

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 49
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Sutherland, Michael, J., ,

Mailing Address 181 Taylor Ave

Osu East Department of Surgery, St

City

Columbus

State

OH

Zip Code

43203-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 20 | / | 2019 |

Transaction ID : 4E7BBA85B701EEBDD15C

Amount of Each Receipt this Period

416.66

☐

Memo Item

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

B. Sutherland, Michael, J., ,

Mailing Address 181 Taylor Ave

Osu East Department of Surgery, St

City

Columbus

State

OH

Zip Code

43203-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Air Force

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 20 | / | 2019 |

Transaction ID : 4263A795888BCA67EABB

Amount of Each Receipt this Period

416.66

☐

Memo Item

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

C. 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)

GVS

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 22 | / | 2019 |

Transaction ID : 4340AAADCB51A1335E9A

Amount of Each Receipt this Period

83.33

☐

Memo Item

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

916.65

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