C9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael H. Brisman**

Mailing Address 100 Merrick Rd

Ste 128W

City

Rockville Centre

State

NY

Zip Code

11570-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Nassau Communities Hospital

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 Y  
04 / 17 / 2013

Transaction ID : 7FD856E46306777E8FB

Amount of Each Receipt this Period

500.00

**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 19 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Rebecca C. Britt**

Mailing Address 825 Fairfax Ave  
Ste 610

City State Zip Code  
Norfolk VA 23507-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern VA Med School

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 Y  
04 / 17 / 2013

**Transaction ID : 19BFDC135E8BFD06CE6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joshua Alan Broghammer**

Mailing Address University of Kansas Medical Ctr  
Department of Urology - Mailstop 3

City State Zip Code  
Kansas City KS 66160-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2013

**Transaction ID : D85EA01D-0A43-4BF3-**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. William J. Bromberg**

Mailing Address 4700 Waters Ave  
Pmob Suite 212

City State Zip Code  
Savannah GA 31404-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial University Med Center

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 Y  
04 / 01 / 2013

**Transaction ID : DA56E959357E3CE8BC8**

Amount of Each Receipt this Period

500.00

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

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

3250.00

# **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 20 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Dennistoun Karl Brown**

Mailing Address 245 Dakota Blvd

City

Boulder

State

CO

Zip Code

80304-4754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deaconess Billings Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : 357A7F087D25372FE67

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael William Bryan**

Mailing Address 436 Broken Sword Dr

City

Lewisville

State

TX

Zip Code

75056-5586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Associates of the Mid-Cities

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 8B67D4AA0001AF394A3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dale Buchbinder**

Mailing Address PO Box 302

Good Samaritan Hospital

City

Baltimore

State

MD

Zip Code

21203-0302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

03 / 21 / 2013

Transaction ID : 4409A71E1F71A5E73534

Amount of Each Receipt this Period

100.00

**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 21 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Dale Buchbinder**

Mailing Address PO Box 302

Good Samaritan Hospital

City

Baltimore

State

MD

Zip Code

21203-0302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 64F36F45975EDED789D

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Dale Buchbinder**

Mailing Address PO Box 302

Good Samaritan Hospital

City

Baltimore

State

MD

Zip Code

21203-0302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

04 / 21 / 2013

Transaction ID : 4E219394B46926D5108C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Dale Buchbinder**

Mailing Address PO Box 302

Good Samaritan Hospital

City

Baltimore

State

MD

Zip Code

21239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

05 / 21 / 2013

Transaction ID : 461986868383AA30A0C6

Amount of Each Receipt this Period

100.00

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

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

325.00

# **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 213  
(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 (Last, First, Middle Initial)

## **A. Dale Buchbinder**

Mailing Address PO Box 302

Good Samaritan Hospital

City

Baltimore

State

MD

Zip Code

21239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

725.00

Date of Receipt

06 / 21 / 2013

Transaction ID : 4940B00AE88E4D4FC1F2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Susan S. Buchwald**

Mailing Address 2530 Spinnaker Dr

City

Reno

State

NV

Zip Code

89519-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : C645748B4E6D74BB260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Wiley Douglas Bunn Jr.**

Mailing Address 5008 Brittonfield Pkwy

Gyn Oncology of Cny

City

East Syracuse

State

NY

Zip Code

13057-9248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gyn Oncology of CNY

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : F136E9C714B37B92A63

Amount of Each Receipt this Period

250.00

**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 23 OF 213  
(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 (Last, First, Middle Initial)

**A. R. Phillip Burns**

Mailing Address 979 E 3rd St  
Ste 401

City State Zip Code  
Chattanooga TN 37403-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 11 / 2013

**Transaction ID : 1275239D90B5F192082**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Phillip L. Cacioppo**

Mailing Address 810 Biesterfield Rd  
Ste 202

City State Zip Code  
Elk Grove Village IL 60007-7322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 30 / 2013

**Transaction ID : 5FA350B5600FF742D1F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Andre R. Campbell**

Mailing Address Department of Surgery Ward 3-A  
San Francisco General Hospital

City State Zip Code  
San Francisco CA 94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

San Francisco General Hospital

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  
04 / 01 / 2013

**Transaction ID : FDCDC96DC08B7A8998E**

Amount of Each Receipt this Period

250.00

**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 24 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Brendan T. Campbell**

Mailing Address 282 Washington St

Connecticut Children's Medical Cen

City

Hartford

State

CT

Zip Code

06106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Children's Specialty Group

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 15AB6A72EE7E0B07C5D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David Felix Canal**

Mailing Address 545 Barnhill Dr

Ste EH-202

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2013

Transaction ID : EF2DF8C82E2805CDF90

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David J. Carlson**

Mailing Address 520 Mary St

Ste 520

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evansville Surgical Assoc.

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 4EDC9571ED8B0056D205

Amount of Each Receipt this Period

50.00

**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:  
(check only one)

PAGE 25 OF 213

☒ 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 (Last, First, Middle Initial)

**A. David J. Carlson**

Mailing Address 520 Mary St  
Ste 520

City State Zip Code  
Evansville IN 47710-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evansville Surgical Assoc.

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : 4B8EB0E8B8CCE7774FE2**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Philip Caropreso**

Mailing Address 1813 Grand Ave

City State Zip Code  
Keokuk IA 52632

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

06 / 13 / 2013

**Transaction ID : 15BA0E11E92BD4D1258**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Luis A. Cervantes**

Mailing Address 110 Marter Ave  
Ste 202

City State Zip Code  
Moorestown NJ 08057

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

06 / 28 / 2013

**Transaction ID : 30C66AA34275DDD96AC**

Amount of Each Receipt this Period

250.00

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

550.00

**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 26 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Ronald Scott Chamberlain**

Mailing Address St. Barnabas Med Center  
Department of Surgery

City State Zip Code  
Livingston NJ 07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Barnabas Med Center

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 Y  
04 / 17 / 2013

**Transaction ID : B9F3B71D869D67C1382**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael Chi-Ming Chang**

Mailing Address Wake Frst  
Department of Surgery

City State Zip Code  
Winston Salem NC 27157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Forest

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 Y  
06 / 03 / 2013

**Transaction ID : 4437B4841CFE5B9B06DF**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Paul Joseph Chappano**

Mailing Address 2 Shircliff Way  
Ste 500

City State Zip Code  
Jacksonville FL 32204-4763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Florida Surgeons

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 Y  
04 / 17 / 2013

**Transaction ID : AB142AD47DCD06321A1**

Amount of Each Receipt this Period

250.00

**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 27 OF 213

(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 (Last, First, Middle Initial)

**A. Steven Li-Wen Chen**

Mailing Address 1500 Duarte Rd

City of Hope National Medical Cent

City State Zip Code  
 Duarte CA 91010-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City of Hope National Medical Center

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 Y  
 04 / 17 / 2013

Transaction ID : ECF46D004EC005043E5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles Cheng**

Mailing Address 1818 N Meade St

Fox Valley Surgical Associates, St

City State Zip Code  
 Appleton WI 54911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Valley Surgical Associates

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 Y  
 06 / 14 / 2013

Transaction ID : 11F3CFD7-D551-42C3-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James Z. Cinberg**

Mailing Address 219 S Broad St

Ste 3

City State Zip Code  
 Elizabeth NJ 07202-3453

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 Y  
 01 / 10 / 2013

Transaction ID : 90BFF9D9B7CFC04D783

Amount of Each Receipt this Period

365.00

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

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

1115.00

# **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 213

(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 (Last, First, Middle Initial)

A. William G. Cioffi Jr.

Mailing Address 593 Eddy St

Chairmans Office Apc 431, Ste 431

City

State

Zip Code

Providence

RI

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

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  
04 / 17 / 2013

Transaction ID : F54E8F78C0A88793D5E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark David Cipolle

Mailing Address 4755 Ogletown Stanton Rd

Christiana Care Health System, Ste

City

State

Zip Code

Newark

DE

19718-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

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  
04 / 01 / 2013

Transaction ID : 6D910781A66D248E6A3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rodney Clingan

Mailing Address 2628 S Rockford Rd

City

State

Zip Code

Tulsa

OK

74114-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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  
05 / 03 / 2013

Transaction ID : AFBFD277E045B6895B0

Amount of Each Receipt this Period

250.00

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:  
(check only one)

PAGE 29 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Scott Coates**

Mailing Address 2611 W Main St

City

State

Zip Code

Chanute

KS

66720-5275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : B60045FBB167710A380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Amalia Lenora Cochran**

Mailing Address 30 N 1900 E

Department of Surgery

City

State

Zip Code

Salt Lake City

UT

84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Utah

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 26 / 2013

Transaction ID : 43A69EEAA7F3F5232992

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Amalia Lenora Cochran**

Mailing Address 30 N 1900 E

Department of Surgery

City

State

Zip Code

Salt Lake City

UT

84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Utah

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 26 / 2013

Transaction ID : 4AA28EE0C4F916896093

Amount of Each Receipt this Period

250.00

**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 30 OF 213

(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 (Last, First, Middle Initial)

A. Amalia Lenora Cochran

Mailing Address 30 N 1900 E

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

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  
03 / 26 / 2013

Transaction ID : 438DBFC0523A411A7124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amalia Lenora Cochran

Mailing Address 30 N 1900 E

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

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  
04 / 26 / 2013

Transaction ID : 4436BCA01E125F765892

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amalia Lenora Cochran

Mailing Address 30 N 1900 E

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

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  
05 / 26 / 2013

Transaction ID : 4C389CA2F406A75E84C9

Amount of Each Receipt this Period

250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Amalia Lenora Cochran**

Mailing Address 30 N 1900 E

Department of Surgery

City State Zip Code  
 Salt Lake City UT 84132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
 06 / 26 / 2013

**Transaction ID : 4C55AAB4CF02F6E2E3DB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joseph Broaddus Cofer**

Mailing Address 979 E 3rd St

Ut Department of Surg Suite 401

City State Zip Code  
 Chattanooga TN 37403-2136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
 04 / 12 / 2013

**Transaction ID : C1CB185E05C83339DE3**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Raul Coimbra**

Mailing Address 200 W Arbor Dr

Mail Code 8896

City State Zip Code  
 San Diego CA 92103-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA San Diego

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 04 / 01 / 2013

**Transaction ID : A6265B56468A323EB47**

Amount of Each Receipt this Period

500.00

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

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

1950.00

# **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 32 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Frederic J. Cole Jr.**

Mailing Address 501 N Graham St  
Ste 580

City State Zip Code  
Portland OR 97227-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 22 / 2013

**Transaction ID : C557DD80-B3CA-496F-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Joseph Como**

Mailing Address Metrohealth Medical Center  
Department of Surgery

City State Zip Code  
Cleveland OH 44109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MetroHealth Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : 309C57E2BC9E5E672A5**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Julie Anne Conyers**

Mailing Address 635 Lassen Ln

City State Zip Code  
Mount Shasta CA 96067-9003

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

04 / 17 / 2013

**Transaction ID : 665CD78267936658C57**

Amount of Each Receipt this Period

300.00

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

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

1550.00



# **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 33 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Edward E. Cornwell III**

Mailing Address 2041 Georgia Ave NW

Howard Univ Hosp, Suite 4B02

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Howard University

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2013

Transaction ID : F208BF8030CB760729B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kent W. Cox**

Mailing Address 5448 Highway 260

Ste 140

City

Lakeside

State

AZ

Zip Code

85929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2013

Transaction ID : D91ED9C7F8A856E0F19

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Joseph A. Crapotta**

Mailing Address 12 Knolls Dr

City

New Hyde Park

State

NY

Zip Code

11040-1146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 1E6F337DC651BE05E03

Amount of Each Receipt this Period

250.00

**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: PAGE 34 OF 213  
(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 (Last, First, Middle Initial)

## **A. Martin Alexander Croce**

Mailing Address Univ of Tennessee Department of Su  
Ste 220

City State Zip Code  
Memphis TN 38163-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2013

**Transaction ID : 4075875D777499F76F91**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **B. Martin Alexander Croce**

Mailing Address Univ of Tennessee Department of Su  
Ste 220

City State Zip Code  
Memphis TN 38163-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2013

**Transaction ID : 4C5487345B3EDA69CB1D**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **C. Martin Alexander Croce**

Mailing Address Univ of Tennessee Department of Su  
Ste 220

City State Zip Code  
Memphis TN 38163-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2013

**Transaction ID : 491EAE9CD4332B4406C2**

Amount of Each Receipt this Period

80.00

**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:  
(check only one)

PAGE 35 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Martin Alexander Croce**

Mailing Address Univ of Tennessee Department of Su  
Ste 220

City State Zip Code  
Memphis TN 38163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : 4A95B4611AE08E0D04FD**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

## **B. Randal Lee Croshaw**

Mailing Address 2312 Nurmi Dr

City State Zip Code  
Bay City MI 48708-6872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McLaren Bay Regional

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

**Transaction ID : 0F424F1994B4C82B81D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. David M. Crouch**

Mailing Address PO Box 29385

City State Zip Code  
San Antonio TX 78229-0385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

**Transaction ID : 15B1992BE15D1EBFCBD**

Amount of Each Receipt this Period

250.00

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

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

580.00

# **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 36 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Alice Ann Dachowski MD FACS**

Mailing Address 90 Jackson Pike

Holzer Clinic Department of Surger

City State Zip Code  
 Gallipolis OH 45631-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holzer Clinic

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 Y  
 03 / 20 / 2013

**Transaction ID : 6A826E8C-8F04-4CE8-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Alice Ann Dachowski MD FACS**

Mailing Address 90 Jackson Pike

Holzer Clinic Department of Surger

City State Zip Code  
 Gallipolis OH 45631-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holzer Clinic

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 Y  
 04 / 17 / 2013

**Transaction ID : D9FF2478536E4A22FF1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Robert K. Dahl**

Mailing Address 2816 S Saint Francis Ln

City State Zip Code  
 Sioux Falls SD 57103-4672

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 Y  
 04 / 20 / 2013

**Transaction ID : CA8028E1-EACA-4468-**

Amount of Each Receipt this Period

300.00

**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:  
(check only one)

PAGE 37 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Brian Daley**

Mailing Address 1924 Alcoa Hwy  
# U-11

City State Zip Code  
Knoxville TN 37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University General Surgeons

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 Y  
03 / 24 / 2013

**Transaction ID : 08B2142B-43CD-4B25-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher J. Daly**

Mailing Address 1507 Three Degree Rd

City State Zip Code  
Mars PA 16046-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Daqueshe University

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 Y  
04 / 29 / 2013

**Transaction ID : A05A2BCE060B829C0BB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John M. Daly**

Mailing Address 3401 N Broad St  
Temple Univ Sch of Med

City State Zip Code  
Philadelphia PA 19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple Univ Sch of Med

Occupation

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  
02 / 15 / 2013

**Transaction ID : D3CCAD545BE9CC68390**

Amount of Each Receipt this Period

1000.00

**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:  
(check only one)

PAGE 38 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Walter Curtis Dandridge Jr.**

Mailing Address 3020 Saint Johns Blvd

City  
Joplin

State  
MO

Zip Code  
64804-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John's Physicians

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2013

**Transaction ID : 1065F16C0334EC22EC0**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Christian Davies**

Mailing Address 1773 Kings Mountain Dr

City

Stone Mountain

State

GA

Zip Code

30087-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockdale Medical Center

Occupation  
Vascular Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2013

**Transaction ID : 71262591-9D38-4475-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kimberly Anne Davis**

Mailing Address 330 Cedar St

Yale University Department of Surg

City

New Haven

State

CT

Zip Code

06510-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2013

**Transaction ID : 8717DC8C-AE4E-4EDA-**

Amount of Each Receipt this Period

500.00

**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 39 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Steven Arnold De Jong**

Mailing Address 245 Cherry St SE  
Ste 102

City State Zip Code  
Grand Rapids MI 49503-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2013

**Transaction ID : ECADD63C635AAE1FE8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Andrew R. Deemer**

Mailing Address 3998 Vista Way  
Ste C200

City State Zip Code  
Oceanside CA 92056-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

self employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 07 / 2013

**Transaction ID : FE2F10F83033C2F9FE8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James John Dehen Jr.**

Mailing Address 212 Ridge Ct

City State Zip Code  
Brainerd MN 56401-4551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Brainerd Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 11 / 2013

**Transaction ID : 47A2B70B183EA8116E7E**

Amount of Each Receipt this Period

50.00

**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:  
(check only one)

PAGE 40 OF 213

☒ 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 (Last, First, Middle Initial)

**A. James John Dehen Jr.**

Mailing Address 212 Ridge Ct

City

Brainerd

State

MN

Zip Code

56401-4551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brainerd Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 46DBAD85A92B9337AD41**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. William G. DeLong Jr.**

Mailing Address St. Luke's University Health Netwo  
Department of Orthopaedic Surgery

City

Bethlehem

State

PA

Zip Code

18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's University Health Network

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2013

**Transaction ID : 242480017C020323B12**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. James Clinton Denny III**

Mailing Address G10 Suite  
Department of Oto-Hns

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : 7FF1B17596A6E5EA595**

Amount of Each Receipt this Period

500.00

**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 41 OF 213

(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 (Last, First, Middle Initial)

A. Christopher John Dente

Mailing Address Department of Surgery  
Suite 307

City State Zip Code  
Atlanta GA 30303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Univ

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 Y  
04 / 01 / 2013

Transaction ID : AE553E82B1526136C7B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Corey L. Detlefs

Mailing Address 925 E McDowell Rd  
FI 2

City State Zip Code  
Phoenix AZ 85006-2502

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 Y  
05 / 13 / 2013

Transaction ID : 4B2484019434A4BBCB29

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Corey L. Detlefs

Mailing Address 925 E McDowell Rd  
FI 2

City State Zip Code  
Phoenix AZ 85006

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 Y  
06 / 13 / 2013

Transaction ID : 472B9219EFE8F062F5E5

Amount of Each Receipt this Period

50.00

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:  
(check only one)

PAGE 42 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Frank C. Detterbeck**

Mailing Address Yale School of Medicine

Department of Thoracic Surgery

City

New Haven

State

CT

Zip Code

06520-8062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2013

Transaction ID : B8016055B6CF38CC07B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Karen E. Deveney**

Mailing Address Ohsu Department of Surgery

Mailcode L-223

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health Sciences Univ Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2013

Transaction ID : 84DD3B08-5D43-4C69-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David William Dexter**

Mailing Address 104 E 2nd St

FI 7

City

Erie

State

PA

Zip Code

16507-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hamot Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 2C4C49D357E0F7D7662

Amount of Each Receipt this Period

500.00

**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 43 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Heather S. Dolman**

Mailing Address 4201 Saint Antoine St  
Ste 4S-13

City State Zip Code  
Detroit MI 48201-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 03 / 2013

**Transaction ID : 4B119D4B-99DA-48DB-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Wade Edward Dosch**

Mailing Address 4701 S Lewis Ave

City State Zip Code  
Sioux Falls SD 57103-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McGreevy Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2013

**Transaction ID : 511351F8DFF5CEFD97**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jay Joseph Doucet**

Mailing Address 1101 Stratford Ave

City State Zip Code  
South Pasadena CA 91030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

03 / 11 / 2013

**Transaction ID : 459AAE309E09C3660875**

Amount of Each Receipt this Period

100.00

**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 44 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jay Joseph Doucet**

Mailing Address 1101 Stratford Ave

City

South Pasadena

State

CA

Zip Code

91030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 06BD7DD25E1B2F720FC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jay Joseph Doucet**

Mailing Address 1101 Stratford Ave

City

South Pasadena

State

CA

Zip Code

91030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 4BE3A81A59E5C940750C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jay Joseph Doucet**

Mailing Address 1101 Stratford Ave

City

South Pasadena

State

CA

Zip Code

91030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 11 / 2013

Transaction ID : 4E85B6ADECF1F74F9E32

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jay Joseph Doucet**

Mailing Address 1101 Stratford Ave

City

South Pasadena

State

CA

Zip Code

91030-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 4CD4BB8D02C9D66FEA50**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Denise Downard**

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

Univ of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : B15150E5CD3F1765A2B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charles Drueck III**

Mailing Address 111 Yale Ct

City

Glenview

State

IL

Zip Code

60026-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charles Drueck MD SC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2013

**Transaction ID : 38BE566DA944810A9AD**

Amount of Each Receipt this Period

250.00

**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 46 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Joseph Jeremy Dubose**

Mailing Address 511 W Pratt St  
Apt 1105

City Baltimore State MD Zip Code 21201-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 30 / 2013

Transaction ID : B76AA6ACEE2A4D8314D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stanley Edward Dudek**

Mailing Address 2115 Riverwood Dr

City Okemos State MI Zip Code 48864-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Semi-Retired

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : C2F08CE657059760DE2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Geoffrey Parker Dunn**

Mailing Address 2050 S Shore Dr

City Erie State PA Zip Code 16505-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hamot Hospital

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 19 / 2013

Transaction ID : ED8A21E85B9730B5336

Amount of Each Receipt this Period

1000.00

**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 47 OF 213

(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 (Last, First, Middle Initial)

**A. Geoffrey Parker Dunn**

Mailing Address 2050 S Shore Dr

City State Zip Code  
 Erie PA 16505-2246

FEC ID number of contributing federal political committee.

C

Name of Employer

Hamot Hospital

Occupation

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  
 06 27 2013

Transaction ID : 529212B8945A86F9C00

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Julie Dunn**

Mailing Address 2315 E Harmony Rd  
 University of Colorado Health

City State Zip Code  
 Fort Collins CO 80528-8620

FEC ID number of contributing federal political committee.

C

Name of Employer

East Tennessee State University

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 Y  
 04 01 2013

Transaction ID : 788C598340622CB77F6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Margaret M. Dunn**

Mailing Address PO Box 927  
 Wright State Univ School of Medici

City State Zip Code  
 Dayton OH 45401-0927

FEC ID number of contributing federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

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  
 03 18 2013

Transaction ID : 47AE946AD89F645463FB

Amount of Each Receipt this Period

100.00

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

1350.00

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 48 OF 213

(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 (Last, First, Middle Initial)

**A. Margaret M. Dunn**

Mailing Address PO Box 927

Wright State Univ School of Medici

City

Dayton

State

OH

Zip Code

45401-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : 441384EF83C92DE9255A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Margaret M. Dunn**

Mailing Address PO Box 927

Wright State Univ School of Medici

City

Dayton

State

OH

Zip Code

45401-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2013

Transaction ID : 4166BF65122EB8252EC8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Margaret M. Dunn**

Mailing Address PO Box 927

Wright State Univ School of Medici

City

Dayton

State

OH

Zip Code

45401-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2013

Transaction ID : 42DB91F2F86C4EB4E412

Amount of Each Receipt this Period

100.00

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 49 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Christy Martinez Dunst**

Mailing Address 4805 NE Glisan St  
Ste 6N60

City State Zip Code  
Portland OR 97213-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

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  
03 / 19 / 2013

**Transaction ID : 42D2AE0CCED4E72068A1**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Christy Martinez Dunst**

Mailing Address 4805 NE Glisan St  
Ste 6N60

City State Zip Code  
Portland OR 97213-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

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  
04 / 19 / 2013

**Transaction ID : 4F45816576E449EC1BAB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Christy Martinez Dunst**

Mailing Address 4805 NE Glisan St  
Ste 6N60

City State Zip Code  
Portland OR 97213-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

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  
05 / 02 / 2013

**Transaction ID : 4F0E8169E1F7C611DD57**

Amount of Each Receipt this Period

100.00

**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 50 OF 213  
(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 (Last, First, Middle Initial)

**A. Christy Martinez Dunst**

Mailing Address 4805 NE Glisan St  
Ste 6N60

City State Zip Code  
Portland OR 97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

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  
06 / 02 / 2013

**Transaction ID : 4797BCF45C8EE28256FB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kevin Michael Dwyer**

Mailing Address Vice Chairman, Department of Surge  
Stamford Hospital

City State Zip Code  
Stamford CT 06904-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stamford Hospital

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 Y Y  
04 / 17 / 2013

**Transaction ID : 522C45278BE29885583**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. A. Brent Eastman**

Mailing Address PO Box 1248

City State Zip Code  
Rancho Santa Fe CA 92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scripps Health

Occupation

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  
06 / 13 / 2013

**Transaction ID : 5B49A4664DEAFC7E93C**

Amount of Each Receipt this Period

1000.00

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

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

1350.00

# **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 213  
(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 (Last, First, Middle Initial)

**A. Stephen B. Edge**

Mailing Address Roswell Park

Department of Surgical Oncology

City

Buffalo

State

NY

Zip Code

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 Y  
06 / 13 / 2013

**Transaction ID : F9C80D2168E12E50D32**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Anthony Ehrhard**

Mailing Address 251 S Truman Rd

City

Jasper

State

IN

Zip Code

47546-9768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert A. Ehrhard, MD

Occupation

Otolaryngologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : 5B36B475-E40E-414A-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. E. Christopher Ellison**

Mailing Address Ohio State University Medical Cent

Room 692

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State Medical Center

Occupation

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  
03 / 20 / 2013

**Transaction ID : CE106380-A936-4DB8-**

Amount of Each Receipt this Period

1500.00

**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:  
(check only one)

PAGE 52 OF 213

☒ 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 (Last, First, Middle Initial)

**A. James K. Elsey**

Mailing Address 631 Professional Dr  
Ste 300

City State Zip Code  
Lawrenceville GA 30046-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : AFF029FE592AB91CE84

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Blaine L. Enderson**

Mailing Address 1924 Alcoa Hwy  
Ste U-11

City State Zip Code  
Knoxville TN 37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University General Surgeons

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 4093A0D3D3DE326DC5ED

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Blaine L. Enderson**

Mailing Address 1924 Alcoa Hwy  
Ste U-11

City State Zip Code  
Knoxville TN 37920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University General Surgeons

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2013

Transaction ID : 49DC82C9E8A59567381D

Amount of Each Receipt this Period

50.00

**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 53 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Thomas Esposito**

Mailing Address 2160 S 1st Ave

Loyola University Medical Center

City

Maywood

State

IL

Zip Code

60153-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2013

Transaction ID : F80D3C118943D8D2FCF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Stephen Edmund Ettinghausen**

Mailing Address 1415 Portland Ave

Ste 245

City

Rochester

State

NY

Zip Code

14621-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2013

Transaction ID : 57F0FD0D-3536-48D7-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Bridget Noel Fahy**

Mailing Address 6550 Fannin St

Department of Surgery, # SM1661

City

Houston

State

TX

Zip Code

77030-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 42A44E6AAA2C24A325A

Amount of Each Receipt this Period

250.00

**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 54 OF 213

(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 (Last, First, Middle Initial)

A. Samir M. Fakhry

Mailing Address 426 Msc

96 Jonathan Lucas Street

City

Charleston

State

SC

Zip Code

29425-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

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  
04 / 01 / 2013

Transaction ID : 94462CE2A56C9CA769E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen M. Fall

Mailing Address 6140 W Curtisian Ave

Ste 102

City

Boise

State

ID

Zip Code

83704-0109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRMC

Occupation

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  
04 / 29 / 2013

Transaction ID : 175E8833A32966000B9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mary Elizabeth Fallat

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

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : 879F75D95814D482DE0

Amount of Each Receipt this Period

250.00

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 55 OF 213

(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 (Last, First, Middle Initial)

**A. Richard J. Fantus**

Mailing Address Advocate Illinois Masonic Medical  
Trauma Service

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

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 Y  
03 22 2013

Transaction ID : 02695CE7-5B88-482C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Peter Linn Faries**

Mailing Address 5 E 98th St  
Mount Sinai School of Medicine

City State Zip Code  
New York NY 10029-6501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

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 Y  
05 13 2013

Transaction ID : 40FBDD06-5482-43DC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ellen Thomason Farrokhi**

Mailing Address 2060 23rd Ave E

City State Zip Code  
Seattle WA 98112-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radia

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 Y  
04 17 2013

Transaction ID : 3021AFCBB5D39187180

Amount of Each Receipt this Period

500.00

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: PAGE 56 OF 213

(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 (Last, First, Middle Initial)

**A. John Fildes**

Mailing Address Univ of Nevada School of Medicine  
 Department of Surgery Suite 302

City State Zip Code  
 Las Vegas NV 89102

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

University of Nevada School of Medicine

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 Y  
 03 / 21 / 2013

Transaction ID : 808363B4-D5DD-45CB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John A. Fink**

Mailing Address 95 Arch St  
 Ste 215

City State Zip Code  
 Akron OH 44304-1467

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Hospital 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 Y  
 01 / 10 / 2013

Transaction ID : DAB5AE7D5651A721092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nicholas A. Fiore**

Mailing Address 4907 Lane Branch Street

City State Zip Code  
 Houston TX 77004

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 Y  
 05 / 03 / 2013

Transaction ID : 5746ED46A19382F1426

Amount of Each Receipt this Period

300.00

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:  
(check only one)

PAGE 57 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Timothy Charles Fitzgibbons**

Mailing Address 17030 Lakeside Hills Plz  
Ste 200

City State Zip Code  
Omaha NE 68130-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 6776989AD321EB6F200

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. James W. Fleshman Jr.**

Mailing Address Department of Surg.  
Baylor Univ. Med. Center

City State Zip Code  
Dallas TX 75246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Baylor University Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2013

Transaction ID : 20106C74-5547-446B-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Timothy Carlyle Flynn**

Mailing Address 4623 NW 63rd Ter

City State Zip Code  
Gainesville FL 32653-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Fla Coll of Med

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 29953882FDE0E11CF60

Amount of Each Receipt this Period

500.00

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

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

1800.00

# **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 213

(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 (Last, First, Middle Initial)

**A. Henri Ford**

Mailing Address Children's Hospital of Los Angeles  
 Mailstop 72

City State Zip Code  
 Los Angeles CA 90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital of Pittsburgh

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 Y  
 02 / 08 / 2013

Transaction ID : 27ADA42B-95D3-40CB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James E. Foster II**

Mailing Address 1906 Belleview Ave SE  
 Roanoke Memorial Hospital

City State Zip Code  
 Roanoke VA 24014-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roanoke Memorial Hospital

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 Y  
 04 / 17 / 2013

Transaction ID : 8B98A96BFC1F3D41F0D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kenneth James Foster**

Mailing Address 202 S Park St  
 Meriter Specialty Clinic

City State Zip Code  
 Madison WI 53715-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meriter Medical Group

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 Y  
 04 / 17 / 2013

Transaction ID : A210DD8F16393BCBAE1

Amount of Each Receipt this Period

500.00

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: PAGE 59 OF 213

(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 (Last, First, Middle Initial)

A. George Richard Fournier Jr.

Mailing Address PO Box 566

City

Yankton

State

SD

Zip Code

57078-0566

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 Y  
01 / 07 / 2013

Transaction ID : BCD671FF16F7B82FD20

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Clyde Foxworthy

Mailing Address 3220 Banberry Dr

City

Statesville

State

NC

Zip Code

28625-4569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Health Care

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 Y  
05 / 14 / 2013

Transaction ID : DD638AC13167782CF53

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julie A. Freischlag

Mailing Address Department of Surgery  
Johns Hopkins Hospital

City

Baltimore

State

MD

Zip Code

21205-2196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

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 Y  
02 / 15 / 2013

Transaction ID : 66DE2E9DE6C46FE63B3

Amount of Each Receipt this Period

500.00

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 60 OF 213  
(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 (Last, First, Middle Initial)

**A. Daniel J. Frey**

Mailing Address 309 Asbury Rd

City State Zip Code  
 Lafayette LA 70503-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 513C93DED55508DB973

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Neil Barry Friedman**

Mailing Address 301 Saint Paul Pl  
 the Breast Center at Mercy

City State Zip Code  
 Baltimore MD 21202-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mercy Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

Transaction ID : F26DAAA072DE227C30A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joseph T. Gallagher**

Mailing Address 110 W Underwood St  
 Ste A

City State Zip Code  
 Orlando FL 32806-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CRC

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 93491DF0BAD82C61DE0

Amount of Each Receipt this Period

250.00

**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 61 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Nancy Gantt**

Mailing Address 1044 Belmont Ave

St. Elizabeth Health Center

City

Youngstown

State

OH

Zip Code

44504-1006

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

04 / 29 / 2013

Transaction ID : D92B0FB1BB229981FB0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Fernando Garcia**

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109

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

06 / 18 / 2013

Transaction ID : 47698D2330DF6892DD5D

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Felix Antonio Garcia-Perez**

Mailing Address 1945 State Route 33

Jersey Shore University Medical Ce

City

Neptune

State

NJ

Zip Code

07753-4859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Trauma Association

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 4BFDBA44C46B771FF25F

Amount of Each Receipt this Period

200.00

**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 62 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Felix Antonio Garcia-Perez**

Mailing Address 9 Hartshorne Rd

City

Ocean

State

NJ

Zip Code

07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Trauma Association

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : 4B539DAB611845A7AA4C**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Thomas J. Gibson**

Mailing Address Winchester Surgery Clinic  
Suite 100

City

Winchester

State

VA

Zip Code

22604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Surgery Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : F0A0F18DDC42ED8A26E**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. James W. Gigantelli**

Mailing Address University of Nebraska Medical Ctr  
Department of Ophthalmology

City

Omaha

State

NE

Zip Code

68198-5540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Nebraska

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : B2341459EA98A957B05**

Amount of Each Receipt this Period

250.00

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

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

950.00

# **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 63 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Karanbir Singh Gill**

Mailing Address 5149 N 9th Ave  
Ste 246

City Pensacola State FL Zip Code 32504-8755

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 ▼

750.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 5878B08222BF2018D6E

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Philip Leon Glick**

Mailing Address 219 Bryant St

City Buffalo State NY Zip Code 14222

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

06 / 06 / 2013

Transaction ID : 4227705DF0F388897D6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. James M. Goff Jr.**

Mailing Address 5409 Canyon Bluff Trl NE

City Albuquerque State NM Zip Code 87111-8240

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

05 / 14 / 2013

Transaction ID : 4DAAA78ED075BC86D1E6

Amount of Each Receipt this Period

50.00

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

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

1050.00

# **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 64 OF 213

☒ 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 (Last, First, Middle Initial)

**A. James M. Goff Jr.**

Mailing Address 5409 Canyon Bluff Trl NE

City

Albuquerque

State

NM

Zip Code

87111

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

06 / 14 / 2013

**Transaction ID : 45D7B6A745AE4B4C75**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Amy Joy Goldberg**

Mailing Address 3401 N Broad St  
 FI 4

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 0DD470DAB9CCAD89535**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ross Frederick Goldberg**

Mailing Address Maricopa Medical Center  
 Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

03 / 26 / 2013

**Transaction ID : 4413BCAB656452186A27**

Amount of Each Receipt this Period

100.00

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

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

1150.00



# **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 213

(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 (Last, First, Middle Initial)

**A. Ross Frederick Goldberg**

Mailing Address Maricopa Medical Center  
Department of Surgery

City State Zip Code  
Phoenix AZ 85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2013

Transaction ID : 4886B8DD936888D10473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ross Frederick Goldberg**

Mailing Address Maricopa Medical Center  
Department of Surgery

City State Zip Code  
Phoenix AZ 85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 18 / 2013

Transaction ID : 4620BD292AF690DAE3B3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ross Frederick Goldberg**

Mailing Address Maricopa Medical Center  
Department of Surgery

City State Zip Code  
Phoenix AZ 85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2013

Transaction ID : 4B52849312E9B6AF6B1A

Amount of Each Receipt this Period

250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 213  
(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 (Last, First, Middle Initial)

**A. Michael Allen Goldfarb**

Mailing Address 166 Morris Ave  
Fl 2

City State Zip Code  
Long Branch NJ 07740-6619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

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 Y  
04 / 17 / 2013

**Transaction ID : 733719D8E11C6D4EB51**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. B. David Gorman**

Mailing Address 1115 5th Ave  
# 1A

City State Zip Code  
New York NY 10128-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

5th Ave Eye Care

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 Y  
06 / 13 / 2013

**Transaction ID : 3F24C4D9EE9647157BB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Johnny B. Green**

Mailing Address 1072 N Liberty St  
Ste 201

City State Zip Code  
Boise ID 83704

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 Y  
06 / 27 / 2013

**Transaction ID : F749D09AFBBB276DA90**

Amount of Each Receipt this Period

500.00

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

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

1050.00

# **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 67 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Frederick Leslie Greene**

Mailing Address 128 Altondale Ave

City

Charlotte

State

NC

Zip Code

28207-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Levine Cancer Institute

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 Y  
03 / 20 / 2013

**Transaction ID : 8735ED4C-B3AE-44D3-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David George Greenhalgh**

Mailing Address 2425 Stockton Blvd

Shriners Hospitals for Children

City

Sacramento

State

CA

Zip Code

95817-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shriners Hospitals for Children

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 Y  
04 / 01 / 2013

**Transaction ID : 2D075425219EBD6CBEE**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jon M. Greif**

Mailing Address Suite 212

Bay Area Breast Surgeons, Inc.

City

Oakland

State

CA

Zip Code

94609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Area Breast Surgeons, Inc.

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 Y  
06 / 23 / 2013

**Transaction ID : 4976457E-B356-4D7E-**

Amount of Each Receipt this Period

250.00

**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 68 OF 213

☒ 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 (Last, First, Middle Initial)

**A. John Anthony Griswold**

Mailing Address Texas Tech Univ Health Science Ctr  
Department of Surgery

City Lubbock State TX Zip Code 79430-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Tech University

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2013

**Transaction ID : 97DDC84D-2695-430D-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kirby Robert Gross**

Mailing Address 4242 Broadway St  
# 302

City San Antonio State TX Zip Code 78209-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2013

**Transaction ID : 869FD215EC291986646**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ronald Ian Gross**

Mailing Address Chief of Trauma and Acute Care Sur  
Baystate Medical Center

City Springfield State MA Zip Code 01199-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford Hospital

Occupation  
Surgeon-Chief of Trauma and Emergency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2013

**Transaction ID : EF986839DA329BA1AB9**

Amount of Each Receipt this Period

500.00

**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:  
(check only one)

PAGE 69 OF 213

☒ 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 (Last, First, Middle Initial)

**A. David Jon Grossklaus**

Mailing Address 6007 E Baseline Rd  
Ste 105

City Mesa State AZ Zip Code 85206-4815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D Grossklaus, MD, PC

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2013

Transaction ID : 7F5FEDB3-32E6-4EF2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Erik Michael Grossmann**

Mailing Address 3220 Bluff Creek Dr  
# 100

City Columbia State MO Zip Code 65201-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Surgical Associates

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 507C6EA0A6D4143F8C0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peg Haar**

Mailing Address 633 N Saint Clair St

City Chicago State IL Zip Code 60611-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACS

Occupation  
Administrator, Member Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 60CF48FB94C6D87D064

Amount of Each Receipt this Period

250.00

**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 70 OF 213

(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 (Last, First, Middle Initial)

A. Tony O'Neal Haley

Mailing Address 701 Med Tech Pkwy  
Ste 400

City State Zip Code  
Johnson City TN 37604-2365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 29 / 2013

Transaction ID : 96963A8060D468105CF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy Lynne Halverson

Mailing Address Northwestern Univ Feinberg Sch of  
Divide of Gastrointestinal and Onc

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Northwestern Univ Feinberg Sch of Med

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  
04 / 17 / 2013

Transaction ID : 1CE7120CF11E3B67A4D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Hamar

Mailing Address 401 N 9th St

City State Zip Code  
Bismarck ND 58501-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mid Dakota Clinic

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  
01 / 30 / 2013

Transaction ID : 6867CE2AD5035C6B782

Amount of Each Receipt this Period

250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 213

(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 (Last, First, Middle Initial)

**A. Zane Hammoud**

Mailing Address 16108 Cog Hill Dr

City

Northville

State

MI

Zip Code

48168-8624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Indiana

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 Y  
04 / 29 / 2013

Transaction ID : D29465E71DE4A554F80

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Magdi Hanafi**Mailing Address 5673 Peachtree Dunwoody Rd NE  
Ste 750

City

Atlanta

State

GA

Zip Code

30342-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GYN &amp; Fertility Specialists

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 Y  
04 / 17 / 2013

Transaction ID : 0EF74EC1EA595A37C45

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John B. Hanks**Mailing Address Of Surgery  
University of Virginia Hospital, D

City

Charlottesville

State

VA

Zip Code

22908-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Va Hospital

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 Y  
05 / 14 / 2013

Transaction ID : 147D0EA732BB42B4619

Amount of Each Receipt this Period

500.00

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:  
(check only one)

PAGE 72 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Sean Patrick Harbison**

Mailing Address Temple University Hospital  
4th Floor Parkinson Pavilion

City Philadelphia State PA Zip Code 19140-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple Univ Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

Transaction ID : 439C095242817B69C6F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paul B. Harrison**

Mailing Address 3243 E Murdock St  
Ste 404

City Wichita State KS Zip Code 67208-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Surgical Consultants

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 525142A672110FC1058

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sara L. Hartsaw**

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

High Plains Surgical Associates, PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : DCA277D2F77CEFBD1C8

Amount of Each Receipt this Period

250.00

**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 73 OF 213  
(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 (Last, First, Middle Initial)

**A. David M. Hasl**

Mailing Address 2405 N Columbus St  
Ste 250

City Lancaster State OH Zip Code 43130-7921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Surgical Associates

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 Y  
05 / 14 / 2013

Transaction ID : B747C32D8B8DF6646F8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel Harvey Hayes**

Mailing Address PO Box 32861

City Charlotte State NC Zip Code 28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center

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 Y  
04 / 29 / 2013

Transaction ID : B2C9B15F24E984107C0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John Hedstrom**

Mailing Address 20 F St NW Ste 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACS

Occupation

Deputy Director, Advocacy and Health P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : 4409A110EABCC3912F1

Amount of Each Receipt this Period

250.00

**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 74 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Dominic Frank Heffel**

Mailing Address 2927 E Sierra St

City

Phoenix

State

AZ

Zip Code

85028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

**Transaction ID : FDC6A39ED39C1EC06C6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sharon M. Henry**

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

University of Maryland Medical System

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2013

**Transaction ID : 96F53B453098214815F**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Enrique Hernandez**

Mailing Address Division of Gyn/Oncology  
Temple University Hospital

City

Philadelphia

State

PA

Zip Code

19140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 1D09EE7C4F53BD63CE4**

Amount of Each Receipt this Period

250.00

**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 PageFOR LINE NUMBER: PAGE 75 OF 213  
(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 (Last, First, Middle Initial)

**A. Mary Lenora Hilfiker**Mailing Address 3030 Childrens Way  
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2013

**Transaction ID : 4BD09134BBB649B58E00**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Mary Lenora Hilfiker**Mailing Address 3030 Childrens Way  
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2013

**Transaction ID : 469E9D115BF6DE181095**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. Mary Lenora Hilfiker**Mailing Address 3030 Childrens Way  
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2013

**Transaction ID : 4416918302E00978D5F7**

Amount of Each Receipt this Period

210.00

**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:  
(check only one)

PAGE 76 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Mary Lenora Hilfiker**

Mailing Address 3030 Childrens Way  
Ste 107

City State Zip Code  
San Diego CA 92123-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

04 / 24 / 2013

**Transaction ID : 4A1CB9B9CF1A7B15C94D**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Mary Lenora Hilfiker**

Mailing Address 3030 Childrens Way  
Ste 107

City State Zip Code  
San Diego CA 92123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

05 / 24 / 2013

**Transaction ID : 498D80C37A6E112CB93F**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. Richard A. Hoefer Jr.**

Mailing Address 11803 Jefferson Ave

City State Zip Code  
Newport News VA 23606-2565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

**Transaction ID : D9714B747242701592E**

Amount of Each Receipt this Period

250.00

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

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

670.00

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

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

FOR LINE NUMBER: PAGE 77 OF 213

(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 (Last, First, Middle Initial)

**A. Michael Holtel**

Mailing Address 3729 Fenelon St

City State Zip Code  
 San Diego CA 92106-2019

FEC ID number of contributing federal political committee.

C

Name of Employer

Sharp Rees Stealy

Occupation

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  
 01 / 10 / 2013

Transaction ID : 7678377DAA2A1FDC788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael Holtel**

Mailing Address 3729 Fenelon St

City State Zip Code  
 San Diego CA 92106-2019

FEC ID number of contributing federal political committee.

C

Name of Employer

Sharp Rees Stealy

Occupation

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  
 03 / 22 / 2013

Transaction ID : 56668B7A-BA45-4116-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael David Holzman**

Mailing Address D5203 McN  
 Vanderbilt University

City State Zip Code  
 Nashville TN 37232-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

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 Y  
 05 / 01 / 2013

Transaction ID : 012A8259EF0453BCB47

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)..... ►

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

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

FOR LINE NUMBER: PAGE 78 OF 213

(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 (Last, First, Middle Initial)

**A. Roxolana Horbowyj**

Mailing Address 617 South Ave

City

Holmes

State

PA

Zip Code

19043-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
04	/	01	/	2013

Transaction ID : 77F1534F3431D6D1702

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Steven David Horwitz**

Mailing Address 6531 N Knox Ave

City

Lincolnwood

State

IL

Zip Code

60712-3422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2013

Transaction ID : 2E2136233B01A5B535F

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. John Roland Houck Jr.**Mailing Address PO Box 26901  
Wp1290

City

Oklahoma City

State

OK

Zip Code

73126-0901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

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
03	/	20	/	2013

Transaction ID : 223B5805-0A81-4B35-

Amount of Each Receipt this Period

500.00

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 79 OF 213

(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 (Last, First, Middle Initial)

A. David B. Hoyt

Mailing Address Executive Director

American College of Surgeons

City State Zip Code  
 Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Irving

Occupation

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  
 01 / 16 / 2013

Transaction ID : 04685FAA413655814ED

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tyler G. Hughes

Mailing Address 1000 Hospital Dr

Memorial Hospital, Ste 301

City State Zip Code  
 McPherson KS 67460-2326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

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 Y  
 04 / 29 / 2013

Transaction ID : FD307A698D3B9030E31

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. P. David Hunter

Mailing Address 535 NW 9th St

Ste 300

City State Zip Code  
 Oklahoma City OK 73102-1073

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 Y  
 04 / 29 / 2013

Transaction ID : E9298296C95FF3105B4

Amount of Each Receipt this Period

250.00

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: PAGE 80 OF 213  
(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 (Last, First, Middle Initial)

## **A. Robert Nelson Hurd**

Mailing Address PO Box 35100

Billings Clinic

City

Billings

State

MT

Zip Code

59107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deaconess Billings Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2013

Transaction ID : 7A3ED1574BBA1E089D8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Bohdan Askold Iwanetz**

Mailing Address 1600 167th St

Ste 150

City

Calumet City

State

IL

Zip Code

60409-5484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J.T. Iwanetz, MD, Corp

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 12 / 2013

Transaction ID : 6078B6A1D74401E3EE5

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **c. Seth David Izenberg**

Mailing Address Pacific Surgical Pc

Suite 580

City

Portland

State

OR

Zip Code

97227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 11 / 2013

Transaction ID : 4E29BE96352B1A087B65

Amount of Each Receipt this Period

50.00

**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 81 OF 213

(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 (Last, First, Middle Initial)

**A. Seth David Izenberg**

Mailing Address Pacific Surgical Pc  
Suite 580

City State Zip Code  
Portland OR 97227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Surgical PC

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 Y  
06 / 11 / 2013

Transaction ID : 4A68AD6E54069A91F549

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lenworth M. Jacobs Jr.**

Mailing Address 80 Seymour St  
Hartford Hospital

City State Zip Code  
Hartford CT 06102-8000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

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  
02 / 15 / 2013

Transaction ID : 72DBC28BD1C99F54DFF

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Linda Kay James**

Mailing Address PO Box 9  
721 River Dr. #B

City State Zip Code  
Fort Bragg CA 95437-0009

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 Y  
04 / 29 / 2013

Transaction ID : A75B3EE985C99E99974

Amount of Each Receipt this Period

250.00

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 82 OF 213  
(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 (Last, First, Middle Initial)

**A. Arthur Jenkins**

Mailing Address 251 Shore Rd

City State Zip Code  
 Greenwich CT 06830-6329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt. Sinai

Occupation

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  
 01 / 07 / 2013

**Transaction ID : D7D639D67B64B501F9F**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Donald Howard Jenkins**

Mailing Address 200 1st St SW

Tcgs Division, Saint Marys Hospita

City State Zip Code  
 Rochester MN 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

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 Y  
 04 / 01 / 2013

**Transaction ID : C29E80E86D70C0B15E1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Manjula Mayura Jeyapalan-Noone**

Mailing Address 17501 Vineland Ave

City State Zip Code  
 Monte Sereno CA 95030-2244

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 Y  
 05 / 20 / 2013

**Transaction ID : CC8DDBF4385B8467F61**

Amount of Each Receipt this Period

250.00

**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: PAGE 83 OF 213

(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 (Last, First, Middle Initial)

A. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code  
 Cincinnati OH 45206-1822

FEC ID number of contributing federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013

Transaction ID : 491BBC49FABB86DD8E95

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code  
 Cincinnati OH 45206-1822

FEC ID number of contributing federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2013

Transaction ID : 487084BA0268AD3EE5E5

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Lynt Byron Johnson

Mailing Address Georgetown University Hospital  
4 Phc

City State Zip Code  
 Washington DC 20007-2113

FEC ID number of contributing federal political committee.

C

Name of Employer

Georgetown University Hospital

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 Y Y  
 05 / 30 / 2013

Transaction ID : 06B4F437-CDCB-49A0-

Amount of Each Receipt this Period

500.00

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

670.00

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 84 OF 213

(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 (Last, First, Middle Initial)

**A. Morris G. Johnson**

Mailing Address 1400 E Kincaid St

City

Mount Vernon

State

WA

Zip Code

98274-4127

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 M / D D D / Y Y Y Y Y Y  
04 / 17 / 2013

Transaction ID : CBAE449D77D4DE63A9D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark Allen Jones**

Mailing Address 127 Beaver Dam Rd

City

Columbia

State

SC

Zip Code

29223-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

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  
03 / 24 / 2013

Transaction ID : A0409050-2925-4994-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Derek Douglas Kane**

Mailing Address 206 Slate Dr

City

Bismarck

State

ND

Zip Code

58503-6136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mid Dakota Clinic

Occupation

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  
04 / 01 / 2013

Transaction ID : 671A310C4A057B2A831

Amount of Each Receipt this Period

500.00

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 85 OF 213

(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 (Last, First, Middle Initial)

A. Ali Kasraeian

Mailing Address 6269 Beach Blvd  
 Ste 2

City State Zip Code  
 Jacksonville FL 32216-2769

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Kasraeian Urology

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 Y  
 04 / 17 / 2013

Transaction ID : 66459F3D082451A5605

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Howard Scott Kaufman

Mailing Address 10 Congress St  
 Ste 300

City State Zip Code  
 Pasadena CA 91105-3027

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 Y  
 04 / 17 / 2013

Transaction ID : AE1C4E1FF6ABEAB45D5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christoph Robert Kaufmann

Mailing Address Medical Director, Trauma Services  
 Forbes Regional Hospital

City State Zip Code  
 Monroeville PA 15146

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Legacy Emanuel Hospital

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 Y  
 04 / 17 / 2013

Transaction ID : 29F244A8FA086E3DA1E

Amount of Each Receipt this Period

500.00

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

1300.00

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 213  
(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 (Last, First, Middle Initial)

**A. Krista L. Kaups MD FACS**

Mailing Address Department of Surgery, 1st Floor  
 Crmc

City State Zip Code  
 Fresno CA 93721-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Community Regional Medical Center

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 Y Y  
 04 / 09 / 2013

**Transaction ID : 2E2B9C0D-9646-4366-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Conner Kelly**

Mailing Address PO Box 3528  
 Cooper Clinic

City State Zip Code  
 Fort Smith AR 72913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cooper Clinic

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 Y Y  
 06 / 06 / 2013

**Transaction ID : D13546C959FF86504A2**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Denise Mary Kenna**

Mailing Address 1936 Powder Mill Rd

City State Zip Code  
 York PA 17402-4744

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 Y Y  
 04 / 29 / 2013

**Transaction ID : 232B69624C0EC5421BD**

Amount of Each Receipt this Period

250.00

**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 87 OF 213

(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 (Last, First, Middle Initial)

**A. Norman M. Kenyon**

Mailing Address 9855 SW 69th Ave

City  
MiamiState  
FLZip Code  
33156-3051FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 04 / 29 / 2013

Transaction ID : 6D176F175396C4B2465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Wellesley Kilkenny III**Mailing Address Department of Surgery  
Ufhsc-JCity  
JacksonvilleState  
FLZip Code  
32209-3656FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of FLorida

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

 M M / D D / Y Y Y Y  
 03 / 22 / 2013

Transaction ID : A3D1984E-26B9-49C6-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Daniel David Klaristenfeld**Mailing Address Kaiser Permanente San Diego Hospit  
Department of General SurgeryCity  
San DiegoState  
CAZip Code  
92120FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kaiser Permanente Fontana Hospital

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y  
 04 / 17 / 2013

Transaction ID : A60A5E8D13687350EF1

Amount of Each Receipt this Period

250.00

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 88 OF 213

(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 (Last, First, Middle Initial)

**A. Michael D. Klein**

Mailing Address Children's Hospital of Michigan  
 Department of Pediatric Surgery

City State Zip Code  
 Detroit MI 48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Michigan

Occupation

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  
 06 27 2013

Transaction ID : 4CBC3F28786C053C2B1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mary Knudson**

Mailing Address San Francisco General Hospital  
 Department of Surgery 3-A

City State Zip Code  
 San Francisco CA 94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Francisco General Hospital

Occupation

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  
 04 29 2013

Transaction ID : 0D1F6D19D08934B573F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Hudson Koehler**

Mailing Address 57 Prospect St  
 Nantucket Cottage Hospital

City State Zip Code  
 Nantucket MA 02554-4345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nantucket Cottage Hospital

Occupation

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  
 03 20 2013

Transaction ID : A022699F-8234-4B49-

Amount of Each Receipt this Period

250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 213

☒ 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 (Last, First, Middle Initial)

**A. James Ralph Korndorffer Jr.**

Mailing Address 1820 S Carrollton Ave

City

New Orleans

State

LA

Zip Code

70118-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulane University

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 Y Y  
05 / 06 / 2013

**Transaction ID : 860BC96C-F4A2-45C8-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Shanu Nikhil Kothari**

Mailing Address 1900 South Ave

Gundersen Lutheran Medical Center

City

La Crosse

State

WI

Zip Code

54601-5467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gundersen Lutheran

Occupation

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  
04 / 17 / 2013

**Transaction ID : 94824E9ADCA0EFA4CAB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Marvin E. Kuehner**

Mailing Address 9802 County Road Y

City

Marshfield

State

WI

Zip Code

54449-8415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshfield Clinic

Occupation

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  
05 / 03 / 2013

**Transaction ID : 8019D245F847AFDF11F**

Amount of Each Receipt this Period

1000.00

**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 90 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Joseph Allen Kuhn**

Mailing Address 7777 Forest Ln  
Ste C410

City State Zip Code  
Dallas TX 75230-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 66252557574C5D11F7E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mark Lawrence Labowe**

Mailing Address 100 UCLA Medical Plz  
Ste 747

City State Zip Code  
Los Angeles CA 90024-6990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 55264CCC38FB0F120A9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Raj Lal**

Mailing Address 2809 Meyers Rd

City State Zip Code  
Oak Brook IL 60523-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : DDB09FC57F7C04A4C62

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Kevin P. Lally**

Mailing Address Department of Pediatric Surgery  
Suite 5258

City State Zip Code  
Houston TX 77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Texas Health Science Ctr

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 Y  
03 / 20 / 2013

Transaction ID : 0EE02946-3FC1-46EF-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Samuel E. Landrum**

Mailing Address 5701 Free Ferry Rd  
Apt 22

City State Zip Code  
Fort Smith AR 72903-2437

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 Y  
04 / 29 / 2013

Transaction ID : 0238E1E46E48BE67BAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Lorrie A. Langdale**

Mailing Address 1660 S Columbian Way  
Va Medical Center (112)

City State Zip Code  
Seattle WA 98108-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Washington

Occupation

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  
04 / 17 / 2013

Transaction ID : 51899F386846CF28A83

Amount of Each Receipt this Period

1000.00

**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 92 OF 213

(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 (Last, First, Middle Initial)

**A. Gene Robert Lariviere**

Mailing Address 5708 32nd Ave

City

State

Zip Code

Center Point

IA

52213-9265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Virginia Gay Hospital

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 12 / 2013

Transaction ID : CB41510E4A7631ECB5B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Wayne Larrison**Mailing Address 46 Prince St  
203

City

State

Zip Code

New Haven

CT

06519-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Retina 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  
01 / 07 / 2013

Transaction ID : 6C2455FBCB9D4674036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peter F. Lawrence**Mailing Address Ucla Gonda Vascular Center  
200 Medical Plaza Suite 526

City

State

Zip Code

Los Angeles

CA

90095-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Uci College of Medicine

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2013

Transaction ID : F7473449CADDE9559F8

Amount of Each Receipt this Period

50.00

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

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

665.00

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

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

FOR LINE NUMBER: PAGE 93 OF 213  
(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 (Last, First, Middle Initial)

**A. Peter F. Lawrence**

Mailing Address Ucla Gonda Vascular Center  
200 Medical Plaza Suite 526

City State Zip Code  
Los Angeles CA 90095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Uci College of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2013

Transaction ID : F3E390C8C45872F7B62

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Walter P. Ledet Jr.**

Mailing Address 914 Cypress St

City State Zip Code  
Sulphur LA 70663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sulphur Surgical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 783C4397435C534F4F0

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Joanne May Lee**

Mailing Address 692 Arbor Glen Cir  
Apt 101

City State Zip Code  
Lakeland FL 33805-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeland Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2013

Transaction ID : 56F77160-EBAD-4827-

Amount of Each Receipt this Period

500.00

**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: PAGE 94 OF 213  
(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 (Last, First, Middle Initial)

**A. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

01 / 11 / 2013

**Transaction ID : 454EB7612AC55E0B0AAD**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

02 / 11 / 2013

**Transaction ID : 46D6BCF3FF26271EA9F4**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

03 / 11 / 2013

**Transaction ID : 403D8BA34C6A2DF35347**

Amount of Each Receipt this Period

210.00

**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 95 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

04 / 11 / 2013

**Transaction ID : 4AAE976CA88D15BF1B7F**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

05 / 11 / 2013

**Transaction ID : 4C27917D07E348CAA59E**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. Robert Warren Letton Jr.**

Mailing Address Ouhsc Children's Hospital  
Pediatric Surgery Suite 2320

City State Zip Code  
Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OUHSC Children's Hospital

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 4D6D9D9D6AEE0D6BEAB4**

Amount of Each Receipt this Period

210.00

**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: PAGE 96 OF 213

(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 (Last, First, Middle Initial)

A. L. Scott Levin

Mailing Address University of Pennsylvania Health  
 Orthopaedic Surgery 2 Silverstein

City Philadelphia State PA Zip Code 19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

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  
 02 / 15 / 2013

Transaction ID : 75D131DF50F6020F1CE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Keith D. Lillemoe

Mailing Address 55 Fruit St  
 Massachusetts General Hospital, Wh

City Boston State MA Zip Code 02114-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General Hospital

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 Y  
 06 / 19 / 2013

Transaction ID : 39C770F8E668A3AFCE4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Gunn Lindley Jr.

Mailing Address 4 E Jackson Blvd  
 Neurological Institute of Savannah

City Savannah State GA Zip Code 31405-5895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neurological Institute of Savannah

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 Y  
 05 / 14 / 2013

Transaction ID : 993099DECFA4DE7ED2F

Amount of Each Receipt this Period

250.00

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 97 OF 213  
(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 (Last, First, Middle Initial)

**A. Charles Eugene Littlejohn**

Mailing Address 70 Mill River St

City

Stamford

State

CT

Zip Code

06902-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 1B6460B98D0B3A3914E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Christopher Litton**

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

TriCounty Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 87CF4086C9238E0C2EB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Horace Lo**

Mailing Address N5755 Whitetail Ct

City

Green Lake

State

WI

Zip Code

54941-8831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rogers & Nelson Surgical Assoc.

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : C6515BC3ACE35DBA98A

Amount of Each Receipt this Period

250.00

**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 98 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Deborah Susan Loeff**

Mailing Address Pediatric Surgery, University of C  
Mc 4062

City State Zip Code  
Chicago IL 60637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Pediatric Surgical Assoc

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 Y  
04 / 17 / 2013

**Transaction ID : A6286D61C9EE5D522B1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joann Marie Lohr**

Mailing Address 6350 Glenway Ave  
Ste 208

City State Zip Code  
Cincinnati OH 45211-6375

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 Y  
04 / 17 / 2013

**Transaction ID : 4FC079E7D81306A6E6C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Roman Lorenz**

Mailing Address the Head & Neck Institute  
the Cleveland Clinic A-71

City State Zip Code  
Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

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  
04 / 17 / 2013

**Transaction ID : D378D06CE686C877250**

Amount of Each Receipt this Period

1000.00

**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 99 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Lawrence Lottenberg**

Mailing Address 3054 SW 92nd St

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 0E53068E67407CF3D82

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephen W. Lu**

Mailing Address Department of Surgery  
Msc 10-5610

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 3A2866EC10F70F91861

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Martin Andrew Luchtefeld**

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

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2013

Transaction ID : 218C9768B8F59B321B0

Amount of Each Receipt this Period

250.00

**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 100 OF 213

(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 (Last, First, Middle Initial)

**A. Stephen Shang-Yan Luk**

Mailing Address Utah Southwestern Medical Center  
 Ste E5.508

City State Zip Code  
 Dallas TX 75390-0001

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Trauma Program

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 Y  
 04 / 12 / 2013

Transaction ID : 50E19651AECFBCFC292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dennis Paul Lund**

Mailing Address 1919 E Thomas Rd  
 Phoenix Children's Hospital

City State Zip Code  
 Phoenix AZ 85016-7710

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Phoenix Children's Hospital

Occupation

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  
 04 / 17 / 2013

Transaction ID : 5986C37E2FD7CB1A575

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charles Mabry**

Mailing Address 1801 W 40th Ave  
 Ste 7B

City State Zip Code  
 Pine Bluff AR 71603-6964

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Surgeons of South Arkansas

Occupation

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  
 04 / 17 / 2013

Transaction ID : BE47A202E2E1776DB1D

Amount of Each Receipt this Period

1000.00

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 101 OF 213

(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 (Last, First, Middle Initial)

A. David M. Mahvi

Mailing Address 676 N Saint Clair St

Northwestern Univ Feinberg Sch of

City State Zip Code  
 Chicago IL 60611-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern University

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 Y  
 03 21 2013

Transaction ID : 476C4644-0C8D-4749-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark A. Malangoni

Mailing Address 1617 John F Kennedy Blvd

American Board of Surgery, Ste 860

City State Zip Code  
 Philadelphia PA 19103-1841

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 Y  
 04 01 2013

Transaction ID : 36CDD4B8118854557DC

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ajai Kumar Malhotra

Mailing Address 1200 E Broad St

West Hospital-15th Floor East Wing

City State Zip Code  
 Richmond VA 23298-5058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VCU Med Center

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 Y  
 04 01 2013

Transaction ID : EBE69AC85CF13B56832

Amount of Each Receipt this Period

250.00

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

800.00

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 102 OF 213

(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 (Last, First, Middle Initial)

A. Joshua M.V. Mammen

Mailing Address 4000 Murphy MS2005  
 Department of Surgery

City State Zip Code  
 Kansas City KS 66160-0001

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 University of Cincinnati Hospital

Occupation  
 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  
 04 17 2013

Transaction ID : A75A77E284360E05F20

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Thomas Marshall

Mailing Address 200 Lothrop St  
 Ste F1266.2

City State Zip Code  
 Pittsburgh PA 15213-2536

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 University of Pittsburgh Medical Cente

Occupation  
 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  
 04 17 2013

Transaction ID : 337F1E1EB8CC17DCFCB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Brunson Martin

Mailing Address 1002 N Church St  
 Ste 302

City State Zip Code  
 Greensboro NC 27401-1449

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Central Carolina Surgery

Occupation  
 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  
 01 10 2013

Transaction ID : 398D3F4B75936FAFAAF

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)..... ►

# **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 213

☒ 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 (Last, First, Middle Initial)

**A. Matthew Jeffrey Martin**

Mailing Address 9339 Piperhill Dr SE

City  
Olympia

State  
WA

Zip Code  
98513-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : AE61C193124CED09C81

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew Brunson Martin**

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

Central Carolina Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : B9C60151FDFDA69A013

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Marc D. Maslov**

Mailing Address PO Box 545

City

Seneca

State

PA

Zip Code

16346-0545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENT ASSOC NWPA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 30 / 2013

Transaction ID : 61C4DA94F7CE4A5C950

Amount of Each Receipt this Period

250.00

**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 104 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Clinton Edward Massey**

Mailing Address 625 Country Day Rd

City

Goldsboro

State

NC

Zip Code

27530-8888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Goldsboro Neurological Surgery PA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2013

Transaction ID : B097D0F7159A45D6286

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Philip E. McCarthy**

Mailing Address 825 Washington St  
Ste 270

City

Norwood

State

MA

Zip Code

02062-3449

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

04 / 17 / 2013

Transaction ID : 4AAF47460D5802C1E2D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kellie Marie McFarlin**

Mailing Address 19430 Cumberland Way

City

Detroit

State

MI

Zip Code

48203-1458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : F8F0E187B4F50CF0670

Amount of Each Receipt this Period

250.00

**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 PageFOR LINE NUMBER: PAGE 105 OF 213  
(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 (Last, First, Middle Initial)

**A. Patrick Joseph McGovern Jr.**

Mailing Address 734 Avenue C

City

Bayonne

State

NJ

Zip Code

07002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
06	/	13	/	2013

**Transaction ID : 6476875A65D039F1717**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles T. McHugh**Mailing Address 71 Broadway St  
PO Box 699

City

Baileyville

State

ME

Zip Code

04694-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
03	/	21	/	2013

**Transaction ID : 5506BC8B-C383-492C-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Daniel McKenna**

Mailing Address 5771 Whippoorwill Way

City

Carmel

State

IN

Zip Code

46033-8963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2013

**Transaction ID : 491EB312D7EE375BE37A**

Amount of Each Receipt this Period

50.00

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

800.00

**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 106 OF 213

(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 (Last, First, Middle Initial)

**A. Daniel McKenna**

Mailing Address 5771 Whippoorwill Way

City State Zip Code  
 Carmel IN 46033

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Indiana University School of Medicine

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 Y Y  
 06 / 05 / 2013

Transaction ID : 40E48DFCE71174EB6FCA

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. James McQuiston**

Mailing Address 17375 Hall Rd

City State Zip Code  
 Macomb MI 48044

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Northeast Surgical Group

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 Y Y  
 05 / 28 / 2013

Transaction ID : 458DAE2DFBF729D71201

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. James McQuiston**

Mailing Address 17375 Hall Rd

City State Zip Code  
 Macomb MI 48044

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Northeast Surgical Group

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 Y Y  
 06 / 28 / 2013

Transaction ID : 455DAA42C8455C3D6168

Amount of Each Receipt this Period

50.00

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 107 OF 213  
(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 (Last, First, Middle Initial)

**A. John Meara**

Mailing Address Department of Plastic Surgery  
Boston Children's Hospital

City State Zip Code  
Boston MA 02115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Children's Hospital

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 Y  
03 / 21 / 2013

Transaction ID : 2C4F6FF2-0E36-4F0D-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nicolas Melo**

Mailing Address 8635 W 3rd St  
Ste 650W

City State Zip Code  
Los Angeles CA 90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USC

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 Y  
06 / 25 / 2013

Transaction ID : 455780C6E6C14135F8DC

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. W. Scott Melvin**

Mailing Address 410 W 10th Ave  
Doan Hall N 729

City State Zip Code  
Columbus OH 43210-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State Univ. Physicians Inc.

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 Y  
05 / 01 / 2013

Transaction ID : 23D316B27EE1AFE25CB

Amount of Each Receipt this Period

500.00

**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 108 OF 213

(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 (Last, First, Middle Initial)

**A. Mariana I. Mendible**

Mailing Address 1259 Albair Rd

City State Zip Code  
 Caribou ME 04736-3999

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 13 2013

Transaction ID : 4B9091314B1A6436AFE3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mariana I. Mendible**

Mailing Address 1259 Albair Rd

City State Zip Code  
 Caribou ME 04736-3999

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 13 2013

Transaction ID : 4D50A5A125914E1933A8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mariana I. Mendible**

Mailing Address 1259 Albair Rd

City State Zip Code  
 Caribou ME 04736-3999

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 05 13 2013

Transaction ID : 413ABD9E7A27514152E9

Amount of Each Receipt this Period

100.00

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 109 OF 213

(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 (Last, First, Middle Initial)

**A. Mariana I. Mendible**

Mailing Address 1259 Albair Rd

City	State	Zip Code
Caribou	ME	04736

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2013

Transaction ID : 49CF972F7415CE692164

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Faith Abbe Menken**

Mailing Address 325 E 79th St

City	State	Zip Code
New York	NY	10075-0954

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
01	/	07	/	2013

Transaction ID : 3E0103F9BE143DA3507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Raffi-Jean Ohannes Mesrobian**Mailing Address 2701 W Alameda Ave  
Ste 307

City	State	Zip Code
Burbank	CA	91505-4408

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
04	/	29	/	2013

Transaction ID : AA296F3E40A5A360BE5

Amount of Each Receipt this Period

250.00

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 110 OF 213

(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 (Last, First, Middle Initial)

A. Anthony Andrew Meyer

Mailing Address N Carolina

4041 Burnett Womack Building, Dept

City State Zip Code  
 Chapel Hill NC 27599-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Carolina

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 Y  
 04 / 17 / 2013

Transaction ID : 9CC0F4B19AFD56273F5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Fabrizio Michelassi

Mailing Address Weill Cornell Medical College  
 Department of Surgery

City State Zip Code  
 New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weill Cornell Medical College

Occupation

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  
 05 / 14 / 2013

Transaction ID : 80A354AF1F32C3A4590

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher Paul Michetti

Mailing Address 3300 Gallows Rd  
 Trauma Services

City State Zip Code  
 Falls Church VA 22042-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health Systems

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 Y  
 04 / 01 / 2013

Transaction ID : 1BB5986EF2C7BDDDD31D

Amount of Each Receipt this Period

250.00

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 111 OF 213  
(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 (Last, First, Middle Initial)

**A. Mary Jeannine Milroy**

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

Yankton Medical Clinic

Occupation

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  
05 / 03 / 2013

Transaction ID : 67B7AA3E8E8B34391BD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andrew J. Minardi Jr.**

Mailing Address 809 Cherry St

City

Mamou

State

LA

Zip Code

70554-2223

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 Y Y  
01 / 07 / 2013

Transaction ID : 21BC79A7CDC18189802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Alan Marc Mindlin**

Mailing Address 1750 S Telegraph Rd

Ste 303

City

Bloomfield Hills

State

MI

Zip Code

48302-0179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mindlin-Koh Ctr for Ophthalmic Medicin

Occupation

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  
04 / 08 / 2013

Transaction ID : 13069BDB-79D2-4F58-

Amount of Each Receipt this Period

360.00

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

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

1610.00

# **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 112 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Joseph Paul Minei**

Mailing Address Department of Surgery Btcc

Ut Southwestern Medical Center

City State Zip Code  
 Dallas TX 75390-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 0EE65747F36569C69AC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jacob Moalem**

Mailing Address 601 Elmwood Ave

# Surg

City State Zip Code  
 Rochester NY 14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

02 / 26 / 2013

Transaction ID : 4C34A39BC134ED4D51BE

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**c. Jacob Moalem**

Mailing Address 601 Elmwood Ave

# Surg

City State Zip Code  
 Rochester NY 14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

03 / 26 / 2013

Transaction ID : 4EC7AE78B28300AA15B6

Amount of Each Receipt this Period

175.00

**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 113 OF 213  
(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 (Last, First, Middle Initial)

**A. Jacob Moalem**

Mailing Address 601 Elmwood Ave

# Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

04 / 26 / 2013

Transaction ID : 41839EBB4CB9F547F118

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Jacob Moalem**

Mailing Address 601 Elmwood Ave

# Surg

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

05 / 26 / 2013

Transaction ID : 407B9B9981C5C41FC87C

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Jacob Moalem**

Mailing Address 601 Elmwood Ave

# Surg

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 26 / 2013

Transaction ID : 437D88A6AC752AE87544

Amount of Each Receipt this Period

175.00

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 114 OF 213

(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 (Last, First, Middle Initial)

**A. Frederick Alan Moore**

Mailing Address PO Box 100108

City State Zip Code  
Gainesville FL 32610-0108

FEC ID number of contributing federal political committee.

C

Name of Employer  
University of Florida College of Medic

Occupation  
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  
04 / 01 / 2013

Transaction ID : 8FE6DD9411917190CC6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matthew Lee Moorman**

Mailing Address 5650 S Greenway Ct  
Apt A

City State Zip Code  
Highland Heights OH 44143-1979

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cleveland Clinic

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 Y  
05 / 14 / 2013

Transaction ID : AABD1A38649BDA8DC5F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Raymond F. Morgan**

Mailing Address PO Box 800376  
University of Virginia Health Syst

City State Zip Code  
Charlottesville VA 22908-0376

FEC ID number of contributing federal political committee.

C

Name of Employer  
Univ of Virginia

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 Y  
06 / 19 / 2013

Transaction ID : 857740B0FD217A2C9F3

Amount of Each Receipt this Period

500.00

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 115 OF 213  
(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 (Last, First, Middle Initial)

**A. Duncan Morton Jr.**

Mailing Address 1724 Rutledge Ave

City State Zip Code  
Charlotte NC 28211-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 29 / 2013

Transaction ID : 3447EF35058B683A077

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jason C. Morvant**

Mailing Address 4207 E Old Spanish Trl

City State Zip Code  
New Iberia LA 70560-0791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Iberia medical center

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  
05 / 20 / 2013

Transaction ID : 4300B8161ECB58C2C1B8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jason C. Morvant**

Mailing Address 4207 E Old Spanish Trl

City State Zip Code  
New Iberia LA 70560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Iberia medical center

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  
06 / 20 / 2013

Transaction ID : 4DF6A01CA38771C96A9A

Amount of Each Receipt this Period

50.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 116 OF 213

(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 (Last, First, Middle Initial)

**A. Peter Clark Muskat**

Mailing Address 231 Albert Sabin Way  
 PO Box 670558

City State Zip Code  
 Cincinnati OH 45267-2827

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
 04 / 01 / 2013

Transaction ID : E057F5EE0DF5D96D9D9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel Leslie Myers**

Mailing Address PO Box 804

City State Zip Code  
 Iola KS 66749-0804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
 02 / 15 / 2013

Transaction ID : 491BFD81A85DD82D2A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lena Marie Napolitano**

Mailing Address Department of Surgery  
 University Hospital 1C340

City State Zip Code  
 Ann Arbor MI 48109-5033

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

University of Michigan

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  
 04 / 17 / 2013

Transaction ID : 0B73084517DC2ABA3B4

Amount of Each Receipt this Period

2500.00

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

3000.00

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 117 OF 213

☒ 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 (Last, First, Middle Initial)

**A. M. Timothy Nelson**

Mailing Address 1 University of New Mexico

Department of Surgery Msc 10 5610

City State Zip Code  
 Albuquerque NM 87131-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of New Mexico

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 76026B0C9A44C40A84C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Leigh A. Neumayer**

Mailing Address 1950 Circle of Hope Dr

Huntsman Cancer Hospital Room N633

City State Zip Code  
 Salt Lake City UT 84112-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 18 / 2013

Transaction ID : 497284B3EB00943A8CD6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Leigh A. Neumayer**

Mailing Address 1950 Circle of Hope Dr

Huntsman Cancer Hospital Room N633

City State Zip Code  
 Salt Lake City UT 84112-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 03 / 2013

Transaction ID : 47F78EE44F32A89056E2

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Leigh A. Neumayer**

Mailing Address 1950 Circle of Hope Dr

Huntsman Cancer Hospital Room N633

City State Zip Code  
 Salt Lake City UT 84112-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 03 / 2013

**Transaction ID : 46128830234107F28E00**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Leigh A. Neumayer**

Mailing Address 1950 Circle of Hope Dr

Huntsman Cancer Hospital Room N633

City State Zip Code  
 Salt Lake City UT 84112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : 408BB0B8DA8C9957F0B7**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Michael Nicaastro**

Mailing Address 27005 76th Ave

City State Zip Code  
 New Hyde Park NY 11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSLIJ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2013

**Transaction ID : 3A957CDF7DA0A7EC289**

Amount of Each Receipt this Period

250.00

**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 119 OF 213  
(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 (Last, First, Middle Initial)

**A. William F. Nowlin**

Mailing Address 1200 Roosevelt Pl

City

Valparaiso

State

IN

Zip Code

46383-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 64E7B3DE1891FC37384

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Patricia J. Numann**

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2013

Transaction ID : 4FAB9230951FF311D1A1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael S. Nussbaum**

Mailing Address University of Florida

College of Medicine - Jacksonville

City

Jacksonville

State

FL

Zip Code

32209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Cincinnati

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 12 / 2013

Transaction ID : 91FB91383317E2CD9B9

Amount of Each Receipt this Period

1500.00

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

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

1850.00

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

PAGE 120 OF 213

<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 (Last, First, Middle Initial)

**A. Terrence Michael O'Donovan**

Mailing Address Suite 206

Empire Medical Building

City

Glen Burnie

State

MD

Zip Code

21061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake Orthopaedics

Occupation

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
03	/	21	/	2013

Transaction ID : 8B189F32-7BDA-4FE5-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kevin Andrew O'Koon**

Mailing Address 3900 Kresge Way

Ste 44

City

Louisville

State

KY

Zip Code

40207-4681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Surgical Assoc

Occupation

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
03	/	10	/	2013

Transaction ID : EDF7F6E9-5689-40D0-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin Andrew O'Koon**

Mailing Address 3900 Kresge Way

Ste 44

City

Louisville

State

KY

Zip Code

40207-4681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Surgical Assoc

Occupation

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
03	/	10	/	2013

Transaction ID : BA78F9A5-881D-41F7-

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 121 OF 213  
(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 (Last, First, Middle Initial)

**A. William Edward O'Malley**

Mailing Address 1000 South Ave

Highland Hospital, # 20

City

Rochester

State

NY

Zip Code

14620-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rochester Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 7806433D0046C2CB93A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patricia A. O'Neill**

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

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

02 / 26 / 2013

Transaction ID : 46F7A0CC4B609B6F0D4F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Patricia A. O'Neill**

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

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

03 / 26 / 2013

Transaction ID : 41D68C340FF3961648F4

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 122 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Patricia A. O'Neill**

Mailing Address 2 Montague Ter  
Apt 4A

City State Zip Code  
Brooklyn NY 11201-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 8D6518999181CF4A0E6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Patricia A. O'Neill**

Mailing Address 2 Montague Ter  
Apt 4A

City State Zip Code  
Brooklyn NY 11201-4105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 26 / 2013

Transaction ID : 4884892391639C005013

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Patricia A. O'Neill**

Mailing Address 2 Montague Ter  
Apt 4A

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 26 / 2013

Transaction ID : 455A884FBB0416179754

Amount of Each Receipt this Period

100.00

**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 123 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Patricia A. O'Neill**

Mailing Address 2 Montague Ter  
Apt 4A

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 28 / 2013

**Transaction ID : 4114A8D1F0FAD3E83163**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Patrick John Offner**

Mailing Address 11600 W 2nd Pl  
Saint Anthony Hospital

City State Zip Code  
Lakewood CO 80228-1527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Central Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

**Transaction ID : 9FD242C9625C1498EDE**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Cari Ann Ogg**

Mailing Address 6340 Miami Rd

City State Zip Code  
Cincinnati OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cincinnati General Surgeons, Inc.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2013

**Transaction ID : 4BE2E032143D4B2B047**

Amount of Each Receipt this Period

500.00

**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 124 OF 213  
(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 (Last, First, Middle Initial)

**A. Frank George Opelka**

Mailing Address 10104 Gail Ct

City State Zip Code  
 River Ridge LA 70123-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LA State University

Occupation

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  
 01 / 16 / 2013

**Transaction ID : 803D807EA55BBCCD6AB**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Rocco Orlando III**

Mailing Address 1 State St  
 FI 19

City State Zip Code  
 Hartford CT 06103-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford Healthcare

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 Y Y  
 04 / 30 / 2013

**Transaction ID : 81AD3D46-0B57-498C-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Juan Carlos Paramo**

Mailing Address 4300 Alton Rd  
 Mount Sinai Med Center Cancer Cent

City State Zip Code  
 Miami Beach FL 33140

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 Y Y  
 06 / 19 / 2013

**Transaction ID : CE2D0A450E690C63828**

Amount of Each Receipt this Period

250.00

**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:  
(check only one)

PAGE 125 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Stephen Parden**

Mailing Address PO Box 310

City

Montrose

State

AL

Zip Code

36559-0310

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 Y  
05 / 20 / 2013

**Transaction ID : C37AE44A4B2DF4A1F5D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Michael Parker**

Mailing Address 38 Laureate Dr

City

Middletown

State

CT

Zip Code

06457

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 Y  
06 / 13 / 2013

**Transaction ID : 85CF6BEF23D40F16A3E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Darin L. Passer**

Mailing Address 21414 Indian Hills Rd

City

Albert Lea

State

MN

Zip Code

56007-4207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

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 Y  
05 / 20 / 2013

**Transaction ID : 67ED85B456E853835F1**

Amount of Each Receipt this Period

250.00

**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 126 OF 213

(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 (Last, First, Middle Initial)

**A. Shirali Patel**

Mailing Address 3210 Latham Ct

City

Livingston

State

NJ

Zip Code

07039-6010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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  
04 / 17 / 2013

Transaction ID : 88BF04B25E63261710E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lisa A. Patterson**Mailing Address Baystate Medical Ctr  
Department of Surgery

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 01 / 2013

Transaction ID : 0C4858029D8B0CBE9E3

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**c. David George Pauls**Mailing Address 1133 College Ave  
Ste E220

City

Manhattan

State

KS

Zip Code

66502-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Assoc. PA

Occupation

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  
04 / 16 / 2013

Transaction ID : D66FDD85-77A7-4D26-

Amount of Each Receipt this Period

1000.00

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

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

2750.00

# **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 127 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Benjamin Daniel Paysinger Jr.**

Mailing Address 141 River Birch Ln

City State Zip Code  
Columbia SC 29206-4960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
01 / 07 / 2013

Transaction ID : B58AE3656933B353BD6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James J. Peck**

Mailing Address 7095 SW Benham Ct

City State Zip Code  
Portland OR 97225-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
03 / 21 / 2013

Transaction ID : BF0CD6D0-0FDD-45A1-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James J. Peck**

Mailing Address 7095 SW Benham Ct

City State Zip Code  
Portland OR 97225-6051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
03 / 21 / 2013

Transaction ID : 9F12C5E8-5890-432F-

Amount of Each Receipt this Period

250.00

**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 128 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Carlos A. Pellegrini**

Mailing Address Department of Surgery  
University of Washington

City State Zip Code  
Seattle WA 98195-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2013

Transaction ID : C7B3E05BEF8EF731F73

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Emily Jane Penman**

Mailing Address 4701 Ogletown Stanton Rd  
Hfgcc West Entrance Suite 1500

City State Zip Code  
Newark DE 19713-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christiana Care

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2013

Transaction ID : 5798267A-559E-4FEE-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Emily Jane Penman**

Mailing Address 4701 Ogletown Stanton Rd  
Hfgcc West Entrance Suite 1500

City State Zip Code  
Newark DE 19713-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christiana Care

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 28 / 2013

Transaction ID : E323FABD-847D-43DC-

Amount of Each Receipt this Period

500.00

**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:  
(check only one)

PAGE 129 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Yaritza Perez-Soto**

Mailing Address 6947 W Juana Dr

City

Peoria

State

AZ

Zip Code

85383-6664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 29 / 2013

Transaction ID : E2CFB32BED70C079502

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Roger Ronald Perry**

Mailing Address 825 Fairfax Ave

Department of Surgery Evms

City

Norfolk

State

VA

Zip Code

23507-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Virginia Medical School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 998E7692CCC7C4FB5DA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anne Elizabeth Petersen**

Mailing Address 1241 W Stadium Blvd

City

Jefferson City

State

MO

Zip Code

65109-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson City Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2013

Transaction ID : 530859CD4BC235533D0

Amount of Each Receipt this Period

1000.00

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

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

1865.00

# **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 130 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Todd Harlan Petty**

Mailing Address 1025 Maine St

City

Quincy

State

IL

Zip Code

62301-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quincy Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2013

Transaction ID : 341D087A-BE75-4CBA-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Christopher Mario Pezzi**

Mailing Address 1245 Highland Ave  
Ste 604

City

Abington

State

PA

Zip Code

19001-3727

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

05 / 14 / 2013

Transaction ID : C5F319C885CF591CF7D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dieter Pohl**

Mailing Address 1539 Atwood Ave

City

Johnston

State

RI

Zip Code

02919-3262

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 ▼

1000.00

Date of Receipt

02 / 01 / 2013

Transaction ID : 26D33B3A348AD840F40

Amount of Each Receipt this Period

1000.00

**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 PageFOR LINE NUMBER: PAGE 131 OF 213  
(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 (Last, First, Middle Initial)

**A. Christopher Peter Poje**Mailing Address 3580 Sheridan Dr  
Ste 115

City	State	Zip Code
Buffalo	NY	14226-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

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
05	/	18	/	2013

**Transaction ID : 401DB159A84EACF6848A**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Christopher Peter Poje**Mailing Address 3580 Sheridan Dr  
Ste 115

City	State	Zip Code
Buffalo	NY	14226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

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
06	/	18	/	2013

**Transaction ID : 4C26B54011038EAA614E**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Charles Anthony Portera Jr.**Mailing Address 721 Glenwood Dr  
Memorial Med Building West Suite W

City	State	Zip Code
Chattanooga	TN	37404-1106

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 M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2013

**Transaction ID : 1FB39BFBBBC79EB359B3**

Amount of Each Receipt this Period

250.00

**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 132 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Michael Richard Prendergast**

Mailing Address 800 Austin St  
East Tower Suite 563

City State Zip Code  
Evanston IL 60202-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Associates, SC

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 10 / 2013

Transaction ID : A0C7CA329BA2C957AD3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael Richard Prendergast**

Mailing Address 800 Austin St  
East Tower Suite 563

City State Zip Code  
Evanston IL 60202-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Associates, SC

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 11 / 2013

Transaction ID : 4BB29AA34DB60DB8C287

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Michael Richard Prendergast**

Mailing Address 800 Austin St  
East Tower Suite 563

City State Zip Code  
Evanston IL 60202-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Associates, SC

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 11 / 2013

Transaction ID : 4674B8FB3AB11EA3F4C7

Amount of Each Receipt this Period

25.00

**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 133 OF 213

(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 (Last, First, Middle Initial)

**A. Michael Richard Prendergast**

Mailing Address 800 Austin St  
 East Tower Suite 563

City State Zip Code  
 Evanston IL 60202-3439

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Surgical Associates, SC

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 11 / 2013

Transaction ID : 46DB955308AE14BB9B06

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michael Richard Prendergast**

Mailing Address 800 Austin St  
 East Tower Suite 563

City State Zip Code  
 Evanston IL 60202-3439

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Surgical Associates, SC

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 11 / 2013

Transaction ID : 49488B00D602B055D31D

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Michael Richard Prendergast**

Mailing Address 800 Austin St  
 East Tower Suite 563

City State Zip Code  
 Evanston IL 60202-3439

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Surgical Associates, SC

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 11 / 2013

Transaction ID : 46939145B1ECAEB8A686

Amount of Each Receipt this Period

25.00

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 134 OF 213

(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 (Last, First, Middle Initial)

**A. Michael Richard Prendergast**

Mailing Address 800 Austin St  
East Tower Suite 563

City State Zip Code  
Evanston IL 60202-3456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Surgical Associates, SC

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 451C8DC79F36A8D6912D**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Frances Elizabeth Pritchard**

Mailing Address 1072 Island Dr

City State Zip Code  
Memphis TN 38103-5815

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

02 / 28 / 2013

**Transaction ID : DFE45F641ECFF548580**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Somporn Puangsuvan**

Mailing Address PO Box 1155

City State Zip Code  
Caruthersville MO 63830-1155

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

04 / 29 / 2013

**Transaction ID : 845A2D593224B70BD67**

Amount of Each Receipt this Period

250.00

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

525.00

**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 135 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Liana Puscas**

Mailing Address 2521 Stockton Blvd  
Ste 7200

City State Zip Code  
Sacramento CA 95817-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 7A1562BD5ACF94D4CA1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joe B. Putnam Jr.**

Mailing Address Department of Thoracic Surgery  
Vanderbilt University Medical Cent

City State Zip Code  
Nashville TN 37232-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vanderbilt University Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 403D5E0358DB8E53709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Roland Radcliffe**

Mailing Address 510 E Bloomington St

City State Zip Code  
Iowa City IA 52245-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Surgical Services, PC

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : A035154ABE7742AEAF4

Amount of Each Receipt this Period

250.00

**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 136 OF 213

☒ 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 (Last, First, Middle Initial)

**A. David W. Rattner**

Mailing Address Mass General Hospital

Department of Surgery Acc 460

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mass General Physician's Org

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : B6E2A769BBAC0F31EEF

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Paula Marie Rechner**

Mailing Address 509 Osborn Blvd

Ste 422

City

Sault Sainte Marie

State

MI

Zip Code

49783-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : ED2BBA083A9E0C08C2D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Bhoompally Venkata Reddy**

Mailing Address 120 S Pointe Ln

City

Clarion

State

IA

Zip Code

50525-2090

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

05 / 03 / 2013

Transaction ID : AE6208038D61716F772

Amount of Each Receipt this Period

300.00

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

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

2050.00



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

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

FOR LINE NUMBER: PAGE 137 OF 213  
(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 (Last, First, Middle Initial)

**A. Thomas Ellis Reeve III**

Mailing Address 157 Clinic Ave  
Ste 302

City State Zip Code  
Carrollton GA 30117-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carrollton Surgical Group P.A.

Occupation

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  
04 / 17 / 2013

Transaction ID : D768CE7E83732EE9D87

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James Aloysius Reilly Jr.**

Mailing Address 8111 Dodge St  
Ste 263

City State Zip Code  
Omaha NE 68114-4118

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 Y  
06 / 06 / 2013

Transaction ID : ADB74FC3817D041ED25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patrick M. Reilly**

Mailing Address 3400 Spruce St  
5 Maloney

City State Zip Code  
Philadelphia PA 19104-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of PA

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 Y  
04 / 01 / 2013

Transaction ID : B5D39C547D8C5703F0F

Amount of Each Receipt this Period

250.00

**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 138 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jeffrey Mitchell Rhodes**

Mailing Address 8065 Barony Woods

City

Pittsford

State

NY

Zip Code

14534-4164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rochester General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : 015D4B704C0A54DEF93

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kurt Rhynhart**

Mailing Address 675 Briar Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 012AB680E370C87D9B2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. J. David Richardson**

Mailing Address Univ of Louisville Department of S  
Acb 2nd Floor

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : CCC98FA37C0681F5E12

Amount of Each Receipt this Period

500.00

**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 139 OF 213  
(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 (Last, First, Middle Initial)

**A. Karen Marie Rieger**

Mailing Address 545 Barnhill Dr  
Eh 215

City State Zip Code  
Indianapolis IN 46202-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IUMC

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 Y  
04 / 17 / 2013

Transaction ID : 82A8BD4535D01815908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Layton Frederick Rikers**

Mailing Address 1111 Highland Ave  
Wimr Building Office #5103

City State Zip Code  
Madison WI 53705-2275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin-Madison

Occupation

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  
02 / 13 / 2013

Transaction ID : A5939217-9170-4FD6-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. John Paul Rioux**

Mailing Address 21260 Olean Blvd  
Ste 200

City State Zip Code  
Port Charlotte FL 33952-6742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

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 Y  
04 / 17 / 2013

Transaction ID : 2AFC4328C0AC08EC22A

Amount of Each Receipt this Period

500.00

**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 140 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Patricia Lynne Roberts**

Mailing Address 41 Mall Rd

Lahey Clinic Medical Center

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : BBF7D52B4D40DEC38F0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Danny Ray Robinette**

Mailing Address 1275 Sadler Way

Ste 102

City

Fairbanks

State

AK

Zip Code

99701-3175

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 ▼

5000.00

Date of Receipt

03 / 27 / 2013

Transaction ID : DA0A0FAE-66B9-4AA1-

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Grant V. Rodkey**

Mailing Address 24 Marcia Rd

City

Watertown

State

MA

Zip Code

02472-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Boston Health Care System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2013

Transaction ID : AF821C5D-2251-4BE6-

Amount of Each Receipt this Period

250.00

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

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

5500.00

# **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 213

☒ 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 (Last, First, Middle Initial)

**A. William James Rodman**

Mailing Address 225 N Mill St

Suite 114, Ste 114

City

Aspen

State

CO

Zip Code

81611-1958

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

04 / 29 / 2013

Transaction ID : 476C4836BC86F3D1463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles B. Rodning**

Mailing Address 2451 Fillingim St

City

Mobile

State

AL

Zip Code

36617-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Alabama

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2013

Transaction ID : 7DD964FFEDD03E976EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Patrick Ross**

Mailing Address Ohio State University

Doan Hall N839

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 4B4AD9395A6BE39AFC2

Amount of Each Receipt this Period

250.00

**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 142 OF 213

(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 (Last, First, Middle Initial)

**A. Francis Steven Rotolo**

Mailing Address 6535 N Charles St

Physicians Pavillion North, Suite

City

Towson

State

MD

Zip Code

21204-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

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  
03 / 21 / 2013

Transaction ID : CB69E62E-E9D7-404B-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael F. Rotondo**

Mailing Address Department of Surgery

East Carolina University School of

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E Carolina University School of Medici

Occupation

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  
04 / 01 / 2013

Transaction ID : 2108F26BD7C030127D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael F. Rotondo**

Mailing Address Department of Surgery

East Carolina University School of

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E Carolina University School of Medici

Occupation

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  
04 / 17 / 2013

Transaction ID : 7C4DB142E6715B7BC35

Amount of Each Receipt this Period

500.00

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:  
(check only one)

PAGE 143 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Chad A. Rubin**

Mailing Address 1850 Laurel St

City  
Columbia

State  
SC

Zip Code  
29201-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Associates of South Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

01 / 16 / 2013

Transaction ID : A84E69198B3144C4CC9

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Marc S. Rubin**

Mailing Address Department of Surgery  
North Shore Shore Medical Center

City  
Salem

State  
MA

Zip Code  
01970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Specialist of the North Shore

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 77D7C96131333BDAF03

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Rucinski**

Mailing Address 155 E 55th St  
Apt 12C

City  
New York

State  
NY

Zip Code  
10022-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ny Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 9ECD155D3F350229A0

Amount of Each Receipt this Period

50.00

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

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

3300.00

# **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 213

☒ 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 (Last, First, Middle Initial)

**A. James Rucinski**

Mailing Address 155 E 55th St  
Apt 12C

City State Zip Code  
New York NY 10022-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ny Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 1D39FA9491E7927886B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Valerie W. Rusch**

Mailing Address Thoracic Service, Box 7  
Memorial Sloan-Kettering Cancer Ce

City State Zip Code  
New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancer Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 76A6EA1C4312D0C32F5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. H. Earle Russell Jr.**

Mailing Address 3 Saint Francis Dr  
Ste 490

City State Zip Code  
Greenville SC 29601-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2013

Transaction ID : 047DAE16DEDE50234FA

Amount of Each Receipt this Period

250.00

**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 145 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jeffrey Paul Salomone**

Mailing Address Department of Surgery  
 Maricopa Medical Center

City State Zip Code  
 Phoenix AZ 85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 03 / 2013

Transaction ID : 4DF9B05A1A006E3F819C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Paul Salomone**

Mailing Address Department of Surgery  
 Maricopa Medical Center

City State Zip Code  
 Phoenix AZ 85008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2013

Transaction ID : 4F9082823690D1035C74

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Heena Pravin Santry**

Mailing Address 55 Lake Ave N  
 Department of Surgery

City State Zip Code  
 Worcester MA 01655-0002

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

04 / 17 / 2013

Transaction ID : E7F79B8D232D84A7880

Amount of Each Receipt this Period

250.00

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

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

350.00

# **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 146 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Michael Saridakis**

Mailing Address 20 Crownpointe Cv

City

Jackson

State

TN

Zip Code

38305-5352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 01 / 2013

Transaction ID : 502EA60D-F249-4D57-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Kenneth Hans Sartorelli**

Mailing Address Fletcher Allen Health Care  
267FI4

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of VT

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : 2DDFCED7DEA5A08D638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mark Thomas Savarise**

Mailing Address 30 N Medical Dr  
Department of Surgery, # 3B-110

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Selkirk General Surgery

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : B9C0DD45DCA7E9A7441

Amount of Each Receipt this Period

500.00

**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 147 OF 213  
(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 (Last, First, Middle Initial)

## **A. Barry Savits**

Mailing Address 43 5th Ave

City State Zip Code  
 New York NY 10003-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
 05 / 03 / 2013

Transaction ID : E77807E7F355AE77AC6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Razi Saydjari**

Mailing Address 6600 E 2nd St

City State Zip Code  
 Casper WY 82609-4348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
 01 / 07 / 2013

Transaction ID : 2175A75A3D0FC9C363F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Steven Schechter**

Mailing Address 334 East Ave

City State Zip Code  
 Pawtucket RI 02860-3889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RI Colorectal Clinic

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  
 05 / 03 / 2013

Transaction ID : B30178656155313665C

Amount of Each Receipt this Period

250.00

**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:  
(check only one)

PAGE 148 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Donn Michael Schroder**

Mailing Address 59 Greenbriar St

City

Grosse Pointe Shor

State

MI

Zip Code

48236-1507

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 Y  
04 / 01 / 2013

Transaction ID : C7A4699CA4CEA1B4AC4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Donn Michael Schroder**

Mailing Address 59 Greenbriar St

City

Grosse Pointe Shor

State

MI

Zip Code

48236-1507

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 Y  
04 / 29 / 2013

Transaction ID : 8745D5DF24ACE73B0BC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David John Schultz**

Mailing Address 100 Theda Clark Medical Plz  
Ste 400

City

Neenah

State

WI

Zip Code

54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Associates of Neenah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2013

Transaction ID : 4561904169B0B177649D

Amount of Each Receipt this Period

75.00

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

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

575.00

# **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 149 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Sandra Beth Schultz**

Mailing Address 134 Berry Mountain Rd

City State Zip Code  
 Cramerton NC 28032-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : B4247E2C9512C5B481D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marshall Z. Schwartz**

Mailing Address St. Christopher's Hospital for Chi  
 Department of Surgery

City State Zip Code  
 Philadelphia PA 19134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Chistopher's Hospital

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : D46670D3959119D108C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Daniel Joseph Scoppetta**

Mailing Address 25 Newell Rd  
 Ste D28

City State Zip Code  
 Bristol CT 06010-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 307B3F916966FE6842C

Amount of Each Receipt this Period

250.00

**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:  
(check only one)

PAGE 150 OF 213

☒ 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 (Last, First, Middle Initial)

**A. John D. Scott**

Mailing Address 2104 Woodruff Rd

City

Greenville

State

SC

Zip Code

29607-5941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 92E7025F73091527543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Don Jay Selzer**

Mailing Address 545 Barnhill Dr  
 FI 5

City

Indianapolis

State

IN

Zip Code

46202-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : C3B5F41664753DCD05D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Christopher Keith Senkowski**

Mailing Address 4700 Waters Ave  
 Aci Surgical Associates

City

Savannah

State

GA

Zip Code

31404-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACI Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2013

Transaction ID : BFC80B0C-EE90-4BC4-

Amount of Each Receipt this Period

500.00

**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 151 OF 213  
(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 (Last, First, Middle Initial)

## **A. Ramasamy Seralathan**

Mailing Address 560 W Putnam Ave  
Ste 8

City State Zip Code  
Porterville CA 93257-3269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 29 / 2013

**Transaction ID : 91E8B8DDCAF56E5F612**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Phillip Price Shadduck**

Mailing Address 120 William Penn Plz

City State Zip Code  
Durham NC 27704-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
05 / 01 / 2013

**Transaction ID : 9C5A04C209021778773**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Paresh C. Shah**

Mailing Address Department of Surgery  
Lenox Hill Hospital

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lennox Hill

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  
03 / 03 / 2013

**Transaction ID : 42D0A8FA5924A91B084E**

Amount of Each Receipt this Period

75.00

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

1325.00

**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 152 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Paresh C. Shah**

Mailing Address Department of Surgery  
 Lenox Hill Hospital

City State Zip Code  
 New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 03 / 2013

**Transaction ID : 451FB19C45AC8D482BC2**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Paresh C. Shah**

Mailing Address Department of Surgery  
 Lenox Hill Hospital

City State Zip Code  
 New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 03 / 2013

**Transaction ID : 4AB9BAE2C794E4B52030**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Paresh C. Shah**

Mailing Address Department of Surgery  
 Lenox Hill Hospital

City State Zip Code  
 New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 03 / 2013

**Transaction ID : 44FFA4857A56EDE81866**

Amount of Each Receipt this Period

75.00

**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:  
(check only one)

PAGE 153 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Christian Shalgian**

Mailing Address 20 F St NW  
Ste 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American College of Surgeons

Occupation

Director, Division of Advocacy/Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 68E18589E4E65E3637D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Edwin W. Shearburn III**

Mailing Address Grand View Surgical Associates  
Sellersville Outpatient Center

City Sellersville State PA Zip Code 18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 11 / 2013

Transaction ID : 451B955AFF4DCBBB3997

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Edwin W. Shearburn III**

Mailing Address Grand View Surgical Associates  
Sellersville Outpatient Center

City Sellersville State PA Zip Code 18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 11 / 2013

Transaction ID : 4260B9D4FAADBEF90674

Amount of Each Receipt this Period

100.00

**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 154 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Edwin W. Shearburn III**

Mailing Address Grand View Surgical Associates  
Sellersville Outpatient Center

City State Zip Code  
Sellersville PA 18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

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  
05 / 11 / 2013

**Transaction ID : 4AEB8C1B33BB08F07F46**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Edwin W. Shearburn III**

Mailing Address Grand View Surgical Associates  
Sellersville Outpatient Center

City State Zip Code  
Sellersville PA 18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

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  
06 / 11 / 2013

**Transaction ID : 4974A0502C5495CF0492**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Carol Beth Sheridan**

Mailing Address 14287 Chariots Whisper Dr

City State Zip Code  
Carmel IN 46074-8198

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 Y Y  
03 / 20 / 2013

**Transaction ID : A5617E3A-3C6A-4B53-**

Amount of Each Receipt this Period

500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 213  
(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 (Last, First, Middle Initial)

**A. George Thomas Shires III**

Mailing Address 8200 Walnut Hill Ln

Texas Health Presbyterian Hospital

City State Zip Code  
 Dallas TX 75231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian Hospital of Dallas

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 Y Y  
 06 / 28 / 2013

Transaction ID : E8F0AB32BCC0A7C0F47

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard A. Sidwell**

Mailing Address 1415 Woodland Ave

Ste 140

City State Zip Code  
 Des Moines IA 50309-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Iowa Clinic

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 Y Y  
 04 / 01 / 2013

Transaction ID : A9DCF845C1CB6FED05C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Timothy David Sielaff**

Mailing Address Virginia Piper Cancer Institute

Mr 39602

City State Zip Code  
 Minneapolis MN 55407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allina Hospitals and Clinics

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 Y Y  
 04 / 02 / 2013

Transaction ID : 8BD0160E-1AE7-4A62-

Amount of Each Receipt this Period

250.00

**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 156 OF 213  
(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 (Last, First, Middle Initial)

## **A. Kristen Caviness Sihler**

Mailing Address 887 Congress St  
Ste 210

City State Zip Code  
Portland ME 04102-3166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Medical Center

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 Y  
04 / 01 / 2013

**Transaction ID : C103BD60576A78437C5**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ronald Jay Simon**

Mailing Address Nyu School of Medicine  
Nbv 15S-5

City State Zip Code  
New York NY 10016

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 Y  
03 / 22 / 2013

**Transaction ID : 497F1FA1-8335-48BA-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mika Narad Sinanan**

Mailing Address 1959 NE Pacific St  
# 356410

City State Zip Code  
Seattle WA 98195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington

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 Y  
04 / 17 / 2013

**Transaction ID : 2B282FF376A27CBC693**

Amount of Each Receipt this Period

500.00

**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 157 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jay Jaspreet Singh**

Mailing Address 35 Collier Rd NW  
Ste 475

City State Zip Code  
Atlanta GA 30309-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Colorectal Associates

Occupation

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  
04 / 29 / 2013

Transaction ID : C779A323E7973D1DEA1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andrew T. Smith**

Mailing Address 1021 Park Ave  
Upper Bucks Surgical Group, Ste 10

City State Zip Code  
Quakertown PA 18951-1573

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 Y  
04 / 30 / 2013

Transaction ID : CFC2BD6BF0CFFE81A77

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jason W. Smith**

Mailing Address Acb 2nd Floor  
Department of Sugery

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Louisville

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 Y  
05 / 26 / 2013

Transaction ID : 4214ADC79D52D8D38B5C

Amount of Each Receipt this Period

50.00

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

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

1300.00

# **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 158 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Jason W. Smith**

Mailing Address Acb 2nd Floor

Department of Sugery

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2013

**Transaction ID : 4966BAEC884F8FE985B7**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Peter Keith Smith**

Mailing Address 353 New Shackle Island Rd

Ste 102A

City

Hendersonville

State

TN

Zip Code

37075-2359

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

06 / 07 / 2013

**Transaction ID : 89625B76-49A0-47BD-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Howard M. Snyder III**

Mailing Address Children's Hospital of Philadelphi

Wood Building, 3rd Floor

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Philadelphia

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : 87E24700495706425C0**

Amount of Each Receipt this Period

500.00

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

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

1050.00

# **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 213  
(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 (Last, First, Middle Initial)

**A. Alex Choffel Solowey**

Mailing Address 9 Easthaven Ln

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 19 / 2013

Transaction ID : FF1C4AB87D109D5F64B

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Laurel Curtis Soot**

Mailing Address Westside Surgical Specialists  
the Oregon Clinic

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : F35140B6811E216AAAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Eduardo Antonio Souchon**

Mailing Address 5656 Kelley St

City

Houston

State

TX

Zip Code

77026-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Medical School

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2013

Transaction ID : 5D0FCBE89920A9861C1

Amount of Each Receipt this Period

500.00

**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 160 OF 213

(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 (Last, First, Middle Initial)

**A. Lisa Lynn Sowder**

Mailing Address 901 Boren Ave  
Ste 1650

City State Zip Code  
Seattle WA 98104-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

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  
04 / 29 / 2013

Transaction ID : F49EECC7AE9AE093EDC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Spain**

Mailing Address Stanford University  
Department of Surgery

City State Zip Code  
Stanford CA 94305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Stanford University

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  
03 / 21 / 2013

Transaction ID : 02E7582A-6A1A-4F54-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Ray Starks**

Mailing Address 700 Mount Hope Ave  
Penobscot Surgical Care P A Suite

City State Zip Code  
Bangor ME 04401-5691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Penobscot Surgical Care PA

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  
04 / 17 / 2013

Transaction ID : 2649028892275281964

Amount of Each Receipt this Period

500.00

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: PAGE 161 OF 213

(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 (Last, First, Middle Initial)

**A. Mark Stein**

Mailing Address 151 Mildred Pkwy

City State Zip Code  
 New Rochelle NY 10804-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Urology

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 Y  
 04 / 29 / 2013

**Transaction ID : FA2CA3B041A780102B9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Steven M. Steinberg**

Mailing Address 395 W 12th Ave  
 Ohio State University Room 630

City State Zip Code  
 Columbus OH 43210-1267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State Univ

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 Y  
 05 / 14 / 2013

**Transaction ID : 75EE2D1B085D43E8C2E**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Matthew Allen Steliga**

Mailing Address 4301 W Markham St, # 713  
 Cardiothoracic Surgery Division, D

City State Zip Code  
 Little Rock AR 72205-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of AR

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 Y  
 04 / 17 / 2013

**Transaction ID : 22D42D0E987219176B7**

Amount of Each Receipt this Period

250.00

**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 162 OF 213  
(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 (Last, First, Middle Initial)

**A. Keith Richard Stephenson**

Mailing Address 901 Plantation Rd

City Blacksburg State VA Zip Code 24060-3880

FEC ID number of contributing federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 6E34FF411D0ECE91C73

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William Charles Sternfeld**

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

Toldeo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

05 / 15 / 2013

Transaction ID : 40E287364EBA7A42E7D2

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. William Charles Sternfeld**

Mailing Address 4235 Secor Rd  
Toledo Clinic Inc

City Toledo State OH Zip Code 43623

FEC ID number of contributing federal political committee.

C

Name of Employer

Toldeo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

06 / 15 / 2013

Transaction ID : 4E22AB5DB170BECBFBBE

Amount of Each Receipt this Period

208.33

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

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

1416.66

# **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 163 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Ronald M. Stewart**

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

03 / 11 / 2013

**Transaction ID : 4DB8BB6E14C1374B8922**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ronald M. Stewart**

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 01 / 2013

**Transaction ID : 4916A57E5F0090F7C20**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ronald M. Stewart**

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

04 / 11 / 2013

**Transaction ID : 4D68BD00F630E4B1CB9D**

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 213  
(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 (Last, First, Middle Initial)

**A. Ronald M. Stewart**

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 11 / 2013

**Transaction ID : 43138A82CDAEBAF7ADCE**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ronald M. Stewart**

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 46799C7DCD769360697F**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Robert Peter Sticca**

Mailing Address Department of Surgery

Univ. of North Dakota Smhs Room 51

City

Grand Forks

State

ND

Zip Code

58203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : 4145787EE08F816D03C**

Amount of Each Receipt this Period

1000.00

**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 165 OF 213

(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 (Last, First, Middle Initial)

**A. Priscilla Ruth Strom**

Mailing Address 725 Jesse Jewell Pkwy SE  
Ste 350

City State Zip Code  
Gainesville GA 30501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Longstreet Clinic

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  
06 / 28 / 2013

Transaction ID : 3E3FCC6FDBC22F27889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Meyer Sugarmann**

Mailing Address 30 Rehill Ave  
Ste 3300

City State Zip Code  
Somerville NJ 08876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgical Associates of Central NJ

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  
06 / 06 / 2013

Transaction ID : 85962A2B45305DE44C7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Howard Lawrence Sussman**

Mailing Address 8 Candy Ln

City State Zip Code  
Roslyn Heights NY 11577-1810

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  
04 / 17 / 2013

Transaction ID : EC01E0D598C7F37DFF6

Amount of Each Receipt this Period

250.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 166 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Michael J. Sutherland**

Mailing Address 1801 W 40th Ave  
Ste 7B

City State Zip Code  
Pine Bluff AR 71603-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 18 / 2013

**Transaction ID : 438AAF32659142EC9425**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Michael J. Sutherland**

Mailing Address 1801 W 40th Ave  
Ste 7B

City State Zip Code  
Pine Bluff AR 71603-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

05 / 18 / 2013

**Transaction ID : 40B8AA9435DC7794C90**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Michael J. Sutherland**

Mailing Address 1801 W 40th Ave  
Ste 7B

City State Zip Code  
Pine Bluff AR 71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : 4DC7B4243061AB24614A**

Amount of Each Receipt this Period

300.00

**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: PAGE 167 OF 213  
(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 (Last, First, Middle Initial)

**A. Beth Sutton**

Mailing Address 1600 Brook Ave

City

Wichita Falls

State

TX

Zip Code

76301-5620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : 1685B1FB17F91254BA1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Edward Sutton Jr.**

Mailing Address 100 Daisy Hill Rd

City

Lebanon

State

NH

Zip Code

03766-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Medical center

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 7F47D330-5437-4865-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charles Jackson Swannack**

Mailing Address PO Box 7817

City

Missoula

State

MT

Zip Code

59807-7817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missoula Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2013

Transaction ID : 5826467D-B18D-48FB-

Amount of Each Receipt this Period

250.00

**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 168 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Amy E. Tan**

Mailing Address PO Box 1029

Blue Hill Memorial Hospital

City

Blue Hill

State

ME

Zip Code

04614-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Hill Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 11 / 2013

**Transaction ID : 41FBBED4160F5E256B7A**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Amy E. Tan**

Mailing Address PO Box 1029

Blue Hill Memorial Hospital

City

Blue Hill

State

ME

Zip Code

04614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Hill Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2013

**Transaction ID : 4C8BAC3CF1603B611E1E**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Joseph J. Tepas III**

Mailing Address 655 W 8th St

University of Fla Health Sci Cente

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 10 / 2013

**Transaction ID : 5701F0BF44E4AF7A9BB**

Amount of Each Receipt this Period

250.00

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

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

350.00



# **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 213  
(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 (Last, First, Middle Initial)

**A. Joseph J. Tepas III**

Mailing Address 655 W 8th St

University of Fla Health Sci Cente

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 16 / 2013

Transaction ID : 956249A1CBA9C05056F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Joseph J. Tepas III**

Mailing Address 655 W 8th St

University of Fla Health Sci Cente

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 2B944651B1934A9956B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Collier Thirlby**

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

Virginia Mason Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 29 / 2013

Transaction ID : 1526A8D4E4F5D41FA20

Amount of Each Receipt this Period

500.00

**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 170 OF 213  
(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 (Last, First, Middle Initial)

**A. Jeffrey Bernard Thomas**

Mailing Address 160 Academy Ave

Advanced Surgical Associates

City

Greenwood

State

SC

Zip Code

29646-3808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAF

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2013

Transaction ID : 697D089308CDB7450D6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Keith Jay Thomas**

Mailing Address PO Box 5

City

John Day

State

OR

Zip Code

97845-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Mountain Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2013

Transaction ID : C1D4115F-1E4F-44CA-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Hale Thomason**

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas Health Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2013

Transaction ID : E2642769DE4BFDFDB8

Amount of Each Receipt this Period

250.00

**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 171 OF 213  
(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 (Last, First, Middle Initial)

**A. Geoffrey Bruce Thompson**

Mailing Address Mayo Clinic

Department of Surgery

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

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 Y Y  
03 / 20 / 2013

**Transaction ID : 795FE06A-44DD-4BE0-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Erik Bell Throop**

Mailing Address 520 Mary St

Ste 520

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evansville Surgical Associates

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 Y Y  
03 / 20 / 2013

**Transaction ID : 0848CDA9-D59A-4B53-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Gary L. Timmerman**

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

Surgical Associates

Occupation

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  
04 / 17 / 2013

**Transaction ID : 2181214171AB0389CF1**

Amount of Each Receipt this Period

1000.00

**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 172 OF 213  
(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 (Last, First, Middle Initial)

## **A. Shelly Timmons**

Mailing Address 114 Skyward Dr

City State Zip Code  
 Danville PA 17821-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geissinger Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 275C52FBBF42B1242E7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Glen Herman Tinkoff**

Mailing Address 4735 Ogletown Stanton Rd  
 Ste 3301

City State Zip Code  
 Newark DE 19713-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 15 / 2013

Transaction ID : 468CA2D1698ADA777352

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Glen Herman Tinkoff**

Mailing Address 4735 Ogletown Stanton Rd  
 Ste 3301

City State Zip Code  
 Newark DE 19713-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 15 / 2013

Transaction ID : 42599FAE6A2C27CC2CE5

Amount of Each Receipt this Period

100.00

**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 173 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Glen Herman Tinkoff**

Mailing Address 4735 Ogletown Stanton Rd  
Ste 3301

City State Zip Code  
Newark DE 19713-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 15 / 2013

**Transaction ID : 487A9D25E703463927CB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Glen Herman Tinkoff**

Mailing Address 4735 Ogletown Stanton Rd  
Ste 3301

City State Zip Code  
Newark DE 19718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2013

**Transaction ID : 4804B07B9E85FD5BFA47**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Samuel Robert Todd**

Mailing Address Nyu School of Medicine  
550 East Avenue, New Bellevue 15 E

City State Zip Code  
New York NY 10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2013

**Transaction ID : FE19C5D823772B55C2B**

Amount of Each Receipt this Period

500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 174 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Thomas F. Tracy Jr.**

Mailing Address Room 147

Hasbro Children's Hospital

City

State

Zip Code

Providence

RI

02903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Room 147

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2013

Transaction ID : FF12BD3E369D7C72FC0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Douglas R. Trostle**

Mailing Address 1 Guthrie Sq

Guthrie Clinic, Ltd.

City

State

Zip Code

Sayre

PA

18840-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Guthrie Clinic, Ltd.

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2013

Transaction ID : 3C49020F-FED8-42D8-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Patricia L. Turner**

Mailing Address Director, Division of Member Servi

American College of Surgeons

City

State

Zip Code

Chicago

IL

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2013

Transaction ID : E8FADB8705535EEA8FE

Amount of Each Receipt this Period

500.00

**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 175 OF 213

☒ 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 (Last, First, Middle Initial)

**A. James Gerard Tyburski**

Mailing Address Detroit Receiving Hospital Room 4S

Department of Surgery

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 01 / 2013

Transaction ID : 7CB29BABF5EAAA59932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alex B. Valadka**

Mailing Address 1400 N Interstate 35

Seton Brain and Spine Institute

City

Austin

State

TX

Zip Code

78701-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
03 / 23 / 2013

Transaction ID : BE27A389-C5F5-437A-

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Wayne Edward VanderKolk**

Mailing Address 245 Cherry St SE

Ste 102

City

Grand Rapids

State

MI

Zip Code

49503-4607

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 28 / 2013

Transaction ID : 9E815317-59A6-40DB-

Amount of Each Receipt this Period

1000.00

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

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

3500.00

# **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 176 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Thomas Martin Vara**

Mailing Address 2252 Old Stone Rd

City

Blacklick

State

OH

Zip Code

43004-9557

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

01 / 07 / 2013

Transaction ID : D7984B44E83B27EE96D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nicholas Blair Vedder**

Mailing Address Harborview Medical Center  
 Mailstop 359796

City

Seattle

State

WA

Zip Code

98104-2499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of WA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 20 / 2013

Transaction ID : 07A56DF8-3AC4-46EE-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Vic Velanovich**

Mailing Address University of South Florida  
 Division of General Surgery

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Florida

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2013

Transaction ID : DBC050FA54DEE722D6D

Amount of Each Receipt this Period

250.00

**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 177 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Kyle Vincent**

Mailing Address 1522 N Graystone St

City

Wichita

State

KS

Zip Code

67230-7247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

04 / 11 / 2013

**Transaction ID : 1D7FAC01-EBFA-4C80-**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Susan Lynn Walker**

Mailing Address 6670 Alton Pkwy

City

Irvine

State

CA

Zip Code

92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S. Cal. Perm. Med Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2013

**Transaction ID : 4C2F1A4D-86F1-4199-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Danielle Saunders Walsh**

Mailing Address 600 Moye Blvd

Ecu Department of Surgery

City

Greenville

State

NC

Zip Code

27834-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECU

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2013

**Transaction ID : B2F3428B810CD3E81D5**

Amount of Each Receipt this Period

250.00

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

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

1005.00

# **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 213

(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 (Last, First, Middle Initial)

**A. Harold Joseph Wanebo**

Mailing Address 206 Cass Ave

Landmark Medical Center

City

Woonsocket

State

RI

Zip Code

02895-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roger Williams Hospital

Occupation

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
05	/	14	/	2013

Transaction ID : 2A96EBD2154CD6B90FF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Harrell Ward**

Mailing Address 441 Dinwiddie St

Apt 4

City

Portsmouth

State

VA

Zip Code

23704-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
04	/	17	/	2013

Transaction ID : DD623E52567A3C929FC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Andrew L. Warshaw**

Mailing Address Massachusetts General Hospital

Bullfinch 370C

City

Boston

State

MA

Zip Code

02114-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

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
03	/	13	/	2013

Transaction ID : 0B0D0CE47536779C999

Amount of Each Receipt this Period

750.00

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:  
(check only one)

PAGE 179 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Andrew L. Warshaw**

Mailing Address **Massachusetts General Hospital**  
**Bullfinch 370C**

City **Boston** State **MA** Zip Code **02114-2696**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Massachusetts General Hospital**

Occupation  
**Surgeon**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**04 / 17 / 2013**

**Transaction ID : 61D5AB9B5A29D032791**

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)

**B. Kevin Edward Wasco**

Mailing Address **Suite 400**  
**100 Theda Clark Plaza**

City **Neenah** State **WI** Zip Code **54956**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Surgical Associates of Neenah**

Occupation  
**Surgeon**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**04 / 17 / 2013**

**Transaction ID : B4B0DD9B3DE4F18CDC0**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**C. Michael Thomas Watkins**

Mailing Address **14 Buchanan Rd**

City **West Roxbury** State **MA** Zip Code **02132-7707**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Mass General Hospital**

Occupation  
**Surgeon**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**04 / 14 / 2013**

**Transaction ID : 4D1655B4-F00D-4A8F-**

Amount of Each Receipt this Period

**1000.00**

**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:  
(check only one)

PAGE 180 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Clarence Boyett Watridge**

Mailing Address 6325 Humphreys Blvd

City

Memphis

State

TN

Zip Code

38120-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Semmer Murphey Clinic

Occupation

Surgeon - Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 19 / 2013

Transaction ID : 0F2DDCE8-9DAB-4D65-

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Clarence Boyett Watridge**

Mailing Address 6325 Humphreys Blvd

City

Memphis

State

TN

Zip Code

38120-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Semmer Murphey Clinic

Occupation

Surgeon - Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 17 / 2013

Transaction ID : 4FB5063B6B902F4EDC8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Leonard Joseph Weireter Jr.**

Mailing Address Eastern Virginia Medical School  
 Department of Surgery, Suite 610

City

Norfolk

State

VA

Zip Code

23507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Virginia Medical School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 01 / 2013

Transaction ID : CB0D3B46E1664762A69

Amount of Each Receipt this Period

1000.00

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

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

3500.00

# **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 181 OF 213

☒ 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 (Last, First, Middle Initial)

## **A. Mark Christian Weissler**

Mailing Address G106 Physicians' Office Building,  
Joseph P. Riddle Distinguished Pro

City State Zip Code  
Chapel Hill NC 27599-7070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Carolina

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 Y  
02 / 05 / 2013

**Transaction ID : 36FAF9B9-E650-4556-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Cheryl Ann Wesen**

Mailing Address Van Elslander Cancer Center  
Suite 38

City State Zip Code  
Grosse Pointe Wood MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Hospital and Medical Center

Occupation

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  
03 / 13 / 2013

**Transaction ID : 58A30A9979F0CF0F92F**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Cheryl Ann Wesen**

Mailing Address Van Elslander Cancer Center  
Suite 38

City State Zip Code  
Grosse Pointe Wood MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John Hospital and Medical Center

Occupation

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  
04 / 17 / 2013

**Transaction ID : 47C0ABCDBA206DCF07C**

Amount of Each Receipt this Period

2000.00

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

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

2750.00

# **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 182 OF 213

☒ 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 (Last, First, Middle Initial)

**A. John Robert Wesley**

Mailing Address 185 S Old Creek Rd

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2013

Transaction ID : 269472DCCC964CF8E4F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ralph Frederick Wetmore**

Mailing Address Children's Hospital of Philadelphi  
34th and Civic Center Boulevard

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Philadelphia

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : BF6031F6CF40DD72E81

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven David Wexner**

Mailing Address 2950 Cleveland Clinic Blvd  
Cleveland Clinic Florida

City

Weston

State

FL

Zip Code

33331-3609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : E28E05BC72305D0AB8D

Amount of Each Receipt this Period

1000.00

**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:  
(check only one)

PAGE 183 OF 213

☒ 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 (Last, First, Middle Initial)

**A. Joseph L. Wilhelm**

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

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

01 / 07 / 2013

Transaction ID : E84E91191478585B5DC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christian Peter Wilke**

Mailing Address 2 Sundance Ln

City

Bow

State

NH

Zip Code

03304-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 20 / 2013

Transaction ID : FB62A24B2BBFD921C86

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Jeremy Wilmoth**

Mailing Address PO Box 948

City

Tazewell

State

TN

Zip Code

37879-0948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2013

Transaction ID : D92C1A4B-7C1F-40D9-

Amount of Each Receipt this Period

1000.00

**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 184 OF 213

(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 (Last, First, Middle Initial)

A. Alison M. Wilson

Mailing Address Suite 7300

Department of Surgery

City

Morgantown

State

WV

Zip Code

26506

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	4		0	1		2	0	1	3

Transaction ID : A6E5AD79BDE4FA08EE8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bryant Whitley Wilson

Mailing Address 95 Collier Rd NW

Ste 6015

City

Atlanta

State

GA

Zip Code

30309

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	6		1	9		2	0	1	3

Transaction ID : BD9E5743CA4BE3F924A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jason Paul Wilson

Mailing Address 11803 Jefferson Ave

Ste 235

City

Newport News

State

VA

Zip Code

23606-2565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Medical Group

Occupation

Surgical Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	3

Transaction ID : A7AA9472-39E5-42D7-

Amount of Each Receipt this Period

250.00

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 185 OF 213

☒ 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 (Last, First, Middle Initial)

**A. David Wilson Wormuth**

Mailing Address 4301 Medical Center Dr  
Ste 301

City State Zip Code  
Fayetteville NY 13066-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNY Thoracic Surgery

Occupation  
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  
04 / 17 / 2013

**Transaction ID : EB41CC9A0E530C543BD**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Sherry Marie Wren**

Mailing Address 459 Homer Ave  
Apt 4

City State Zip Code  
Palo Alto CA 94301-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford Univeristy

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 Y  
03 / 20 / 2013

**Transaction ID : D9029968-F438-43C1-**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Jay Andrew Yelon**

Mailing Address Lincoln Medical Center  
Department of Surgery Suite 620

City State Zip Code  
Bronx NY 10451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Hospital

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 Y  
04 / 01 / 2013

**Transaction ID : C7DFD5074E0CFEB9C1A**

Amount of Each Receipt this Period

250.00

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

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

1550.00

# **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 213

☒ 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 (Last, First, Middle Initial)

**A. Douglas B. Yingling**

Mailing Address 1212 Turnpike Ave

City

Clearfield

State

PA

Zip Code

16830-3028

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 Y  
04 / 29 / 2013

**Transaction ID : 59EE51ED32D8C881049**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Charles Yowler**

Mailing Address Metrohealth Medical Center  
Department of Surgery

City

Cleveland

State

OH

Zip Code

44109-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Health Medical Center

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 Y  
06 / 02 / 2013

**Transaction ID : 45ACBB252083F8B8486D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. George Zainea**

Mailing Address 909 Holyrood St

City

Midland

State

MI

Zip Code

48640-3339

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 Y  
04 / 29 / 2013

**Transaction ID : BBED0AEA1DEB1F22B0**

Amount of Each Receipt this Period

250.00

**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 187 OF 213  
 (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 (Last, First, Middle Initial)

**A. Ihor Andrew Zakaluzny**
 Mailing Address 803 S Ponderosa St  
 Ste C

City	State	Zip Code
Payson	AZ	85541

FEC ID number of contributing federal political committee.

C

Name of Employer

Payson Surgery Associates

Occupation

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
06	/	07	/	2013

Transaction ID : 9AA21AF4-925E-4D9A-

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Michael J. Zinner**
 Mailing Address Department of Surgery  
 Brigham and Women's Hospital

City	State	Zip Code
Boston	MA	02115

FEC ID number of contributing federal political committee.

C

Name of Employer

Brigham and Woman

Occupation

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
04	/	12	/	2013

Transaction ID : 7D9E75D0F4CBB936239

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Thomas Gerard Zorc**
 Mailing Address 5530 Wisconsin Ave  
 Ste 1455

City	State	Zip Code
Chevy Chase	MD	20815-4302

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 M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2013

Transaction ID : 8CD0E99D7AFEEAF8C44

Amount of Each Receipt this Period

500.00

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

1950.00

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

227279.66

# **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 213

(check only one)

<input 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 checked="" 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 (Last, First, Middle Initial)

**A. Friends of Max Baucus**

Mailing Address PO Box 586

City	State	Zip Code
Helena	MT	59624

FEC ID number of contributing federal political committee.

C C00328211

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	14	/	2013

Transaction ID : 7D32ABB42453DA540CB

Amount of Each Receipt this Period

5000.00

Refund

Full Name (Last, First, Middle Initial)

**B. John Sullivan for Congress, Inc**

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

FEC ID number of contributing federal political committee.

C C00366773

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2013

Transaction ID : A7D3F51C360CABC0B57

Amount of Each Receipt this Period

1000.00

Refund

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

6000.00

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 189 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Allyson Schwartz for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

**Transaction ID : 3381C29ACE6912F3CBC**Purpose of Disbursement  
2014 Primary Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Allyson Y. Schwartz**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Mailing Address PO Box 71584

City	State	Zip Code
Los Angeles	CA	90071

**Transaction ID : 0D8EF7AA5D4BFBFB703**Purpose of Disbursement  
2014 Primary Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Xavier Becerra**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

**Transaction ID : F6235BA6DADFE023F38**Purpose of Disbursement  
2014 Primary Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Daniel J. Benishek**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
----------

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Surgeons Professional Association PAC

2500.00

State: CA District: 07

MM / DD / YYYY

Amount of Each Disbursement this Period

2500.00

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Amount of Each Disbursement this Period

2500.00

☒ Primary ☐ General  
Other (specify) ▼

State: LA District: 06

7500.00

**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 191 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Bill Cassidy for US Senate**

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**William Cassidy**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : FA077ADA20C8276041D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address PO Box 8277

City	State	Zip Code
the Woodlands	TX	77387-8277

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Kevin Brady**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

**Transaction ID : A96FA8BCA5CB6328659**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address PO Box 8277

City	State	Zip Code
the Woodlands	TX	77387-8277

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Kevin Brady**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : A2508F355B0E074A635**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
---------

**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 192 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Bucshon for Congress**

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Larry D. Bucshon**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : 5ACF738E5AAA2991354**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr. MD for Congress, Inc.**

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Charles W. Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : D96C4D8BA264EC923DA**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Charles W. Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : DE0B7A47A97E26C2476**

Amount of Each Disbursement this Period

2500.00
---------

**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 193 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Congressman Waxman Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 41F02522204A8020AC5**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Henry A. Waxman**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Full Name (Last, First, Middle Initial)

**B. Cotton for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2013

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 479B6276886C3FD7CFA**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Thomas Cotton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Mailing Address 5915 Eastman Avenue  
Suite 100

City	State	Zip Code
Midland	MI	48640-6824

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 9B2F134C342806B0723**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

**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 194 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. David Scott for Congress**

Mailing Address PO Box 960821

City Riverdale	State GA	Zip Code 30296
-------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**David Albert Scott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : F66C329D5D3A7FF5C08**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Democratic Congressional Campaign Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : D998B428D46B8585FB2**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Democratic Senatorial Campaign Committee**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 22C01BFE6B0798F6335**

Amount of Each Disbursement this Period

15000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31500.00
----------

--

**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 195 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Diane Black for Congress**

Mailing Address PO Box 1437

City  
GallatinState  
TNZip Code  
37066-1437Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Diane Black**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : F32C72CFA3B68E0E0C7**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 6116

City  
La QuintaState  
CAZip Code  
92248Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Raul Ruiz**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2013

**Transaction ID : AE20949D8DA369DFA62**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 6116

City  
La QuintaState  
CAZip Code  
92248Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Raul Ruiz**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : DCBC0FF95C245E410CC**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
---------

--

**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 196 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Freedom Project, The**

Mailing Address 320 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Freedom Project, The**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

**Transaction ID : 4A1543D0AECF001F9DB**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dick Durbin**

Mailing Address PO Box 1949

City  
SpringfieldState  
ILZip Code  
62705Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Richard J. Durbin**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 30A77CB8898D86FC3EB**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City  
Las VegasState  
NVZip Code  
89136Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Joseph Heck Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : 5BB2CA9433E0FAC7BD7**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
----------

--

**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 197 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Friends of Joe Heck**

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Joseph Heck Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2013

**Transaction ID : EA115AEC9875881AF26**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Joseph R. Pitts**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2013

**Transaction ID : F056B20C8D5E7084BE1**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Joseph R. Pitts**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2013

**Transaction ID : AA805E4825D9E37DA64**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
---------

--

**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 198 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Friends of John Boehner**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 121B70D407B78A4026B**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**John A. Boehner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Full Name (Last, First, Middle Initial)

**B. Gingrey for Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 7CEE1E1A0D3A7A937FF**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Phil Gingrey**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : EA2E40E6FD4DA66E835**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**S. Brett Guthrie**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
----------

--

**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 199 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Healthcare Freedom Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

**Transaction ID : 4415A0BF81F111DA843**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**Mailing Address 700 13th Street, NW  
Suite 600City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Steny H. Hoyer**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

**Transaction ID : 93131CCEEB1F2D3B3E7**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 14496

City  
PolandState  
OHZip Code  
44514Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Bill Johnson**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 7A203E5B4F9836A192E**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
---------

--

**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 200 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City  
BakersfieldState  
CAZip Code  
93389-2667Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Kevin McCarthy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 17DD5D9F2F7F1C549E7**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City  
La CrosseState  
WIZip Code  
54601Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Ron Kind**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 7D8ED2ECBD87583927C**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Kirk for Senate**

Mailing Address PO Box 8

City  
WinnetkaState  
ILZip Code  
60093Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Mark Steven Kirk**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : ED60E4EFF42D92A3EEC**

Amount of Each Disbursement this Period

1000.00
---------

**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 201 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Larson for Congress**

Mailing Address PO Box 479

City  
GlastonburyState  
CTZip Code  
06033-0479Purpose of Disbursement  
2014 Convention Contribution

011

Candidate Name

**John B. Larson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 27FD1C21CAB6D290D5D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Levin for Congress**

Mailing Address PO Box 37

City  
RosevilleState  
MIZip Code  
48066Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Sander M. Levin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 996B30A74636ED561B4**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Lincoln PAC**

Mailing Address PO Box A3968

City  
ChicagoState  
ILZip Code  
60690Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Lincoln PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

**Transaction ID : 499BD6EF138A4DDEA44**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

--

**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 202 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Lone Star Leadership PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

**Transaction ID : EC07EBAB3AD96B1045C**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Marsha Blackburn**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

**Transaction ID : 9F5F0DCFC0021B33A7F**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mass PAC**

Mailing Address PO Box 440324

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Mass PAC**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

**Transaction ID : F891FC9D252FFF5666B**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
---------

--

**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 203 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Matheson for Congress**

Mailing Address PO Box 521048

City  
Salt Lake CityState  
UTZip Code  
84152-1048Purpose of Disbursement  
2014 Convention Contribution

011

Candidate Name

**James David Matheson**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: UT

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

**Transaction ID : A206CDD37E56C5D7CCD**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Mitch McConnell**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

**Transaction ID : 41073D0CAB2D9EE286C**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address PO Box 2334

City  
DentonState  
TXZip Code  
76202-2334Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Michael Clifton Burgess**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

**Transaction ID : 471684DF1BEF6ACE3FC**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

--

**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 204 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City Sacramento	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Michael C. Thompson**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2013

**Transaction ID : 68418D49BDD2CA8EDAB**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**Mailing Address 700 13th Street, NW  
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : DCF26DC8343E68758DD**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
2013 Contribution

Candidate Name

**National Republican Congressional Committee**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : F45F6574B4491E6D518**

Amount of Each Disbursement this Period

15000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00
----------

--

**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 205 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : 26B9B9D8E3D0E636132**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**National Republican Senatorial Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
2014 Primary Contribution

011

**Transaction ID : 386DA6E931F6CD419D6**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Frank Pallone Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
2014 General Contribution

011

**Transaction ID : BE9B611DFA33698E8F7**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Frank Pallone Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00
----------

--

**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 206 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pascrell for Congress**

Mailing Address PO Box 100

City  
TeaneckState  
NJZip Code  
07666Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**William J. Pascrell Jr.**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M M M /  
02D D D /  
25Y Y Y Y Y Y  
2013**Transaction ID : B74419AECD895FD073**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

City  
AlexandriaState  
VAZip Code  
22306-2754Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**People for Enterprise Trade and Economic Growth (PETE PAC)**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2013



Primary



General



Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M /  
05D D D /  
16Y Y Y Y Y Y  
2013**Transaction ID : 06791C9FCF7E5EF3A32**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pete Sessions for Congress**

Mailing Address PO Box 823047

City  
DallasState  
TXZip Code  
75382-3047Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Peter Anderson Sessions**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M M M /  
06D D D /  
10Y Y Y Y Y Y  
2013**Transaction ID : 9646CFF3CE79FDF1E7B**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

9500.00

**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 207 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Price for Congress**

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Thomas E. Price M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : 17B4DA7EA4A59C4FA93**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Re-Elect Tim Griffin for Congress Committee**

Mailing Address PO Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**John Timothy Griffin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

**Transaction ID : 55289A63529B613871A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Renee Jacisin Ellmers**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : B9452FEF222CA5C7B3A**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
---------

--



**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 208 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Rogers for Congress**

Mailing Address PO Box 581

City Brighton	State MI	Zip Code 48116-0581
------------------	-------------	------------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Mike J. Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 1BB4971AB690B495A07**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 97DB9A59FCADE2EE518**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville	State WI	Zip Code 53547-1488
--------------------	-------------	------------------------

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Paul Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 399F4C20D1A1D7E815B**

Amount of Each Disbursement this Period

2500.00
---------

**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 209 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Searchlight Leadership Fund**Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Searchlight Leadership Fund**Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : 304E4E6BCBDF36FDBD6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : 06B19BDD3263A0BEB72**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Texans for Senator John Cornyn Inc**

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
2014 Primary Contribution

Candidate Name

**John Cornyn III**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : 90D82AB0DFEE748DA45**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
----------

--

**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 210 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. The Committee for the Preservation of Capitalism**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2013

Mailing Address PO Box 65314

Transaction ID : B47AFFD8BA4514BB773

City	State	Zip Code
Washington	DC	20035-5314

Amount of Each Disbursement this Period

Purpose of Disbursement  
2013 Contribution

011

2500.00
---------

Candidate Name

The Committee for the Preservation of Capitalism

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

Mailing Address 228 S. Washington Street  
Suite 115

Transaction ID : 023D3CA83A4D23D7C54

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement  
2013 Contribution

011

5000.00
---------

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

**C. Udall for Colorado**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Mailing Address PO Box 40158

Transaction ID : 9B1E430CB1A38208E01

City	State	Zip Code
Denver	CO	80204

Amount of Each Disbursement this Period

Purpose of Disbursement  
2014 Primary Contribution

011

1000.00
---------

Candidate Name

Mark E. Udall

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO

District:

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

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

8500.00

**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 211 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Upton for All of Us**

Mailing Address PO Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Fredrick Stephen Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : 41EAFBC70640AC7FE33**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City  
AtlantaState  
GAZip Code  
30339Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Voice for Freedom**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2013

**Transaction ID : 480356FC6540BB8DE56**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City  
CollinsvilleState  
ILZip Code  
62234-0661Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**John M. Shimkus**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : B4D322E24FE966CEC63**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

--

**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 212 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Walden for Congress**

Mailing Address PO Box 1091

City  
Hood RiverState  
ORZip Code  
97031-0037Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Gregory P. Walden**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

**Transaction ID : F5DAE46B3320E4C85BF**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Whitfield for Congress Committee**

Mailing Address PO Box 391

City  
HopkinsvilleState  
KYZip Code  
42241Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Edward Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : 7335A73D0A0B5347825**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City  
PortlandState  
ORZip Code  
97232Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Ron Wyden**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

**Transaction ID : B8BCFCF845DDEEBC0A2**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
---------

245000.00
-----------

**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 213 OF 213

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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. Kevin Andrew O'Koon**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2013

Mailing Address 3900 Kresge Way  
Ste 44

City Louisville State KY Zip Code 40207-4681

Purpose of Disbursement  
Refund

010

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 3E06584CE380FDD9AE0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James J. Peck**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

Mailing Address 7095 SW Benham Ct

City Portland State OR Zip Code 97225-6051

Purpose of Disbursement  
Refund

010

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : A7648F3ABA1C2A6891D**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kathryn White Russell**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Mailing Address 1066 Wood Ave

City Salt Lake City State UT Zip Code 84105-2412

Purpose of Disbursement  
Partial Refund of 10/9/12 Contribution

010

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : 6725BEFC0C6DCFB2626**

Amount of Each Disbursement this Period

450.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

1700.00