

# 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  
Washington DC 20001  
Check if different than previously reported. (ACC)

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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [M M] / [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] / [D D] / [Y Y Y Y Y Y] in the State of [ ]

5. Covering Period [05] / [01] / [2026] through [05] / [31] / [2026]

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 Shalgian, Christian, , ,

Signature of Treasurer *Shalgian, Christian, , ,* Date [06] / [08] / [2026]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value="511722.26"/>	<input type="text" value="511722.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="450402.81"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13610.57"/>	<input type="text" value="179293.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="464013.38"/>	<input type="text" value="691016.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="50467.72"/>	<input type="text" value="277470.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="413545.66"/>	<input type="text" value="413545.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American College of Surgeons Professional Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	11431.62	143767.46
(ii) Unitemized .....	1870.57	32101.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13302.19	175868.65
(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) .....	13302.19	175868.65
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).....	308.38	3425.31
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 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)).....▶	13610.57	179293.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13610.57	179293.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	467.72	3470.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	467.72	3470.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	269500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4500.00
(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	4500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	50467.72	277470.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50467.72	277470.56

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13302.19	175868.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13302.19	171368.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	467.72	3470.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	308.38	3425.31
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	159.34	45.25

**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 6 OF 51
	<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. Auguste, Jolita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 Moran Ave  
 City Princeton State NJ Zip Code 08542-3855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2026  
**Transaction ID : 26688D3CBFA2428E93D8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Bodney, Stephen, Anthony, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4020 S Gran Haven Dr  
 City Bloomington State IN Zip Code 47401-9468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harrison County Hospital Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 08 / 2026  
**Transaction ID : 822762F9-563E-4B48-8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Browder, Timothy, Dean, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Potrero Ave Bldg 3A  
 City San Francisco State CA Zip Code 94110-3518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 12 / 2026  
**Transaction ID : FB37C153-CD8B-434D-8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.33
<b>TOTAL</b> 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 7 OF 51
	<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. Brunt, L., Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 660 S Euclid Ave  
 Campus Box 8109  
 City Saint Louis State MO Zip Code 63110-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University School of Medici Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2026  
**Transaction ID : 3D3A791E-E342-4438-B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Bulger, Eileen, Metzger, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1835 140th Ave SE  
 City Bellevue State WA Zip Code 98005-4040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 07 / 2026  
**Transaction ID : 4A0D14CD-4368-4579-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Burgess, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Fairfax Ave  
 Ste 610  
 City Norfolk State VA Zip Code 23507-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EVMS Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2026  
**Transaction ID : 7F805C6E-938E-482A-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	683.33
<b>TOTAL</b> 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 8 OF 51
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Catania, Robert, Anthony, ,**

Mailing Address **PO Box 1648**

City Hollis	State NH	Zip Code 03049-1648
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Foundation Medical Partners	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2026

**Transaction ID : 628F0640-9730-42EE-B**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Choi, Jennifer, Nicole, ,**

Mailing Address **350 W 14th St  
Ha 5051**

City Indianapolis	State IN	Zip Code 46202-2369
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IU Health Physicians	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2026

**Transaction ID : 0B760E14-BB23-460C-B**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cioffi, William, G., ,**

Mailing Address **25 Westfield Dr**

City East Greenwich	State RI	Zip Code 02818-1242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rhode Island Hospital	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2026

**Transaction ID : 4308CD39-7BB1-452B-9**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 9 OF 51
	<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. Cocanour, Christine, Susan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2335 Stockton Blvd  
Naob 5th Flr Trauma Surgery

City Sacramento	State CA	Zip Code 95817-2201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Davis Medical Center	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2026

**Transaction ID : 318930AF-CC56-494E-8**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Coleman, Dawn, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 Erwin Rd

City Durham	State NC	Zip Code 27705-4699
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Duke Univ	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2026

**Transaction ID : 79A6F0CC748949D79C10**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Colosimo, Christina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6610 E Circulo Invierno

City Tucson	State AZ	Zip Code 85750-1209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Loma Linda University	Occupation (for Individual) Trauma Surgeon
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2026

**Transaction ID : AA86AAB9-86C3-4520-8**

Amount of Each Receipt this Period  
20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.83
<b>TOTAL</b> 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 10 OF 51
	<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. Crawford, David, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Main St  
 Ste 300  
 City Peoria State IL Zip Code 61606-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Springfield Clinic Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 21 / 2026  
**Transaction ID : 22F1D37E-D0D9-4394-A**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

**B. Daley, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1924 Alcoa Hwy  
 # U-11  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Trauma and Acute Care Surge Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : 5571494C-0121-43B5-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dingeldein, Michael, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Lyman Cir  
 City Shaker Heights State OH Zip Code 44122-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rainbow Babies & Children's Hospital Occupation (for Individual) Pediatric Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 02 / 2026  
**Transaction ID : 7353D004-F35C-42EB-9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.33
<b>TOTAL</b> 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 12 OF 51
	<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	<input type="checkbox"/> 17

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

**A. Dumire, Russell, Dale, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Luzerne St  
 701 Luzerne St  
 City Johnstown State PA Zip Code 15905-2329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2026  
**Transaction ID : 57D38780A85E45EBA3FF**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Essig, Rachael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1951 E Flyns Hollow Ct  
 City Millcreek State UT Zip Code 84106-3993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Resident/Student Occupation (for Individual) Resident 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  
 05 / 24 / 2026  
**Transaction ID : BDF726C0-F1B2-47DC-8**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Farmer, Diana, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2335 Stockton Blvd  
 Ste 6021  
 City Sacramento State CA Zip Code 95817-2201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Davis Health System Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2666.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2026  
**Transaction ID : 4B1C3BF6-4A5F-45F2-9**  
 Amount of Each Receipt this Period  
 333.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	733.33
<b>TOTAL</b> 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 13 OF 51
	<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. Fisher, Mason, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N1959 Joy Ln  
 City La Crosse State WI Zip Code 54601-7172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) General Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 23 / 2026  
**Transaction ID : 3AC6156C4CE7409BAC8F**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Flint, Lewis, Matthew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 247 E Chestnut St Apt 2403  
 City Chicago State IL Zip Code 60611-2416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 18 / 2026  
**Transaction ID : DC40667F-2E5C-429A-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Foster, Shannon, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Sycamore Dr  
 City Reading State PA Zip Code 19606-9538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Practice/Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 16 / 2026  
**Transaction ID : E1EF148B-2ECF-478F-A**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	316.66
<b>TOTAL</b> 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 14 OF 51
	<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. Gibbs, Karen, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 267 Grant St  
 Yale New Haven Health Bridgeport H  
 City Bridgeport State CT Zip Code 06610-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2026  
**Transaction ID : 6A8FECE9-4472-451E-B**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Goldberg, Ross, Frederick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 N Bayshore Dr  
 Apt 1714  
 City Miami State FL Zip Code 33132-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson Memorial Hospital Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2026  
**Transaction ID : 8DEC8077-67CA-4EE0-B**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item

**C. Hayes-Dixon, Andrea, Anita, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41884 Creek Bend Pl  
 City Leesburg State VA Zip Code 20175-4654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2026  
**Transaction ID : C2E0C0E6-59E4-49B7-B**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	599.99
<b>TOTAL</b> 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 51
	<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. Henry, Marion, Curtiss Wilson, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4930 S Woodlawn Ave  
 City Chicago State IL Zip Code 60615-2812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Chicago Occupation (for Individual) Pediatric Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.65

Date of Receipt 05 / 18 / 2026  
**Transaction ID : 5E2209AB-0636-49B5-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. House, Maria, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10560 Ridgecrest Dr  
 City Jackson State CA Zip Code 95642-9348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARIA HOUSE MD LLC Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 24 / 2026  
**Transaction ID : 8267EF34-9011-45EF-9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Howard-McNatt, Marissa, Michelle, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Wake Forest Univ Medical Ctr  
 5480 Birmingham Court, Dept of  
 City Winston Salem State NC Zip Code 27157-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest Univ Medical Ctr Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 01 / 2026  
**Transaction ID : 1278E886-E07B-414A-A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.99
<b>TOTAL</b> 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 16 OF 51
	<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. James, Iyore, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1450 Matthews Township Pkwy Ste 250  
 City Matthews State NC Zip Code 28105-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Iyore James-Edugie Medical Services Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 07 / 2026**  
**Transaction ID : 689D5FEE-9544-4815-8**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Jeng, James, Chu, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2916 N Santa Fe Pl James C Jeng MD Facs  
 City Orange State CA Zip Code 92865-1251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of California Irvine Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **05 / 27 / 2026**  
**Transaction ID : EC59D787-F8AC-483D-9**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Jester, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Evansville Surgical Associates Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2083.30**

Date of Receipt **05 / 22 / 2026**  
**Transaction ID : CBF3294C-475F-49C0-B**  
 Amount of Each Receipt this Period **416.66**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.32</b>
<b>TOTAL</b> 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 17 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Johannigman, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Dexter Pl  
 City Cincinnati State OH Zip Code 45206-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Surgeons Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2026  
**Transaction ID : CE331200-A343-44CE-A**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kao, Lillian, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3719 Purdue St  
 City Houston State TX Zip Code 77005-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McGovern Medical School Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 14 / 2026  
**Transaction ID : 440A6C17B54D44A0BD87**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Kaplan, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4460 Southpark Bluff Dr  
 City Anchorage State AK Zip Code 99516-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Native Medical Center Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : A7DB8B36-1438-4BBB-A**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	218.33
<b>TOTAL</b> 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 51
	<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. Kasraeian, Ali, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4040 Alcazar Ave  
 City Jacksonville State FL Zip Code 32207-6004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kasraeian Urology Occupation (for Individual) Urological Surgeon, MIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 27 / 2026  
**Transaction ID : AD458DB2-403B-4431-9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Kelley-Quon, Lorraine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4650 W Sunset Blvd MS 100  
 City Los Angeles State CA Zip Code 90027-6062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Fellowship Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 24 / 2026  
**Transaction ID : 323D73FB-680D-4146-9**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Kerby, Jeffrey, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7340 Kings Mountain Rd  
 City Vestavia State AL Zip Code 35242-2595  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAB Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 08 / 2026  
**Transaction ID : A60A30E7-E669-437B-9**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.33
<b>TOTAL</b> 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 19 OF 51
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Letton, Robert, Warren, ,**

Mailing Address 5238 Ortega Glen Dr

City Jacksonville	State FL	Zip Code 32210-8924
----------------------	-------------	------------------------

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

Name of Employer (for Individual) OUHSC Children's Hospital	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2026

**Transaction ID : 4122F8EF-AF40-4D7F-A**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Liao, Lillian, , ,**

Mailing Address 4502 Medical Dr

City San Antonio	State TX	Zip Code 78229-4402
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UT Health Science Center at San Antoni	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2026

**Transaction ID : 3ED7D544-323D-4BF7-8**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Litvak, David, A., ,**

Mailing Address 1000 N Green Valley Pkwy  
Ste 440

City Henderson	State NV	Zip Code 89074-6172
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) City of Hope	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2026

**Transaction ID : B5471D52-AF90-4031-9**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 20 OF 51
	<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. Loor, Michele, Montejo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **Baylor College of Medicine**  
**Division of General Surgery and Su**  
 City **Houston** State **TX** Zip Code **77030**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Baylor College of Medicine** Occupation (for Individual) **Surgeon**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 10 / 2026**  
**Transaction ID : 29BD2AB8-B239-447E-A**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Lum, Sharon, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **11175 Campus St**  
**Ste 21111**  
 City **Loma Linda** State **CA** Zip Code **92350-1700**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Loma Linda University** Occupation (for Individual) **Surgeon**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **416.65**

Date of Receipt **05 / 13 / 2026**  
**Transaction ID : 111D9CB0-6FB1-485A-8**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Maa, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **165 Rowland Way**  
**Ste 312**  
 City **Novato** State **CA** Zip Code **94945-5059**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **Marin General Hospital** Occupation (for Individual) **Surgeon**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **416.65**

Date of Receipt **05 / 06 / 2026**  
**Transaction ID : 52A9F95C-133E-404F-B**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>216.66</b>
<b>TOTAL</b> 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 21 OF 51
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Meredith, J., Wayne, ,**

Mailing Address 18 Kent Park Cir

City Winston Salem	State NC	Zip Code 27106-5202
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest University School of Medic	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2026

**Transaction ID : AC964E68-9818-4A51-8**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Moalem, Jacob, , ,**

Mailing Address 22 Westland Ave

City Rochester	State NY	Zip Code 14618-1018
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Rochester	Occupation (for Individual) Surgeon
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2026

**Transaction ID : 5DBAB8C7-12D5-4F4F-B**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Molina, George, , ,**

Mailing Address 50 Gold Star Rd

City Cambridge	State MA	Zip Code 02140-1119
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mass General Brigham	Occupation (for Individual) Surgical Oncologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2026

**Transaction ID : FD8E5A1F-AA80-4D8D-9**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<b>TOTAL</b> 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 22 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Mullett, Timothy, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2195 Harrodsburg Rd  
Markey Cancer Center

City Lexington State KY Zip Code 40504-3516

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

Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Thoracic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 24 / 2026  
**Transaction ID : 1D9F2EF13B9C4D19BDE3**

Amount of Each Receipt this Period 83.00

Memo Item

**B. Musikasinthorn, Chayanin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1009 Kapiolani Blvd  
Apt 1607

City Honolulu State HI Zip Code 96814-2158

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

Name of Employer (for Individual) Gallup Indian Medical Center Occupation (for Individual) Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 20 / 2026  
**Transaction ID : B6C3D228-EABE-4DFF-A**

Amount of Each Receipt this Period 83.33

Memo Item

**C. Napolitano, Lena, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 E Medical Center Dr  
1C340-UH, Spc 5033

City Ann Arbor State MI Zip Code 48109-5033

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

Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2026  
**Transaction ID : 12E25BE5-7B73-4885-A**

Amount of Each Receipt this Period 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.33
<b>TOTAL</b> 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 23 OF 51
<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. Nazzal, Munier, M.S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8060 Winding Ridge Blvd  
 City Monclova State OH Zip Code 43542-8302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Toledo Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2026  
**Transaction ID : 4684FD25-56D4-4F45-9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Neumayer, Leigh, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 W 8th St University of Florida Health, # FC  
 City Jacksonville State FL Zip Code 32209-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Utah University Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 23 / 2026  
**Transaction ID : 30BA1A91-1D9E-41A5-A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Nosanov, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2145 Heritage Hts  
 City Decatur State GA Zip Code 30033-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 05 / 01 / 2026  
**Transaction ID : C75346A9-4436-486A-9**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> 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 24 OF 51
<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. Posadas, Jorge, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 934 Armistead St  
 City Winchester State VA Zip Code 22601-6717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Valley Health Surgical Partners Occupation (for Individual) General Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2026  
**Transaction ID : B19D7CCB-8852-4CBF-9**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Potdar, Santosh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5328 Championship Cup Ln  
 City Spring Hill State FL Zip Code 34609-0360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bay front Hospital Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2026  
**Transaction ID : 3BA1B08A-7006-4944-A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Radhakrishnan, Ravi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 University Blvd  
 3.220 Research Building 6  
 City Galveston State TX Zip Code 77555-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Pediatric Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2026  
**Transaction ID : D4DE9D90-BB99-4CF1-A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.66
<b>TOTAL</b> 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 25 OF 51
	<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. Regner, Justin, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10914 SW Creightonwood Pl  
 City Portland State OR Zip Code 97219-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2026  
 Transaction ID : **4E005011F0FE4E3E86A6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ritter, Kaitlin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 771 Bird Ave  
 City Buffalo State NY Zip Code 14209-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buffalo General Medical Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.15

Date of Receipt 05 / 06 / 2026  
 Transaction ID : **B55532E7-D18E-4B4E-A**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Robertson, Ronald, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 W Markham St Slot 520  
 City Little Rock State AR Zip Code 72205-7101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2026  
 Transaction ID : **5EE64275-A6D1-4967-B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.83
<b>TOTAL</b> 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 51
	<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. Rodning, Charles, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Cavalier Dr  
 None  
 City Semmes State AL Zip Code 36575-4466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of South Alabama, Retired Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2026  
**Transaction ID : 51B0BA0D-5360-443E-A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Rubino, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4745 Ogletown-Stanton Rd  
 MAP 1, Suite 128  
 City Newark State DE Zip Code 19713-2067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ChristianaCare Occupation (for Individual) General Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 11 / 2026  
**Transaction ID : 9C69D3E5-CB47-4E65-B**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Sakran, Joseph, Victor, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 923 S Eaton St  
 City Baltimore State MD Zip Code 21224-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : FB692F5B631F4A2CB05D**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.33
<b>TOTAL</b> 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 27 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Schechter, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Collyer St Ste 301A  
 City Providence State RI Zip Code 02904-1560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brown Surgical Associates Occupation (for Individual) Colorectal Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2026  
**Transaction ID : 6EB39EBE297742B39DBF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Schroepfel, Thomas, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 E Boulder St Ste 500  
 City Colorado Springs State CO Zip Code 80909-5533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC Health Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : 7488FC0A-A2FE-409C-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Scott, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 E 2nd St Trauma  
 City Duluth State MN Zip Code 55805-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essentia Health - Duluth Clinic Occupation (for Individual) Adult Trauma Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1302.05

Date of Receipt 05 / 19 / 2026  
**Transaction ID : B495E07F-F175-4D5F-8**  
 Amount of Each Receipt this Period 260.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	860.41
<b>TOTAL</b> 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 28 OF 51
	<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. Selzer, Don, Jay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 Barnhill Dr  
 Emerson Hall 509  
 City Indianapolis State IN Zip Code 46202-5112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 05 / 18 / 2026  
**Transaction ID : F7C97274-DB02-434F-8**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**B. Shalgian, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 F St NW  
 American College of Surgeons, Ste  
 City Washington State DC Zip Code 20001-6700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) SVP, Division of Advocacy/Health Polic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 15 / 2026  
**Transaction ID : 0BB5F7E8-A051-45EC-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Shaver, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5290 Chandley Farm Cir  
 City Centreville State VA Zip Code 20120-1235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Timothy R Shaver, MD, FACS Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 05 / 01 / 2026  
**Transaction ID : BE9DD4B9-5DD8-45E6-A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	281.66
<b>TOTAL</b> 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 51
<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. Stewart, Barclay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4811 86th Ave SE  
 City Mercer Island State WA Zip Code 98040-4605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Occupation (for Individual) General surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2026  
**Transaction ID : 548C29A5-5BE5-4018-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Stewart, Bert, Montgomery, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 Highway 99 N Ste 2  
 City Ashland State OR Zip Code 97520-9152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 28 / 2026  
**Transaction ID : 5C8CF1DB-A0FD-4F95-B**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Stewart, Ronald, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14443 Iron Horse Way  
 City Helotes State TX Zip Code 78023-3971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UTHSCSA Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 25 / 2026  
**Transaction ID : 130D1503A63C4D38B16B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.33
<b>TOTAL</b> 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 OF 51
	<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. Streib, Erik, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 Eskenazi Ave # H2-437  
 Sidney and Lois Eskenazi Hospital  
 City Indianapolis State IN Zip Code 46202-5187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eskenazi Health Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 08 / 2026  
**Transaction ID : 34820E38-55F6-405E-8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Sutherland, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address The American College of Surgeons  
 Division of Member Services  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 10 / 2026  
**Transaction ID : 9AA3BC68-A778-431A-B**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Swords, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 821 W Montecito Way  
 City San Diego State CA Zip Code 92103-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCSD Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 12 / 2026  
**Transaction ID : 67A552DB-4E59-4EE1-8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.99
<b>TOTAL</b> 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 51
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Thomas, Scott, Gerard, ,**

Mailing Address 621 Memorial Dr  
Beacon Trauma & Surgical Services,

City South Bend    State IN    Zip Code 46601-1075

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

Name of Employer (for Individual) General and Vascular Surgery    Occupation (for Individual) Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 22 / 2026  
**Transaction ID : 28B8739F-03BE-48A7-A**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Thompson, Mark, Alan, ,**

Mailing Address 621 Memorial Dr  
Ste 502

City South Bend    State IN    Zip Code 46601-1075

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

Name of Employer (for Individual) Beacon Trauma and Surgical Services    Occupation (for Individual) Surgeon

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  
05 / 29 / 2026  
**Transaction ID : C17CEE02-6929-4AD7-B**

Amount of Each Receipt this Period  
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Todd, Samuel, Robert, ,**

Mailing Address 80 Jesse Hill Jr Dr SE

City Atlanta    State GA    Zip Code 30303-3031

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

Name of Employer (for Individual) Grady Health System    Occupation (for Individual) Surgeon

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  
05 / 08 / 2026  
**Transaction ID : BCB3AD16-794E-4C4A-9**

Amount of Each Receipt this Period  
83.33

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<b>TOTAL</b> 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 32 OF 51
	<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	<input type="checkbox"/> 17

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

**A. Tracci, Margaret, Shizue, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 800679  
 City Charlottesville State VA Zip Code 22908-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of VA Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 16 / 2026  
**Transaction ID : 142AE813-4153-42D4-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Upperman, Jeffrey, Scott, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 Childrens Way Ste 7102  
 City Nashville State TN Zip Code 37232-0005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2026  
**Transaction ID : 5EF36264996C4C50A6FA**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Walker, John, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 University Blvd 6.166 John Sealy Annex  
 City Galveston State TX Zip Code 77555-5302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2026  
**Transaction ID : 6BC141B5-4872-4E35-A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.33
<b>TOTAL</b> 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 33 OF 51
	<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. Walsh, Hugh, Glynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16301 S Kennedy Rd  
 City Los Gatos State CA Zip Code 95030-7546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hugh G. Walsh, MD, Inc Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2026  
**Transaction ID : 1BCE364B-0979-4A66-8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Ward, William, Harrell, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1707 N Brandon Ave  
 City Norfolk State VA Zip Code 23507-1100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Navy Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 05 / 2026  
**Transaction ID : 2B4F6A90-E25F-4FF2-9**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**C. Weiss, Eric, Glenn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5686 Westminster Ave Weisse@Ccf.Org  
 City Boca Raton State FL Zip Code 33496-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland Clinic Florida Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 23 / 2026  
**Transaction ID : 3D4E7A72-ACC1-466E-A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.67  
**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 34 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Whittington, Jennifer, , ,

Mailing Address 506 Harbor Approach

City Johnson City	State TN	Zip Code 37601-3150
----------------------	-------------	------------------------

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

Name of Employer (for Individual) East Tennessee State University	Occupation (for Individual) Surgical Oncologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.65

Date of Receipt  
05 / 27 / 2026  
Transaction ID : C04E4563-7017-4912-9

Amount of Each Receipt this Period  
83.33

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Regan, Frances, ,

Mailing Address 49 N Dunlap St  
Bldg 2

City Memphis	State TN	Zip Code 38103-2802
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of TN Health Science Center	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 07 / 2026  
Transaction ID : C2DDD2B7E3E1428B8893

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Winfield, Robert, David, ,

Mailing Address 2031 Brookwood Rd

City Mission Hills	State KS	Zip Code 66208-1224
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Washington University in St. Louis	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 06 / 2026  
Transaction ID : 911FC734DB7E44A0820A

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.33
<b>TOTAL</b> 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 35 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zito, Tracy, Rose, ,**

Mailing Address 1751 Standing Rock Cir

City Oakland	State FL	Zip Code 34787-8117
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Orlando Health	Occupation (for Individual) Surgeon
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2026

Transaction ID : C01AD8EF-3B0F-490B-8

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11431.62

**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 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
American College of Surgeons Professional Association (General Fund)

Mailing Address 20 F Street, NW  
Suite 1000

City Washington State DC Zip Code 20001

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3425.31

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2026

**Transaction ID : 8E76E4AF5F5B46B18EE3**

Amount of Each Receipt this Period  
308.38

Memo Item

Reimbursement of Stripe Fees -- 5/1 - 5/20

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.38
<b>TOTAL</b> This Period (last page this line number only).....▶	308.38

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2026

FEC Identification Number

C [REDACTED]

Transaction ID : V7221E9CEE

Amount of Each Disbursement this Period

[REDACTED] 21.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2026

FEC Identification Number

C [REDACTED]

Transaction ID : VB0473F5A0f

Amount of Each Disbursement this Period

[REDACTED] 7.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2026

FEC Identification Number

C [REDACTED]

Transaction ID : V2762F5DE4

Amount of Each Disbursement this Period

[REDACTED] 49.06

Memo Item

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

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

[REDACTED] 77.84

[REDACTED]

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

### A. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : VA508608FD  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : VDE83D0411  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : VF412A95C6  
Amount of Each Disbursement this Period

Memo Item

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

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2026

FEC Identification Number

C [REDACTED]

**Transaction ID : V0636AF896f**

Amount of Each Disbursement this Period

13.08
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2026

FEC Identification Number

C [REDACTED]

**Transaction ID : V129E78FFA:**

Amount of Each Disbursement this Period

25.32
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001
Category/ Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2026

FEC Identification Number

C [REDACTED]

**Transaction ID : V1F7CEE09A**

Amount of Each Disbursement this Period

41.74
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Memo Item

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

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

80.14
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**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V71974557B5**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V02ABA8FF6**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VF29A89AA4**

Amount of Each Disbursement this Period

Memo Item

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

### A. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2026

FEC Identification Number

C [Redacted]

Transaction ID : VCB169F2BC

Amount of Each Disbursement this Period

[Redacted] 21.77

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2026

FEC Identification Number

C [Redacted]

Transaction ID : VA7279AA31I

Amount of Each Disbursement this Period

[Redacted] 42.04

Memo Item

Full Name (Last, First, Middle Initial)

### C. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2026

FEC Identification Number

C [Redacted]

Transaction ID : V22AB58DC;

Amount of Each Disbursement this Period

[Redacted] 20.27

Memo Item

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

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

[Redacted] 84.08

[Redacted]

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V0AFAE4273**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : V4611AE0EC**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe Inc.**

Mailing Address 185 Berry Street, Suite 550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VD9E100A8F**

Amount of Each Disbursement this Period

Memo Item

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

### A. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : V700FBF25A

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### B. Stripe Inc.

Mailing Address 185 Berry Street, Suite 550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : V2F0D2472E7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Across The Aisle PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2026

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City Washington State DC Zip Code 20003-4303

FEC Identification Number

C	C00696591
<b>Transaction ID : 13BE431CAE</b>	
Amount of Each Disbursement this Period	
5000.00	

Purpose of Disbursement 2026 Contribution  
Candidate Name Across The Aisle PAC  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Balderson For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2026

Mailing Address PO Box 571  
850 Twin Rivers Dr

City Columbus State OH Zip Code 43216-0571

FEC Identification Number

C	C00662650
<b>Transaction ID : 26E1DEED10!</b>	
Amount of Each Disbursement this Period	
1000.00	

Purpose of Disbursement 2026 General Contribution  
Candidate Name Balderson, Troy, . . .  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. Beth Van Duyne For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2026

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063-0113

FEC Identification Number

C	C00714865
<b>Transaction ID : 481F8EB9DC</b>	
Amount of Each Disbursement this Period	
2500.00	

Purpose of Disbursement 2026 General Contribution  
Candidate Name Van Duyne, Beth, . . .  
Category/Type 011

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify)

Memo Item

**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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

### A. Bice For Congress

Mailing Address PO Box 21315

City  
Oklahoma City

State  
OK

Zip Code  
73156-1315

Purpose of Disbursement  
2026 Primary Contribution

**011**  
Category/  
Type

Candidate Name

Bice, Stephanie, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

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

FEC Identification Number

**C** C00703843  
**Transaction ID : 3834B2F942C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Citizens For Boyle

Mailing Address 1701 16th St NW  
Apt 121

City  
Washington

State  
DC

Zip Code  
20009-3110

Purpose of Disbursement  
2026 Primary Contribution

**011**  
Category/  
Type

Candidate Name

Boyle, Brendan, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: PA District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00543363  
**Transaction ID : F07F5BEB88/**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Claudia Tenney For Congress

Mailing Address PO Box 378

City  
Victor

State  
NY

Zip Code  
14564-0378

Purpose of Disbursement  
2026 Primary Contribution

**011**  
Category/  
Type

Candidate Name

Tenney, Claudia, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

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

FEC Identification Number

**C** C00632828  
**Transaction ID : E6B7AFF4Ct**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

**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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Doctors PAC (DEM DOC PAC)

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement 2026 Contribution
Candidate Name Democratic Doctors PAC (DEM DOC PAC)
Category/Type 011

Office Sought: House, Senate, President
Disbursement For: 2026
Primary, General, Other (specify)
State: District: Contribution

Date of Disbursement 05 / 18 / 2026

FEC Identification Number C00948448
Transaction ID : A93CA3FB4E
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027-0125

Purpose of Disbursement 2026 General Contribution
Candidate Name Schrier, Kim, , ,
Category/Type 011

Office Sought: House, Senate, President
Disbursement For: 2026
Primary, General, Other (specify)
State: WA District: 08

Date of Disbursement 05 / 12 / 2026

FEC Identification Number C00652628
Transaction ID : 623B0805B20
Amount of Each Disbursement this Period 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Richard Pan For Congress

Mailing Address 2701 Del Paso Rd
Ste 130

City Sacramento State CA Zip Code 95835-2306

Purpose of Disbursement 2026 Primary Contribution
Candidate Name Pan, Richard, , ,
Category/Type 011

Office Sought: House, Senate, President
Disbursement For: 2026
Primary, General, Other (specify)
State: CA District: 06

Date of Disbursement 05 / 12 / 2026

FEC Identification Number C00923193
Transaction ID : 9ECFCC5595
Amount of Each Disbursement this Period 2500.00

Memo Item

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 Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Cowan**

Mailing Address PO Box 217

City  
Woodstock

State  
GA

Zip Code  
30188-0217

Purpose of Disbursement  
2026 Run-Off Contribution

011  
Category/  
Type

Candidate Name

Cowan, John, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) **Runoff**

State: GA District: 11

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2026

FEC Identification Number

C C00938175

**Transaction ID : 9DD07AB9D/**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LaHood for Congress**

Mailing Address PO Box 10735

City  
Peoria

State  
IL

Zip Code  
61612-0735

Purpose of Disbursement  
2026 General Contribution

011  
Category/  
Type

Candidate Name

LaHood, Darin, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2026

FEC Identification Number

C C00575050

**Transaction ID : C6799F6487A**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lisa McClain For Congress**

Mailing Address PO Box 327

City  
Romeo

State  
MI

Zip Code  
48065-0327

Purpose of Disbursement  
2026 Primary Contribution

011  
Category/  
Type

Candidate Name

McClain, Lisa, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: MI District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2026

FEC Identification Number

C C00726042

**Transaction ID : EED6469894**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11500.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Mark Takano For Congress**

Mailing Address PO Box 5214

City  
Riverside

State  
CA

Zip Code  
92517-5214

Purpose of Disbursement  
2026 Primary Contribution

011  
Category/  
Type

Candidate Name

Takano, Mark, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

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

FEC Identification Number

C C00498667  
**Transaction ID : 3409A1068B7**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045-0476

Purpose of Disbursement  
2026 Primary Contribution

011  
Category/  
Type

Candidate Name

Kelly, Mike, , , Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: PA District: 16

Date of Disbursement

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

FEC Identification Number

C C00474189  
**Transaction ID : A495FFD65BI**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5445 Madison Ave

City  
Sacramento

State  
CA

Zip Code  
95841-3111

Purpose of Disbursement  
Voided 2/19/26 Disbursement

011  
Category/  
Type

Candidate Name

Thompson, Mike, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	6

FEC Identification Number

C C00326363  
**Transaction ID : 99B31E11C9**

Amount of Each Disbursement this Period


Memo Item

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

1	5	0	0	0	0	0	0	0	0

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5445 Madison Ave

City  
Sacramento

State  
CA

Zip Code  
95841-3111

Purpose of Disbursement  
2026 Primary Contribution

011

Category/  
Type

Candidate Name

Thompson, Mike, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	6

FEC Identification Number

C C00326363

**Transaction ID : 22182D94E82**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5445 Madison Ave

City  
Sacramento

State  
CA

Zip Code  
95841-3111

Purpose of Disbursement  
2026 Primary Contribution

011

Category/  
Type

Candidate Name

Thompson, Mike, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: CA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	6

FEC Identification Number

C C00326363

**Transaction ID : 0746FA2DBE1**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C. Onder For Congress**

Mailing Address 2025 Zumbahl Rd  
# 35

City  
Saint Charles

State  
MO

Zip Code  
63303-2723

Purpose of Disbursement  
2026 Primary Contribution

011

Category/  
Type

Candidate Name

Onder, Bob, , , Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

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

FEC Identification Number

C C00870238

**Transaction ID : C0D3A13BD,**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

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

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

3	5	0	0	0	0	0	0	0	0
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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)

Form for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b with checkboxes.

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 CENTRAL AVENUE # 221

City ALBANY

State NY

Zip Code 12206-1350

Purpose of Disbursement 2026 Primary Contribution

011

Candidate Name

Tonko, Paul, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify) v

State: NY District: 20

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 12 / 2026)

FEC Identification Number

C00450049 Transaction ID : F034D29342E

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 25371

City Albuquerque

State NM

Zip Code 87125-0371

Purpose of Disbursement 2026 Primary Contribution

011

Candidate Name

Lujan, Ben, Ray, , Jr.

Office Sought: [ ] House [X] Senate [ ] President

Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify) v

State: NM District:

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 12 / 2026)

FEC Identification Number

C00443689 Transaction ID : 811A5BB015E

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. People For Ben

Mailing Address PO Box 25371

City Albuquerque

State NM

Zip Code 87125-0371

Purpose of Disbursement 2026 General Contribution

011

Candidate Name

Lujan, Ben, Ray, , Jr.

Office Sought: [ ] House [X] Senate [ ] President

Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify) v

State: NM District:

Date of Disbursement

Date of Disbursement form: MM / DD / YYYY (05 / 12 / 2026)

FEC Identification Number

C00443689 Transaction ID : 82BC354037E

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item

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

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

5000.00

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address PO Box 1964

City  
Birmingham

State  
AL

Zip Code  
35201-1964

Purpose of Disbursement  
2026 Primary Contribution

Category/  
Type

Candidate Name

Sewell, Terri, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

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

FEC Identification Number

**Transaction ID : 4E622B0AFF**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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