

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 2010

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 Electronically Filed by Christian Shalgian Date 05 03 2011

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

Write or Type Committee Name
American College of Surgeons Professional Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 0 | | 181224.44 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 273774.35 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 69242.01 | 302091.01 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 343016.36 | 483315.45 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 27195.83 | 167494.92 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 315820.53 | 315820.53 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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**

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 61205.00 | 247745.00 |
| (ii) Unitemized | 8037.01 | 54346.01 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 69242.01 | 302091.01 |
| (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) | 69242.01 | 302091.01 |
| 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 | 0.00 | 0.00 |
| 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 Transfer (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)) | 69242.01 | 302091.01 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 69242.01 | 302091.01 |

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 1195.83 | 4059.92 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 1195.83 | 4059.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 26000.00 | 162000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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 | 0.00 | 1435.00 |
| (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)) | 0.00 | 1435.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 27195.83 | 167494.92 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27195.83 | 167494.92 |

| 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) | 69242.01 | 302091.01 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1435.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 69242.01 | 300656.01 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1195.83 | 4059.92 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1195.83 | 4059.92 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Ravi Prakash Agarwal

Mailing Address Suite W301
5757 W Thunderbird Road

City State Zip Code
Glendale AZ 85306-5606

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Westside Ear Nose and Throat Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 06 / 2010

Transaction ID: EFFC17480DD132DE9DE

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Edward Lee Alexander, III

Mailing Address 807 S Bradford Street

City State Zip Code
Dover DE 19904-4137

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 MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 1602EC83F4E1EA062BC

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Leonard Stephen Anderson

Mailing Address 87 Riverside Drive

City State Zip Code
Binghamton NY 13905-4331

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
United Medical Associates Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
05 / 06 / 2010

Transaction ID: 5D4D4A5F0E012A3228D

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 1115.00

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 7 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Peter D. Areson

Mailing Address 701 Maple Ridge

City Ashland State WI Zip Code 54806-2568

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 / 26 / 2010

Transaction ID: 7B9E6F10EE8B1F18702

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
W. Bandy

Mailing Address 178 Lazy S Lane

City Chico State CA Zip Code 95928-9112

FEC ID number of contributing federal political committee. C

Name of Employer Stormont-Vail Regional Health Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 26 / 2010

Transaction ID: 47DB256065F91FB589E

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Karen R. Borman

Mailing Address Suite 604
1245 Highland Avenue

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 ▼ 2000.00

Date of Receipt 05 / 25 / 2010

Transaction ID: 5E4FA4C792DB40AB4C2

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) 4750.00

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 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Anthony Peter Borzotta

Mailing Address 11037 Woodlands Way

City State Zip Code
Cincinnati OH 45241-2448

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
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: 8CE19541145D1FA8F33

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L. Michael Brunt

Mailing Address Washington University School of Me
Campus Box 8109

City State Zip Code
St. Louis MO 63110

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

Name of Employer Washington University School of Medici Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2010

Transaction ID: CB7A02EB713BD77D614

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
John Allen Buie

Mailing Address 1411 W 15th
Suite 302

City State Zip Code
Liberal KS 67901-2285

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

Name of Employer John A. Buie, M.D., P.C. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2010

Transaction ID: AAC6CB79AACF00CE169

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 9 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Jo Buyske

Mailing Address American Board of Surgery
1617 John F. Kennedy Boulevard

City Philadelphia State PA Zip Code 19103

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
0 5 / 2 3 / 2 0 1 0

Transaction ID: E3AEE3F1A61899C007A

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Edwin L. Card

Mailing Address 515 E Grant Street

City Macomb State IL Zip Code 61455-3368

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 5 / 0 6 / 2 0 1 0

Transaction ID: 8CA400B9EBDF2D3F765

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Carla Maria Cassani

Mailing Address 800 Ringwood Avenue

City Menlo Park State CA Zip Code 94025-2238

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 5 / 1 4 / 2 0 1 0

Transaction ID: 477E4DDDB40433B27CC

Amount of Each Receipt this Period
500.00

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 10 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Joseph N. Cunningham, Jr.

Mailing Address Maimondes Medical Center
4802 10th Avenue

City State Zip Code
Brooklyn NY 11219

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

Name of Employer Occupation
Maimondes Medical Center Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: CD2B6414D7DBC5DC700

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William Vincent Joseph Dolan

Mailing Address 1040 East Osborn Road Unit 604

City State Zip Code
Phoenix AZ 85014-5250

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

Name of Employer Occupation
VA Medical Center Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 64E3E69FC73CA02CDF3

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Wade Edward Dosch

Mailing Address 4701 South Lewis Avenue

City State Zip Code
Sioux Falls SD 57103-5413

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

Name of Employer Occupation
McGreevy Clinic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: BAF0F42937918F5A546

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 11 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Stanley Edward Dudek

Mailing Address 2115 Riverwood Drive

City Okemos State MI Zip Code 48864-3222

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

Name of Employer Semi-Retired Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 21 / 2010
Transaction ID: BDCC9B98A5F9D53921E
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Peter Linn Faries

Mailing Address Mount Sinai School of Medicine
5 East 98th Street 4th Floor Room

City New York State NY Zip Code 10029-6574

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 ▼ 1000.00

Date of Receipt: 05 / 25 / 2010
Transaction ID: 178028087A114C89501
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
David V. Feliciano

Mailing Address 1244 Village Run Northeast

City Atlanta State GA Zip Code 30319-5303

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

Name of Employer Emory University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 21 / 2010
Transaction ID: B9363172C5CE8CA77FA
Amount of Each Receipt this Period: 500.00

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 12 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
H. Stephen Fletcher

Mailing Address Suite 203
200 South Orange Avenue

City Livingston State NJ Zip Code 07039-5817

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 / 25 / 2010
Transaction ID: 470E6B017AA35C8CEA2
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Richard J. Fogler

Mailing Address Room 186
1 Brookdale Plaza

City Brooklyn State NY Zip Code 11212-3139

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

Name of Employer Brookdale Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2010
Transaction ID: 313B992741442A7ED0E
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Henri Ford

Mailing Address Childrens Hospital of Los Angeles
Mailstop 72

City Los Angeles State CA Zip Code 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 ▼ 1000.00

Date of Receipt 05 / 18 / 2010
Transaction ID: F9A67C03D31F97EE873
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 13 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
James Clyde Foxworthy

Mailing Address 3220 Banberry Drive

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 ▼ 300.00

Date of Receipt: 05 / 28 / 2010
Transaction ID: A772AFBD4B634CFFD01
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt: 05 / 21 / 2010
Transaction ID: 89DB1CF8FBD29999D68
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Robert D. Fry

Mailing Address Pennsylvania Hosp Department of Su
301 South 8th Street

City Philadelphia State PA Zip Code 19106

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

Name of Employer University of Pennsylvania Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 20 / 2010
Transaction ID: 0DE845F4B15A45BD375
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3700.00

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 14 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Ross Frederick Goldberg

Mailing Address 834 Chestnut Street
Apt. 1703

City Philadelphia State PA Zip Code 19107-5149

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 ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 1 0

Transaction ID: 7208811B70B42854DD2

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Cleon Walton Goodwin, Jr.

Mailing Address Wsbc
1801 16th Street

City Greeley State CO Zip Code 80631

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 5 / 2 8 / 2 0 1 0

Transaction ID: B8DFF01C6E2E167972A

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mark Thomas Grattan

Mailing Address 888 S King Street

City Honolulu State HI Zip Code 96813-3009

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
 0 5 / 2 6 / 2 0 1 0

Transaction ID: B10815B02EFAA8FE987

Amount of Each Receipt this Period
1000.00

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 15 / 36
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Jon M. Greif

Mailing Address Apt. 1610
One Lakeside Drive

City State Zip Code
Oakland CA 94612

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
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: 4C8F2C76B096CEC9524

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kirby Robert Gross

Mailing Address 2000 Grand Avenue
Apt. #611

City State Zip Code
Nashville TN 37212-2158

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

Name of Employer Occupation
US Army Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 26B67CEF88A4BD10E86

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Vivienne Jeanette Halpern

Mailing Address Carl T Hayden Phoenix Va Medical C
Surgical Services, Mail Stop 112

City State Zip Code
Phoenix AZ 85012

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

Name of Employer Occupation
North Shore Health System Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2010

Transaction ID: 71DDE9A5CA7ED8FE633

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

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 16 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Kim S. Hamelberg

Mailing Address 495 Cooper Road, Suite 430

City State Zip Code
Westerville OH 43081-8723

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.01

Date of Receipt
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: E417920C10985F8A021

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard A. Hoefler, Jr.

Mailing Address Surgical Oncology Associates
11803 Jefferson Avenue

City State Zip Code
Newport News VA 23606-4390

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

Name of Employer Occupation
Sentara Medical Group Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: EACEED5E00DC66C329C

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Roger L. Humphrey

Mailing Address 2801 New Hartford Road

City State Zip Code
Owensboro KY 42303-1320

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

Name of Employer Occupation
Ohio Valley Surgical Specialists Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: 69AC9E7217E8DDEE8923

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 17 / 36
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Benjamin Thomas Jarman

Mailing Address 1900 South Avenue
Mail Stop C05-001

City La Crosse State WI Zip Code 54601-5467

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
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 2895044BD8ED7C7F0F0

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Bruce Jay Joseph

Mailing Address Suite 220
6001 Truxton Avenue

City Bakersfield State CA Zip Code 93309-0675

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

Name of Employer Self Employed Occupation Urologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: 09F5E9F05A48BD4DD13

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Krista L. Kaups

Mailing Address Department of Surgery, 1st Floor
Crmc

City Fresno State CA Zip Code 93721-1324

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

Name of Employer University Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: EE475AECDC5FD5F32AB

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 18 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey Duncan Kellar

Mailing Address Suite 101
3017 Bob Younkin Drive

City State Zip Code
Fayetteville AR 72703-3927

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

Name of Employer Occupation
Ozark Surgical Associates Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: CADFF5D1F1B6AB689DF

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Robert D. Lewis

Mailing Address 4139 Boardman Canfield Road
Suite 2

City State Zip Code
Canfield OH 44406-9034

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 ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 0

Transaction ID: 933D61AB21B0B7EBBE0

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Venkat Ratnam Machiraju

Mailing Address Shadyside Med Building Hlesi Suite
5200 Centre Avenue

City State Zip Code
Pittsburgh PA 15232

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
0 5 / 2 7 / 2 0 1 0

Transaction ID: DD38DDE92B32EEA9EA0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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 19 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Theodore C. Max

Mailing Address PO Box 401

City State Zip Code
Holland Patent NY 13354-0401

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
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: F9BF0D455DA1D24C212

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Charles T. McHugh

Mailing Address 71 Broadway
PO Box 699

City State Zip Code
Baileysville ME 04694-3417

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
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: 4629663C57B01D5A9A9

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael Metzler

Mailing Address 1729 Glenview Drive

City State Zip Code
Las Vegas NV 89134-6121

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
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 25B5528ACABE89EADF1

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 20 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Laura Moore

Mailing Address Suite 1661-A
6550 Fannin Street

City Houston State TX Zip Code 77030-2701

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 / 19 / 2010
Transaction ID: 73E955BD0F0A618478E
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Deborah Ann Nagle

Mailing Address Stoneman 9
330 Brookline Avenue

City Boston State MA Zip Code 02215

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 ▼ 1500.00

Date of Receipt 05 / 21 / 2010
Transaction ID: AFE83FDB8E5C6CCE487
Amount of Each Receipt this Period 1500.00

C.

Full Name (Last, First, Middle Initial)
Prashanth Sashikan Navaran

Mailing Address 7297 Lone Eagle Place Northwest

City Bremerton State WA Zip Code 98312-1181

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

Name of Employer US Navy Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 14 / 2010
Transaction ID: C05E7357BC6224CCCE6
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 2115.00

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 21 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Brian E. O'Byrne

Mailing Address Suite 117
2860 Channing Way

City Idaho Falls State ID Zip Code 83404-7532

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 / 06 / 2010

Transaction ID: 4953E1DAA77CF6B75E9

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Julio A. Ortiz

Mailing Address Box 368

City Humacao State PR Zip Code 00792-0368

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 ▼ 365.00

Date of Receipt 05 / 14 / 2010

Transaction ID: EE91A8A372163FEB59C

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
George A. Parker

Mailing Address 5855 Bremono Road
Suite 506

City Richmond State VA Zip Code 23226-1925

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 05 / 13 / 2010

Transaction ID: DF1CA15433DEFDF270E

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 22 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
James J. Peck

Mailing Address 7095 Southwest Benham Court

City State Zip Code
Portland OR 97225-6051

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
0 5 / 2 1 / 2 0 1 0

Transaction ID: B30D221826618CD3874

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John William Poole

Mailing Address 240 Sunset

City State Zip Code
Ridgewood NJ 07450-2421

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

Name of Employer Holy Name Hospital 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
0 5 / 2 5 / 2 0 1 0

Transaction ID: C86B11CF8B8824DC410

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Quintin Madarang Pulido

Mailing Address Suite F
2418 N Oak Street

City State Zip Code
Valdosta GA 31602-2575

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
0 5 / 0 6 / 2 0 1 0

Transaction ID: B6E76F9D3936F73BC68

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **3115.00**

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 23 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Patrick R. Reardon

Mailing Address Suite 2435
6550 Fannin

City State Zip Code
Houston TX 77030-2767

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

Name of Employer Occupation
The Methodist Hospital Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2010

Transaction ID: 96A1A8921BF5FB457CD

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John J. Ricotta

Mailing Address Department of Surgery
Washington Hospital Center

City State Zip Code
Washington DC 20010

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

Name of Employer Occupation
University Hospital of St-ony Brook Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: B1FE0A8367A80CD40B2

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John J. Ricotta

Mailing Address Department of Surgery
Washington Hospital Center

City State Zip Code
Washington DC 20010

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

Name of Employer Occupation
University Hospital of St-ony Brook Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: EE430FA29C3301D588B

Amount of Each Receipt this Period
1000.00

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: PAGE 24 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Andrew Bayard Roberts

Mailing Address Temple Vascular Surgery
Jeanes Physicians Office Building

City Philadelphia State PA Zip Code 19111

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

Name of Employer Temple Vascular Surgery 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
0 5 / 0 6 / 2 0 1 0

Transaction ID: 0E01DF262553C90110D

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
William Rough

Mailing Address 131 Madison Avenue

City Mount Holly State NJ Zip Code 08060-2043

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
0 5 / 1 8 / 2 0 1 0

Transaction ID: 85371D47A9254FBC17B

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Grace Rozycki

Mailing Address Department of Surgery, 302 Gmb
Emory University

City Atlanta State GA Zip Code 30303

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

Name of Employer Emory 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
0 5 / 2 1 / 2 0 1 0

Transaction ID: C430C5A628865D6ECF5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1900.00

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 25 / 36
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Michael Turner Rumble

Mailing Address Suite 100
2253 Chambliss Avenue

City Cleveland State TN Zip Code 37311-3861

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
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: DBA5581E974C6AE8EAC

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Valerie W. Rusch

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

City New York State NY Zip Code 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
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: 944CFFD9AC0C930F765

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Lorenzo Keith Sampson

Mailing Address PO Box 5617

City Kingwood State TX Zip Code 77325-5617

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

Name of Employer Timberland Medical Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 103BD9ED8421E36DBA9

Amount of Each Receipt this Period
250.00

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 26 / 36
(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Rodrigo Santamarina-Novella

Mailing Address 10 Eastbrook Lane

City Pittsfield State MA Zip Code 01201-9121

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 05 / 27 / 2010
Transaction ID: E3F1DAB8F7D0FD344B4
Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Dahlia M. Sataloff

Mailing Address 34 Lodges Lane

City Bala-Cynwyd State PA Zip Code 19004

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 / 19 / 2010
Transaction ID: D33904933A6DAF5BF29
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Schlechter

Mailing Address Suite 207
2603 Kaiser Boulevard

City Wyomissing State PA Zip Code 19610-3341

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

Name of Employer Schlechter Center for Plastic Surgery Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 32100C27BD1BF5C231C
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 27 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Marshall Z. Schwartz

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

City Philadelphia State PA Zip Code 19134

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

Name of Employer St. Chistopher's Hospital 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
0 5 / 2 9 / 2 0 1 0

Transaction ID: B4A07C47EF1F4F7F250

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ramasamy Seralathan

Mailing Address Suite 8
560 W Putnam

City Porterville State CA Zip Code 93257-3269

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
0 5 / 0 6 / 2 0 1 0

Transaction ID: 3753CEE777981B3A4EE

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Robert C. Shamberger

Mailing Address Children's Hospital
Fegan 3

City Boston State MA Zip Code 02115-5737

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

Name of Employer Children's Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: 09BCBC4D55ED57C074B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2365.00

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 28 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Jesse Ellis Smith

Mailing Address Department of Surgery
1500 S Main Street

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Occupation
Texas Health Care 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 5 / 2 1 / 2 0 1 0

Transaction ID: 57F1916BD8B8CA1885E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Benjamin M. Stage

Mailing Address 2509 Broadmoor Blvd
Ste B

City State Zip Code
Monroe LA 71201-2987

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 ▼
2500.00

Date of Receipt

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

Transaction ID: 43C405091ACE2788671

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Amy E. Tan

Mailing Address Maine Coast Memorial Hospital
Suite 2300

City State Zip Code
Ellsworth ME 04605

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
0 5 / 2 1 / 2 0 1 0

Transaction ID: 9AA2360AD44B72CBF2C

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

2800.00

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 / 36 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

| | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Joseph J. Tepas, III | Date of Receipt MM / DD / YYYY 05 / 24 / 2010 |
| | Mailing Address University of Fla Health Sci Cente 655 W 8th Street | Transaction ID: DD5560D5BF3FEB8F312 |
| | City Jacksonville State FL Zip Code 32209 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer University of Florida Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Sakae Uehara | Date of Receipt MM / DD / YYYY 05 / 06 / 2010 |
| | Mailing Address 178 Naniloa Drive | Transaction ID: 8D31D1F064E3ABF2FA9 |
| | City Wailuku State HI Zip Code 96793-2414 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Retired Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Thomas Jefferson VanderMeer | Date of Receipt MM / DD / YYYY 05 / 14 / 2010 |
| | Mailing Address 330 Drive C Strathmont Park | Transaction ID: 1CBC3EA748C72F4469D |
| | City Elmira State NY Zip Code 14905 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Employed Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 30 / 36 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Joseph J. Verska

Mailing Address 2817 Seventeen Mile Drive

City State Zip Code
Pebble Beach CA 93953-2645

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2010

Transaction ID: 3BE5AD52BA55CFDEEF8

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Keith Alan Vollstedt

Mailing Address Suite 100
705 N Sioux Point Road

City State Zip Code
Dakota Dunes SD 57049-5091

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

Name of Employer General Surgery & Diagnostics, PC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 03CB24CF4ACF0E9C9C8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Susan J. Schwaegler Walters

Mailing Address 6005 244th Street Southwest
Suite 111

City State Zip Code
Mountlake Terrace WA 98043-5400

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

Name of Employer Urology Northwest Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2010

Transaction ID: C1E53FFB210421951EA

Amount of Each Receipt this Period
250.00

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 31 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
Edward Walworth

Mailing Address 710 Main Street

City Lewiston State ME Zip Code 04240-5801

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 / 06 / 2010
Transaction ID: DC918BA40AB7A8672D4
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Bruce James Waring

Mailing Address Suite 380
3555 Lutheran Parkway

City Wheat Ridge State CO Zip Code 80033-6023

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

Name of Employer Foothills Surgical Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2010
Transaction ID: 1B5CFA4110EDB3B5B76
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Harris J. Waters

Mailing Address 450 Welch Street

City Silverton State OR Zip Code 97381-1934

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 05 / 25 / 2010
Transaction ID: C7050E5E434005D46D7
Amount of Each Receipt this Period 1000.00

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 32 / 36

(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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)
Clarence Boyett Watridge

Mailing Address 6325 Humphreys Boulevard

City State Zip Code
Memphis TN 38120-2300

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

Name of Employer Occupation
Semmer Murphey Clinic Surgeon - Neurosurgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 148E5B38B48FAB2AD5A

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Christopher Joseph Weibel

Mailing Address Meadville Surgical Associates
Suite 311

City State Zip Code
Meadville PA 16335

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
0 5 / 0 6 / 2 0 1 0

Transaction ID: 464D2B93B58F217AF36

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
John R. Whitaker, Jr.

Mailing Address 406 Sycamore Ridge Court

City State Zip Code
Miamisburg OH 45342-5742

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 ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: 7F9ABBEE5B4CCF9EAA4

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)

1515.00

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 33 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name (Last, First, Middle Initial)
David S. Zamierowski

Mailing Address 13203 Lamar Avenue

City State Zip Code
Overland Park KS 66209-3803

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
05 / 25 / 2010

Transaction ID: 28F2A764F67AAC907A9

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Victor John Zannis

Mailing Address Suite 130
2525 West Greenway Road

City State Zip Code
Phoenix AZ 85023-4233

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
MM / DD / YYYY
05 / 25 / 2010

Transaction ID: 2DE8869B4326E0BD6A4

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) ► 61205.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 36

| | | | | | |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO BOX 53582 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Bank fee for using AmEx as contribution source Candidate Name | Transaction ID: VC4FD8E7B89C251536C9 Date of Disbursement 05 / 04 / 2010 |
| | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |
| B. Full Name (Last, First, Middle Initial) The Northern Trust Company Mailing Address 50 South LaSalle Street City Chicago State IL Zip Code 60675 Purpose of Disbursement Bank fee for using Visa/MC as contribution source Candidate Name | Transaction ID: VBADBA5459BF7EBB9D78 Date of Disbursement 05 / 03 / 2010 |
| | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

SUBTOTAL of Disbursements This Page (optional) ►

1195.83

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

1195.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Benishek for Congress, Inc. <hr/> Mailing Address PO Box 2012 <hr/> City Kingsford State MI Zip Code 49802 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Daniel J. Benishek <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 8ECAECE33C2E67500A0 Date of Disbursement 05 / 27 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | Runoff |
| B. Full Name (Last, First, Middle Initial) Bera for Congress <hr/> Mailing Address Post Office Box 582496 <hr/> City Elk Grove State CA Zip Code 95758 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Ameriash Bera <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: FE555861FB302D193F7 Date of Disbursement 05 / 27 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | Runoff |
| C. Full Name (Last, First, Middle Initial) Bledsoe for Congress <hr/> Mailing Address 709 Sky Mountain Dr. <hr/> City Rogers State AR Zip Code 72756 <hr/> Purpose of Disbursement 2010 Run-Off Contribution Candidate Name Cecile Bledsoe <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: CE48B84769CD3880609 Date of Disbursement 05 / 26 / 2010 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type 011 |
| | Runoff |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Blue Dog Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p> | <p>Transaction ID: 62814DE62E7BC2CCDD3</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress</p> <p>Mailing Address 700 13th Street, NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B7DC63D848631E4B105</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Scott for Congress</p> <p>Mailing Address 553 Old Chattanooga Valley Rd</p> <p>City Flintstone State GA Zip Code 30725</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name James Austin Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: CF750C3BB8743A41E3D</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

26000.00