

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		362212.26
(b) Cash on Hand at Beginning of Reporting Period.....	304798.40	
(c) Total Receipts (from Line 19)	45685.95	429272.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	350484.35	791484.35
7. Total Disbursements (from Line 31).....	124500.00	565500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	225984.35	225984.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / 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).....	39335.95	351332.33
(ii) Unitemized	6350.00	72939.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45685.95	424272.09
(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)	45685.95	424272.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	45685.95	429272.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45685.95	429272.09

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	124500.00	564500.00
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	1000.00
(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	1000.00
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)) ..	124500.00	565500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124500.00	565500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45685.95	424272.09
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45685.95	423272.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 66
<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. Bailey, Patrick, Vance, ,
 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 20001-6701
 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 ▼ 1900.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 48DB86B5BDEA532C0C32
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Baril, Nicole, Basia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Magnolia Ave
 Kaiser Permanente
 City Riverside State CA Zip Code 92505-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 41AE94176098C3D8BB8
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Baril, Nicole, Basia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10800 Magnolia Ave
 Kaiser Permanente
 City Riverside State CA Zip Code 92505-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 9287251B-1BF3-4455-
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
	<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. Bastidas, Jefferson, Augusto, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14981 National Ave
 Ste 4
 City Los Gatos State CA Zip Code 95032-2600
 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 ▼ 1249.97

Date of Receipt 09 / 08 / 2016
Transaction ID : 4330BF82C216B711872A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Beauchamp, Robert, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Section of Surgical Sciences
 Vanderbilt University Medical Cent
 City Nashville State TN Zip Code 37232-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) Surgeon, professor, department chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 4F238FFFCDD16F6976735
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Beck, David, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1514 Jefferson Hwy
 Ochsner Medical Center
 City New Orleans State LA Zip Code 70121-2429
 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 09 / 27 / 2016
Transaction ID : F41A7CF8344F95E34E8
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.33
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 8 OF 66
	<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. Bhat, Inder, Krishan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 S Carlin Springs Rd
 Ste 503
 City Arlington State VA Zip Code 22204-1088
 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 09 / 13 / 2016
Transaction ID : 45CDDF0D924DFAEF5FC
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bianchi, David, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Musgrove Rd
 Ste 203
 City Silver Spring State MD Zip Code 20904-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drs. Hauck, Bianchi and Driscoll PA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2016
Transaction ID : 4E1084D91B593F8AE15F
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Bieligm, Samuel, Corwin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7910 S Braden Ave
 City Tulsa State OK Zip Code 74136-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Agnes Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 06 / 2016
Transaction ID : 4474A707CBA31F616C34
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 66
	<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. Biffi, Walter, Lanier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 S Beretania St
 the Queen's Medical Center
 City Honolulu State HI Zip Code 96813-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 4F92A4D5033ABD586C36
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bloom, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Mich Department Urol
 3875 Tc Space 5330
 City Ann Arbor State MI Zip Code 48109-5330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mich Department Ped Urol Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 86424F2CFE438CD95B00
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bloom, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Mich Department Urol
 3875 Tc Space 5330
 City Ann Arbor State MI Zip Code 48109-5330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mich Department Ped Urol Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2016
Transaction ID : B3CCCC3CFF3EC29EDCA
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
	<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. Borman, Karen, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 635 Westwood Dr
 City Aberdeen State MD Zip Code 21001-2336
 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 ▼ 1500.00

Date of Receipt 09 / 11 / 2016
 Transaction ID : **CD02F1E5-452A-49DF-**
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Borst, Marilyn, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 Broadway St
 City Toledo State OH Zip Code 43609-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 09 / 2016
 Transaction ID : **49898984A303A2B70560**
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Brandt, Mary-Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 S Washington St
 City Ypsilanti State MI Zip Code 48197-5427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph Mercy Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 09 / 2016
 Transaction ID : **4D1A83320F0FC895A0EB**
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1608.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 66
<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. Brauman, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Westchester Ave
 Ste 102
 City White Plains State NY Zip Code 10604-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Daniel Brauman, MD, PC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 5BFC9A11-D400-4FC8-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brilliant, Patrick, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1940 Cherry Stone Ln
 City Greenville State NC Zip Code 27858-9404
 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 ▼ 365.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 3B2DB139AC194FDFE72
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Buchmiller, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Boston Children's Hospital
 Department of Surgery
 City Boston State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Childrens Hospital Occupation (for Individual) Pediatric Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2016
Transaction ID : B5ABF021-2B65-43FA-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	865.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 66
<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. Burke, Michael, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4033 Talbot Rd S
 Ste 530
 City Renton State WA Zip Code 98055-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Medicine/Valley Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 7DA7E9BF186C3F3578A
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Burns, R., Phillip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 979 E 3rd St
 Ste 401
 City Chattanooga State TN Zip Code 37403-2139
 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 ▼ 1000.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 8E475568D79B5443F20
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cardwell, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E Primrose St
 City Springfield State MO Zip Code 65807-5155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cox Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 5983B78FF1E16B85E84
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 66
	<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. Childs, John, Norris, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 W Walnut Ln

City Philadelphia	State PA	Zip Code 19144-3715
----------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 4223EED92622C62B7E2

Amount of Each Receipt this Period
250.00

Memo Item

B. Cochran, Amalia, Lenora, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address University of Utah
Department of Surgery

City Salt Lake City	State UT	Zip Code 84132-0001
------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Utah	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
09		25		2016

Transaction ID : 46A384E053FDB22F809B

Amount of Each Receipt this Period
250.00

Memo Item

C. Covington, Darell, Tyrone, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Plaza Ct
447 Office Plaza

City East Stroudsburg	State PA	Zip Code 18301-8262
--------------------------	-------------	------------------------

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 ▼
749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : 46FB8B3FE24661AA9260

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 14 OF 66
	<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. Croce, Martin, Alexander, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Univ of Tennessee Department of Su
 City Memphis State TN Zip Code 38163-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 432C8A3B4FFC4C22EA4F
 Amount of Each Receipt this Period 80.00
 Memo Item

B. Cruzado-Ramos, Armando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Calle Marbella Mansiones Vistamar Marina
 City Carolina State PR Zip Code 00983-1591
 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 09 / 27 / 2016
Transaction ID : 07E9124B6ECFDF8036
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dachowski, Alice, Ann, , MD FACS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Jackson Pike Holzer Clinic Department of Surger
 City Gallipolis State OH Zip Code 45631-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holzer Clinic Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 22 / 2016
Transaction ID : E5056AE7-10C3-4589-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 66
<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. Davis, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Alberta Ave
 Department of Surgery
 City El Paso State TX Zip Code 79905-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 46EDEA37-CCDB-4C07-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Davis, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 University of Arkansas for Medical
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 4B7685F2DB71854385C4
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Davis, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Adams Rd
 City Chula State GA Zip Code 31733-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Circulation, LLC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 09 / 01 / 2016
Transaction ID : 4728B80B185CD521DF88
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	633.33
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 16 OF 66
<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. Davoren, Michael, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13317 W 138th St
 City Overland Park State KS Zip Code 66221-4126
 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 09 / 27 / 2016
Transaction ID : 1C3211E8A7350872B14
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Denning, Dale, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1130 W 4th St Ste 2051
 City Lawrence State KS Zip Code 66044-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Surgery PA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 4491BD216D89ACFC468
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dent, Daniel, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Surgery Divide Trauma Surgery Msc 7740
 City San Antonio State TX Zip Code 78229-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of TX Health Science Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 27 / 2016
Transaction ID : 445EA45B2CD9721AD2A2
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 66
<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. Detlefs, Corey, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 E McDowell Rd
 FI 2
 City Phoenix State AZ Zip Code 85006-2502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner University Medical Center, Phoe Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 48C3ADD795C58D5F9AEC
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Doherty, Gerard, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 E Newton St
 Boston University
 City Boston State MA Zip Code 02118-2308
 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 ▼ 450.00

Date of Receipt 09 / 04 / 2016
Transaction ID : 465E9FCD2C28D179516B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dunkin, Brian, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Methodist Hospital Department of S
 Suite Sm 1661
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 4448A83D655C8B612B62
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<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. Edge, Stephen, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Lafayette Ave
 City Buffalo State NY Zip Code 14222-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roswell Park Cancer Institute Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 667418B503BCD9D514B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Edwards, Norma, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6029 Walnut Grove Rd Ste 404
 City Memphis State TN Zip Code 38120-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memphis Surgery Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 09 / 30 / 2016
Transaction ID : 48A388B38E7302A35A5F
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Enderson, Blaine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy Ste 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 General Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2016
Transaction ID : 46BCBA8C3906E95831EC
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.33
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 19 OF 66
	<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"/>	<input type="checkbox"/> 17

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

A. Fairfax, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3201
 City Pinehurst State NC Zip Code 28374-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auckland City Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 17 / 2016
Transaction ID : 42F9A6948A4C09C4E171
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fann, Stephen, Austin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Musc Department of Surg 420 Csb:Msc 613
 City Charleston State SC Zip Code 29425-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of South Carolina School of Med Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 404DB70D7F52A3AD3467
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ferrada, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 980454 Vcu Health System
 City Richmond State VA Zip Code 23298-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 07 / 2016
Transaction ID : 4B55935DD515BB6E705C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
<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. Field, Richard, Jennings, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 339
 260 Main Street
 City Centreville State MS Zip Code 39631-0339
 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 09 / 15 / 2016
Transaction ID : B9F6CDB1-6616-4E65-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Fildes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Nevada School of Med
 Department of Surgery Suite 490
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nevada School of Medicin Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 4794B56F7AAC3294D896
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fiser, William, Payne, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2111 N Spruce St
 City Little Rock State AR Zip Code 72207-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARORA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 3DE211516F38F43D3AD
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<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. Flaherty, Stephen, Francis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Camino Penasco
 City El Paso State TX Zip Code 79912-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stephen F. Flaherty, MD Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 05 / 2016
Transaction ID : 48F7938CCF3E8C2C599F
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Garcia, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 Kirkland Dr
 City Fort Worth State TX Zip Code 76109-4902
 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 ▼ 900.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 4F639173357C9ADF788E
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garely, Alan, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S Central Ave
 City Valley Stream State NY Zip Code 11580-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Nassau Communities Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2016
Transaction ID : E3EF621DC0E08DB4419
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<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. Garrett, Kevin, Owen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Upmc Passavant Suite 4110
 City Pittsburgh State PA Zip Code 15237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Saint Margaret Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : E8751C354C350AFD80C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gavitt, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Stone Ln
 City Glendale State CA Zip Code 91202-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Davis Medical Center Occupation (for Individual) Surgical Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 29 / 2016
Transaction ID : 402EA3E3F4315D4CD1FF
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Geller, Evan, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 N Country Rd Ste 203
 City Port Jefferson State NY Zip Code 11777-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N. Suffolk Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : B1449FA3-F4AB-4DCE-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<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. Genuit, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Glades Rd
Bc-71, Room 315

City Boca Raton State FL Zip Code 33431-6424

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

Name of Employer (for Individual) University of Maryland Medical Center Occupation (for Individual) Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : 658053EA008FFBCB099

Amount of Each Receipt this Period 250.00

Memo Item

B. Gerken, Maxine, Victoria, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4212 N 16th St
Phoenix Indian Medical Center

City Phoenix State AZ Zip Code 85016-5319

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 09 / 16 / 2016
Transaction ID : A041A41D8318FA20292

Amount of Each Receipt this Period 250.00

Memo Item

C. Glasberg, Scot, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42A E 74th St

City New York State NY Zip Code 10021-2735

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

Name of Employer (for Individual) Scot Bradley Glasberg, M.D. Occupation (for Individual) Plastic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : FAC8214A-5C2B-4B49-

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<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. Goldberg, Ross, Frederick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 E Roosevelt St
 Maricopa Medical Center
 City Phoenix State AZ Zip Code 85008-4973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maricopa Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 14 / 2016
Transaction ID : 42E7B76E290DC11E3406
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Goldszer, James, Franklin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Mayfield St
 City Rye State NY Zip Code 10580-2733
 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 ▼ 275.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 3A19CB5D-AC78-4312-
 Amount of Each Receipt this Period 275.00
 Memo Item

C. Golla, Dinakar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Gamma Dr
 Ste 210
 City Pittsburgh State PA Zip Code 15238-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2016
Transaction ID : 3DAEC5C7-B038-4A33-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<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. Graham, Alan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Medical Center Blvd
 Crozer-Keystone Healthcare System,
 City Chester State PA Zip Code 19013-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crozer-Keystone Healthcare Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 19 / 2016
Transaction ID : 4E9BA784BDDF5FE57027
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gross, Ronald, Ian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Chief of Trauma and Acute Care Sur
 Baystate Medical Center
 City Springfield State MA Zip Code 01199-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Surgeon-Chief of Trauma & Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 4F73947275BCBE3C4E1B
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hilfiker, Mary, Lenora, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 Childrens Way
 Ste 107
 City San Diego State CA Zip Code 92123-4226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSD Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 48138545C0D7831D8FF8
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<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. Jaecks, Ronald, Dale, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 Jerris Ave SE
 City Salem State OR Zip Code 97302-5278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KAISER PERMENENTE Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : DCAD6C16F8C9664B71A
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Johannigman, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2708 Johnstone PI
 City Cincinnati State OH Zip Code 45206-1822
 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 ▼ 1130.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 46918048BB86B5FC3007
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Johnson, Steven, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Arizona College of M Second Floor - Surgery
 City Phoenix State AZ Zip Code 85006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Medical Center Phoenix - Ba Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 96B1AEA74000B394FA5
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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. Kaufman, Howard, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Congress St
 Ste 300
 City Pasadena State CA Zip Code 91105-3027
 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 09 / 15 / 2016
Transaction ID : 511EC7F3-25B2-4B79-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kent, Harold, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3226 Hampton Ave
 Ste F
 City Brunswick State GA Zip Code 31520-4252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2016
Transaction ID : E82931C2-B07B-4A65-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Klaristenfeld, Daniel, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Southern California Permanente Med
 Garfield Specialty Clinic-Departme
 City San Diego State CA Zip Code 92111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Fontana Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2016
Transaction ID : 40BCA7B66DC77858965D
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1525.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 66
	<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. Klingensmith, Mary, Emily, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6806 Waterman Ave
 City Saint Louis State MO Zip Code 63130-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 09 / 07 / 2016
Transaction ID : 499288C34F47502C401A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Koehler, Richard, Hudson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hospital Rd Martha's Vineyard Hospital
 City Oak Bluffs State MA Zip Code 02557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.97

Date of Receipt 09 / 22 / 2016
Transaction ID : 4148912DCF908614A10F
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Koehler, Richard, Hudson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hospital Rd Martha's Vineyard Hospital
 City Oak Bluffs State MA Zip Code 02557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.97

Date of Receipt 09 / 22 / 2016
Transaction ID : 81B0E93D-85F2-4462-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 66
	<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. Kommareddi, Sitara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6567 E Carondelet Dr
 Ste 435
 City Tucson State AZ Zip Code 85710-6155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sitara Kommareddi, MD, PLLC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.66

Date of Receipt 09 / 21 / 2016
Transaction ID : 4438869D27AE18F26BEF
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Konefal, Stanley, H., , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Gary Dr
 City Westfield State MA Zip Code 01085-4596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 0E04D118176D414B42D
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kopelan, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Surgery L3
 Newark Beth Israel Medical Center
 City Newark State NJ Zip Code 07112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Newark Beth Israel Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 448B896E33FDFBCBED79
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<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. Korndorffer, James, Ralph, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 S Carrollton Ave
 City New Orleans State LA Zip Code 70118-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : B1714BE611E41002C24
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Koziarski, John, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 Capital Ave SW Ste B
 City Battle Creek State MI Zip Code 49015-9348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Surgical, PC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 23 / 2016
Transaction ID : 461984DE05F67DB22C24
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kraus, Dennis, Harry, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 E 77th St Fl 10
 City New York State NY Zip Code 10075-1851
 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 09 / 15 / 2016
Transaction ID : 3A2EC5FC-EB19-4C10-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 66
	<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. Lal, Raj, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Meyers Rd
 City Oak Brook State IL Zip Code 60523-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 7F79B53D311B029599F
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Landry, Barry, Gerard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 N Acadia Rd Ste 207
 City Thibodaux State LA Zip Code 70301-4897
 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 09 / 21 / 2016
Transaction ID : 27D40660C01D1A892D8
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lauretano, Arthur, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Rogers Brk E
 City Andover State MA Zip Code 01810-1837
 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 09 / 13 / 2016
Transaction ID : 4FB85D6F99BE96F6E2B
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 66
<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. Lee, Kenneth, Kwock Wah, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 497 Scaife Hall
 City Pittsburgh State PA Zip Code 15261-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 2B31E51A-C8A7-4C02-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Litvak, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Cancer Treatment Centers of Americ Western Regional Medical Center
 City Goodyear State AZ Zip Code 85338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Treatment Centers of America Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2016
Transaction ID : 4DCD8743969C46DCBDA8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McClain, Joseph, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 72570
 City Phoenix State AZ Zip Code 85050-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Faith Regional Phys Services Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 7DF7336F53E376280B4
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 66
	<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. McQuiston, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17375 Hall Rd
 City Macomb State MI Zip Code 48044-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Surgical Group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 42AC89B70A152CD04901
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mendible, Mariana, I., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Deer Track Trl
 City Clinton State NC Zip Code 28328-3124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heinz Health Services Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 436289B9E7A6A595DB0E
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Minard, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Madison Ave
 FI 2
 City Memphis State TN Zip Code 38103-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TN Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 30 / 2016
Transaction ID : 4EF79D5CD15285BD3A4B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.33
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 66
	<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. Moalem, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Elmwood Ave
 # Surg
 City Rochester State NY Zip Code 14642-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 09 / 20 / 2016
Transaction ID : 4C5D8C9D3AB352C288BB
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Moore, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Univ of Texas Hsc at Houston
 Msb 4.292
 City Houston State TX Zip Code 77030
 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 ▼ 249.99

Date of Receipt 09 / 15 / 2016
Transaction ID : 44859CED444D6E1C5A59
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Moritz, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Madison Ave
 City Morristown State NJ Zip Code 07960-6092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The cardio vascular care Group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2016
Transaction ID : 039F2163-0B99-4CA3-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	541.66
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 35 OF 66
	<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. Morton, Duncan, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 Rutledge Ave
 City Charlotte State NC Zip Code 28211-2753
 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
 09 / 13 / 2016
Transaction ID : 0688E764DE588EFC32
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Moseson, Dane, Leonard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3002
 City Longview State WA Zip Code 98632-0302
 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 900.00

Date of Receipt
 09 / 09 / 2016
Transaction ID : 4C5D93254B4ED964F56B
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. O'Neill, Patricia, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Montague Ter Apt 4A
 City Brooklyn State NY Zip Code 11201-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1400.00

Date of Receipt
 09 / 26 / 2016
Transaction ID : 46DBB98D20F30B253C6C
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 66
<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. O'Shea, John, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 M St NW
 Apt 322
 City Washington State DC Zip Code 20005-4217
 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 09 / 21 / 2016
Transaction ID : FD2E447C-C04A-4D79-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Olson, Cheryl, Lorraine, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Surgical Associates of La Jolla
 Suite 660
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Surgical Associates of La Jolla Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2016
Transaction ID : B61DA2BF-3409-41B4-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Omeish, Esam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4660 Kenmore Ave
 Ofc
 City Alexandria State VA Zip Code 22304-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Esam Omeish Occupation (for Individual) surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2016
Transaction ID : 3D4BB7AC-002B-4AB9-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<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. Opelka, Frank, George, ,
 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 20001-6701
 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 ▼ 1200.00

Date of Receipt 09 / 14 / 2016
Transaction ID : 45B7AB8E5FDACF04B0E4
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Paramo, Juan, Carlos, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Alton Rd
 Mount Sinai Medical Center
 City Miami Beach State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : B9352E43-769A-4346-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Parker, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Tall Timbers Rd
 City Middletown State CT Zip Code 06457-7116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middlesex Hospital Primary Care (MHPC) Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 15B3F1A5-7371-4F93-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 66
	<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. Pendurthi, T., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 Fairview St
 City Bethlehem State PA Zip Code 18017-8923
 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 09 / 27 / 2016
Transaction ID : 726B0F3F450CF2E7EA3
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Poje, Christopher, Peter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3580 Sheridan Dr Ste 115
 City Buffalo State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Buffalo Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 450.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 4421B4DA91D01C7ED716
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rao, Mohan, Kandarpa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Baptist Health- Madisonville Third Floor- Jack L. Hamman Heart
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health Madisonville Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 09 / 13 / 2016
Transaction ID : CE1C4B8E39A67D40E58
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 66
<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. Ristow, Bruno, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2518 Pacific Ave
 City San Francisco State CA Zip Code 94115-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 9C80F2517954A3E1DB7
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rivera-Hernandez, Mariluz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Barrio Camarones Carmen Hills
 City San Juan State PR Zip Code 00926-8642
 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 ▼ 225.00

Date of Receipt 09 / 04 / 2016
Transaction ID : 40A3AA77A9345DC7DD4B
 Amount of Each Receipt this Period 25.00
 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 ▼ 374.94

Date of Receipt 09 / 25 / 2016
Transaction ID : 4E0EB9C6BD158121993D
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.66
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 40 OF 66
	<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. Rocklin, Marc, Stephen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 E 91st St
 Ste 200
 City Tulsa State OK Zip Code 74137-2806
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : 420938078983942FEE9
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rojas, Peter, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 N Virginia St
 City Port Lavaca State TX Zip Code 77979-3025
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : 49C8BD1159CCDFF7603
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rojas Carroll, Lyda, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 672 Stoneleigh Ave
 FI 2
 City Carmel State NY Zip Code 10512-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount kisco medical group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2016
Transaction ID : 4514A442B0CD666F77FA
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 66
<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. Rossbach, Mario, Mauricio, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26511 Weiss Fels
 City New Braunfels State TX Zip Code 78132-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Cardiovascular Consultants Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2016
Transaction ID : B5BF2BBCCD11CC59103
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rotolo, Francis, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6535 N Charles St Physicians Pavillion North, Suite
 City Towson State MD Zip Code 21204-5826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Baltimore Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2016
Transaction ID : 1B78EBF9-99CE-49CE-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Salomone, Jeffrey, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 W Secretariat Dr
 City Tempe State AZ Zip Code 85284-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Univ Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2016
Transaction ID : 4AE5918A1E3A4A3EEA3B
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 66
<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. Sarantou, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 Morehead Medical Dr
 Carolinas Medical Center, Ste 6200
 City Charlotte State NC Zip Code 28204-2994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Levine Cancer Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2016
Transaction ID : EBDAD7C4-E998-4B66-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schirmer, Bruce, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Surgery
 University of Virginia Hospital
 City Charlottesville State VA Zip Code 22908-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 7A6BB06D-EBAE-4A08-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Selzer, Don, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Barnhill Dr
 Emerson Hall 5th Floor, # 507
 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 ▼ 1265.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 435FA02DD8CF16217C5D
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 66
<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. Shearburn, Edwin, W., , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **Grand View Surgical Associates
Sellersville Outpatient Center**

City Sellersville	State PA	Zip Code 18960
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Grand View Surgical Associates	Occupation (for Individual) Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2016

Transaction ID : 49D58390F9925BD333E6

Amount of Each Receipt this Period
100.00

Memo Item

B. Simon, Kenneth, Bernard, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2255 Switzer Rd
Apt J203**

City Gulfport	State MS	Zip Code 39507-3855
------------------	-------------	------------------------

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

Name of Employer (for Individual) Gulf Coast Veterans Healthcare System	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
09	/	13	/	2016

Transaction ID : 426F823D53D1C3E8381F

Amount of Each Receipt this Period
150.00

Memo Item

C. Sinanan, Mika, Narad, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **1959 NE Pacific St
356410**

City Seattle	State WA	Zip Code 98195-0001
-----------------	-------------	------------------------

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 ▼
3320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : 46939F2D27702AED8306

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 66
	<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. Slakey, Douglas, Philip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 Tulane Ave
 Tulane University School of Medici
 City New Orleans State LA Zip Code 70112-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DPSurgical 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
 09 / 22 / 2016
Transaction ID : 6CB928EBE5F38719F8C
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Solowey, Alex, Choffel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Easthaven Ln
 City White Plains State NY Zip Code 10605-5460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired 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
 09 / 22 / 2016
Transaction ID : 7CC6F240F0594672628
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Soper, Nathaniel, Jolas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 E Huron St
 Northwestern Medicine, Department
 City Chicago State IL Zip Code 60611-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern University Feinberg Schoo 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
 09 / 28 / 2016
Transaction ID : 44AB646B-AA6B-424C-
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 66
<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. Stephenson, Keith, Richard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Plantation Rd
 City Blacksburg State VA Zip Code 24060-3880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2016
Transaction ID : E6E393C97A9C929FE22
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Stewart, Ronald, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Surgery Mc 7840
 Ut Health Science Center at San An
 City San Antonio State TX Zip Code 78229-3900
 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 ▼ 2390.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 45B8BE8798DDDA50DF13
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Stumpf, Paul, Martin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E 2nd St
 Ste 206
 City Reno State NV Zip Code 89502-1198
 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 ▼ 1000.00

Date of Receipt 09 / 21 / 2016
Transaction ID : B53AE7B4BA58949757
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 66
	<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. Sutherland, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 Uams Department of Surgery, # 520-
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Air Force Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 20 / 2016
Transaction ID : 415781D4421D991903CB
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Swanson, Richard, Sprague, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Brigham and Womens Hospital
 Surgical Oncology
 City Boston State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : 580327C2565F23C39B8
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tan, Amy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Water St
 City Blue Hill State ME Zip Code 04614-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Hill Memorial Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 06 / 2016
Transaction ID : 4A8682CCCAC57D19582C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	716.66
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 47 OF 66
	<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. Tieszen, Myles, Eldon, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Mercy Dr
 Chi Health Clinic, Ste 220
 City Council Bluffs State IA Zip Code 51503-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alegent Creighton Health Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 3E4762A41D8029DB2BC
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Tinkoff, Glen, Herman, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4735 Ogletown Stanton Rd
 Ste 3301
 City Newark State DE Zip Code 19713-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christinia Care Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2016
Transaction ID : 46A9ADEC78CF96DCD4CF
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Venkatesh, Karukurichi, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 E Baseline Rd
 Ste A
 City Gilbert State AZ Zip Code 85234-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tricity colorectal surgery Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 9E5F965C-75E8-42B6-
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66
	<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. Veverka, Thomas, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4011 Orchard Dr
 Ste 2004
 City Midland State MI Zip Code 48640-6105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MidMichigan Physicians Group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : E5EC334EB142A393E4F
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wade, Alexander, Donald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Western Ave
 City Viroqua State WI Zip Code 54665-1524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : 92731136-8052-4C17-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Walker, John, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 481
 City Crockett State TX Zip Code 75835-0481
 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 09 / 08 / 2016
Transaction ID : 9E9DD3AB-5BF2-4782-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 66
	<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. Ward, William, Harrell, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 E Willow Grove Ave
 City Wyndmoor State PA Zip Code 19038-7907
 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 ▼ 336.00

Date of Receipt 09 / 19 / 2016
Transaction ID : 463BA50CB963AEF9E53D
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Weston, Lynn, Arlene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10666 N Torrey Pines Rd
 Scripps Clinic
 City La Jolla State CA Zip Code 92037-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scripps Clinic Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2016
Transaction ID : 15F1BFC8B2BC67A8405
 Amount of Each Receipt this Period 250.00
 Memo Item

C. White, Jon, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Irving St NW
 Veterans Affairs Medical Center
 City Washington State DC Zip Code 20422-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Va Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 804BCCA79EEA948EAAB
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 66
	<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. Whiting, James, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 887 Congress St
 Ste 400
 City Portland State ME Zip Code 04102-3163
 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 09 / 27 / 2016
Transaction ID : 6A9F1FD552C5335C472
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Young, William, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 940 Matthew Dr
 Ste 7
 City Waynesboro State MS Zip Code 39367-2573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2016
Transaction ID : C9C4B86BF67345C2D4D
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yowler, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Metrohealth Medical Center
 Department of Surgery
 City Cleveland State OH Zip Code 44109-1998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Health Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 472499A1A6BFB8C75914
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zehnpfennig, Michael, , ,

Mailing Address **2835 Fort Missoula Rd**
Dr. J General Surgery

City **Missoula** State **MT** Zip Code **59804-7423**

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

Name of Employer (for Individual) **St. James Surgical Associates** Occupation (for Individual) **General Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 4785ABDED2D554D5513B

Amount of Each Receipt this Period **25.00**

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	39335.95

**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. Bennet for Colorado		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 3078		FEC Identification Number C00458398 Transaction ID : 9B161B0741E
City Denver	State CO	Zip Code 80201
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Bennet, Michael, F., ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CO	District:	

Full Name (Last, First, Middle Initial) B. Bilirakis for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 606		FEC Identification Number C00408534 Transaction ID : D88AEEBBAE
City Tarpon Springs	State FL	Zip Code 34688-0606
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Bilirakis, Gus, Michael, ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 12	

Full Name (Last, First, Middle Initial) C. Bill Flores for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 6207		FEC Identification Number C00472241 Transaction ID : 35DEA01ECF
City Bryan	State TX	Zip Code 77805
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Flores, William, H., ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 17	

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
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. Billy Long for Congress

Mailing Address 3246 E Ridgeview St

City
Springfield

State
MO

Zip Code
65804-4076

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Long, William, H., , II

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00460063

Transaction ID : 90A4161358E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blumenauer for Congress

Mailing Address 901 SE Oak Street
Suite 105

City
Portland

State
OR

Zip Code
97214

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Blumenauer, Earl, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00307314

Transaction ID : A33056B0134

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City
Stamford

State
CT

Zip Code
06901

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Blumenthal, Richard, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00492991

Transaction ID : 2FEC44F5F9

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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. Boustany for Senate Inc

Mailing Address PO Box 80126

City
Lafayette

State
LA

Zip Code
70598-0126

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Boustany, Charles, William, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00394866

Transaction ID : E27AD9E2D3

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brad Ashford for Congress

Mailing Address PO Box 24023

City
Omaha

State
NE

Zip Code
68124

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Ashford, Brad, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00557181

Transaction ID : EE81A4C1051

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Butterfield for Congress

Mailing Address 434 Fayetteville Street
Suite 2020

City
Raleigh

State
NC

Zip Code
27601

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Butterfield, George, Kenneth, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00401190

Transaction ID : A1536F0075:

Amount of Each Disbursement this Period

4000.00

Memo Item

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

10000.00

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. Charlie Dent for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 442		FEC Identification Number C00386847 Transaction ID : BFE948D9DF Amount of Each Disbursement this Period 2500.00
City Allentown	State PA	Zip Code 18105-0442
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Dent, Charles, W., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 15	

Full Name (Last, First, Middle Initial) B. Collins for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 386		FEC Identification Number C00520379 Transaction ID : 006989388AC Amount of Each Disbursement this Period 1000.00
City Clarence	State NY	Zip Code 14031-0386
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Collins, Christopher, Carl, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 27	

Full Name (Last, First, Middle Initial) C. Courtney for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 1372		FEC Identification Number C00410233 Transaction ID : C575A34A19 Amount of Each Disbursement this Period 2500.00
City Vernon	State CT	Zip Code 06066
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Courtney, Joseph, D., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 02	

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

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

6000.00

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

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

A. Devin Nunes Campaign Committee

Full Name (Last, First, Middle Initial)
Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2016 General Contribution

Candidate Name
Nunes, Devin, G., ,

Office Sought: House Senate President
State: CA District: 22

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number
C C00370056
Transaction ID : DB5E958E0B
Amount of Each Disbursement this Period
2500.00

Memo Item

B. Diane Black for Congress

Full Name (Last, First, Middle Initial)
Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
2016 General Contribution

Candidate Name
Black, Diane, Lynn, ,

Office Sought: House Senate President
State: TN District: 06

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number
C C00472878
Transaction ID : F939A0B1F3!
Amount of Each Disbursement this Period
2500.00

Memo Item

C. Dr. Matt Heinz for Arizona

Full Name (Last, First, Middle Initial)
Dr. Matt Heinz for Arizona

Mailing Address PO Box 57698

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
2016 General Contribution

Candidate Name
Heinz, Matthew, G., ,

Office Sought: House Senate President
State: AZ District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 21 / 2016

FEC Identification Number
C C00582221
Transaction ID : 507A0CC294
Amount of Each Disbursement this Period
5000.00

Memo Item

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

10000.00

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

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

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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 Erik Paulsen

Mailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
2016 General Contribution

011

Candidate Name
Paulsen, Erik, , ,

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00439661

Transaction ID : E05F45118A:
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2016 General Contribution

011

Candidate Name
Green, Raymond, Eugene, ,

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00254185

Transaction ID : C8F924918FD
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
2016 General Contribution

011

Candidate Name
Isakson, Johnny, H., ,

Category/
Type

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00384693

Transaction ID : F3BB9BB86:
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)..... ▶

10000.00

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

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

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(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. Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304-1000

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Grassley, Charles, E., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: IA

District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00230482

Transaction ID : CB2E074781

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102-9639

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State: KY

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00445023

Transaction ID : E86A6BB26C

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hellerhighwater PAC

Mailing Address PO Box 370672

City
Las Vegas

State
NV

Zip Code
89137

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Hellerhighwater PAC

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00471607

Transaction ID : FC01A7F8B8

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

A. Joe Kennedy for Congress

Full Name (Last, First, Middle Initial)
Joe Kennedy for Congress

Mailing Address PO Box 590464

City: Newton State: MA Zip Code: 02459

Purpose of Disbursement: 2016 General Contribution

Candidate Name: Kennedy, Joseph, Patrick, , III

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 04

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C00512970
Transaction ID : 907A9009409
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. John Lewis for Congress

Full Name (Last, First, Middle Initial)
John Lewis for Congress

Mailing Address PO Box 2323

City: Atlanta State: GA Zip Code: 30301

Purpose of Disbursement: 2016 General Contribution

Candidate Name: Lewis, John, Robert, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 05

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C00202416
Transaction ID : 5D5E7FB292I
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Johnson for Congress

Full Name (Last, First, Middle Initial)
Johnson for Congress

Mailing Address PO Box 906

City: Marietta State: OH Zip Code: 45750

Purpose of Disbursement: 2016 General Contribution

Candidate Name: Johnson, William, L., ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 06

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C00476820
Transaction ID : B0C10B6866
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

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

4500.00

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. Kristi for Congress

Mailing Address PO Box 852

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Noem, Kristi, Lynn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00476853

Transaction ID : 161E9952168

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address PO Box 3314

City
Oregon City

State
OR

Zip Code
97045

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Schrader, Kurt, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00446906

Transaction ID : 7E8A7C9E15!

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City
Tempe

State
AZ

Zip Code
85285

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	6

FEC Identification Number

C C00508804

Transaction ID : 4AFF934AD0

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)..... ▶

9000.00

**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. Lance for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address PO Box 225		FEC Identification Number C00444224 Transaction ID : 7DE01B5B5F Amount of Each Disbursement this Period 2500.00
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Lance, Leonard, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 07	

Full Name (Last, First, Middle Initial) B. Langevin for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 181A Knight St		FEC Identification Number C00344697 Transaction ID : 752B72BFC4I Amount of Each Disbursement this Period 2500.00
City Warwick	State RI	Zip Code 02886
Purpose of Disbursement 2016 General Contribution		011 Category/ Type
Candidate Name Langevin, James, R., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 02	

Full Name (Last, First, Middle Initial) C. Leadership for Today and Tomorrow		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 700 13th Street, NW Suite 600		FEC Identification Number C00299149 Transaction ID : A6BF888937 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement 2016 Contribution		011 Category/ Type
Candidate Name Leadership for Today and Tomorrow		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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<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. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City
Topeka

State
KS

Zip Code
66601-1441

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Jenkins, Lynn, Michelle, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00433730

Transaction ID : 742B818DD6:
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024-3750

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Blackburn, Marsha, Wedgeworth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00376939

Transaction ID : 77581B84368:
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Patty Murray

Mailing Address PO Box 3662

City
Seattle

State
WA

Zip Code
98124

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Murray, Patricia, Lynn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00257642

Transaction ID : B04CA51E5E
Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

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

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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. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement
2016 General Contribution

Candidate Name
Sessions, Peter, Anderson, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 32

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00303305

Transaction ID : 285B04B894
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pompeo for Kansas, Inc.

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67278-0146

Purpose of Disbursement
2016 General Contribution

Candidate Name
Pompeo, Michael, Richard, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: KS District: 04

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00460402

Transaction ID : 158E43F6B5A
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement
2016 General Contribution

Candidate Name
Scalise, Stephen, Joseph, ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: LA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00394957

Transaction ID : 7C93BD2049
Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

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

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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. Stabenow for US Senate

Mailing Address PO Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Stabenow, Deborah, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MI

District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00344473

Transaction ID : 26A4D57DAE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Cohen for Congress

Mailing Address 349 Kenilworth Place

City
Memphis

State
TN

Zip Code
38112

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Cohen, Stephen, I., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: TN

District: 09

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00422980

Transaction ID : 54BD346F0E1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Mailing Address Post Office Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Burr, Richard, M., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: NC

District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00385526

Transaction ID : 89791076680

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4000.00

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. Tim Murphy for Congress		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address PO Box 24551		FEC Identification Number C C00372201 Transaction ID : 2DF40CD9FB Amount of Each Disbursement this Period 1500.00	
City Pittsburgh	State PA	Zip Code 15234	Category/ Type 011
Purpose of Disbursement 2016 General Contribution		Candidate Name Murphy, Timothy, Francis, ,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 18		

Full Name (Last, First, Middle Initial) B. Tim Scott for Senate		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address 1405 Ashley River Rd		FEC Identification Number C C00540302 Transaction ID : 97206770F92I Amount of Each Disbursement this Period 1000.00	
City Charleston	State SC	Zip Code 29407-5305	Category/ Type 011
Purpose of Disbursement 2016 General Contribution		Candidate Name Scott, Timothy, Eugene, ,	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SC	District:		

Full Name (Last, First, Middle Initial) C. Upton for All of Us		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address PO Box 490		FEC Identification Number C C00200584 Transaction ID : 7787E92E9D Amount of Each Disbursement this Period 2500.00	
City St. Joseph	State MI	Zip Code 49085	Category/ Type 011
Purpose of Disbursement 2016 General Contribution		Candidate Name Upton, Fredrick, Stephen, ,	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 06		

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

5000.00

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. Volunteers for Shimkus

Mailing Address PO Box 661

City
Collinsville

State
IL

Zip Code
62234-0661

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Shimkus, John, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00258855

Transaction ID : 6B210FED63I

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yarmuth for Congress

Mailing Address 1815 Brownsboro Road

City
Louisville

State
KY

Zip Code
40202

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Yarmuth, John, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2016

FEC Identification Number

C C00419630

Transaction ID : 57E544DBD8I

Amount of Each Disbursement this Period

2500.00

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

124500.00