

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street) 20 F St NW, Ste 1000

Attn: Sara Morse

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

2. **FEC IDENTIFICATION NUMBER** ▼ C00382424 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

06 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer Christian Shalgian [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

07 / 18 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		604234.72
(b) Cash on Hand at Beginning of Reporting Period.....	613137.52	
(c) Total Receipts (from Line 19)	44031.16	298622.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	657168.68	902857.68
7. Total Disbursements (from Line 31).....	152000.00	397689.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	505168.68	505168.68
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / 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).....	33748.33	240974.98
(ii) Unitemized	10282.83	57647.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44031.16	298622.96
(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)	44031.16	298622.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	44031.16	298622.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44031.16	298622.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	151500.00	396500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	1189.00
(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)).....	500.00	1189.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	152000.00	397689.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	152000.00	397689.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44031.16	298622.96
34. Total Contribution Refunds (from Line 28(d))	500.00	1189.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43531.16	297433.96
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 59
<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. John A. Adeniyi
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 Saddleback Cir
 City Bridgeport State WV Zip Code 26330-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Specialist, Inc. Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : EFCCBA17545E9588656
 Amount of Each Receipt this Period
250.00

B. Marilu Bintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 63324 Cliffwood Dr
 City Prairie Du Chien State WI Zip Code 53821-8578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gundersen Health System Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : 0C137D09-F825-4311-
 Amount of Each Receipt this Period
500.00

C. Desmond H. Birkett
 Full Name (Last, First, Middle Initial)
 Mailing Address Lahey Hospital & Medical Ctr
 Department of General Surgery
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospita & Medical Center Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : 10BB2224-7D20-4441-
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
	<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. Aaron David Bleznak
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Glenrock Rd
 Ste 200
 City Norfolk State VA Zip Code 23502-3767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2014
Transaction ID : 84D6C75C193F398694D
 Amount of Each Receipt this Period
250.00

B. Dale Buchbinder
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 Loch Raven Blvd
 Good Samaritan Hospital, Ste 302
 City Baltimore State MD Zip Code 21239-2945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Baltimore Medical Center Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014
Transaction ID : 49B58D2B4CEEB11E40D9
 Amount of Each Receipt this Period
100.00

C. Michael Francis Burke
 Full Name (Last, First, Middle Initial)
 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 UW Medicine/Valley Medical Center Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : 5A77C47178837582FB5
 Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
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 8 OF 59
	<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. David J. Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 520 Mary St
Ste 520

City Evansville State IN Zip Code 47710-1682

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

Name of Employer Evansville Surgical Assoc. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 03 / 2014
Transaction ID : 4AFDB662ACF58B6FE3FE

Amount of Each Receipt this Period
50.00

B. Santiago Chahwan
Full Name (Last, First, Middle Initial)

Mailing Address 6818 Trail Blvd

City Naples State FL Zip Code 34108-2654

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

Name of Employer Vascular Access Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 13 / 2014
Transaction ID : 757B45494018C4BAA38

Amount of Each Receipt this Period
250.00

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

Mailing Address 2665 N Decatur Rd
Ste 730

City Decatur State GA Zip Code 30033-6148

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

Name of Employer Dekalb Surgical Assoc. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 27 / 2014
Transaction ID : FBAE9BB8FAC375865A6

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Michael Chi-Ming Chang

Mailing Address Wake Frst
Department of Surgery

City Winston Salem State NC Zip Code 27157-0001

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

Name of Employer Wake Forest Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : 4358819B9981128EF323

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. John Norris Childs III

Mailing Address 130 La Casa Via # 3-211

City Walnut Creek State CA Zip Code 94598-3045

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : D252A508B4C7FAC421C

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Amalia Lenora Cochran

Mailing Address 30 N 1900 E
Department of Surgery

City Salt Lake City State UT Zip Code 84132-0002

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

Name of Employer University of Utah Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : 424EA5ABEA4667487B0D

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<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. Annesley Williamson Copeland
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 5th St SE
 Unit 11
 City Washington State DC Zip Code 20003-4258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : D1A5A449-AD3B-430F-
 Amount of Each Receipt this Period
 250.00

B. Edward E. Cornwell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2041 Georgia Ave NW
 Howard Univ Hosp, Suite 4B02
 City Washington State DC Zip Code 20060-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Howard University Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : F0C4476FE90A91D212C
 Amount of Each Receipt this Period
 1000.00

C. Bard C. Cosman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3350 La Jolla Village Dr
 # 112E
 City San Diego State CA Zip Code 92161-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Department of Veterans Affairs Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : B1F6C642081819AEFC1
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
	<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

Full Name (Last, First, Middle Initial)
A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su
Ste 220

City Memphis State TN Zip Code 38163-0001

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

Name of Employer UTHSC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
06 / 03 / 2014
Transaction ID : 49A19D59037072B3E4F3

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Rodney Davis

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 Vanderbilt Univ Med Ctr Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 11 / 2014
Transaction ID : 4CEE873017C6437E15FA

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. James John Dehen Jr.

Mailing Address 212 Ridge Ct

City Brainerd State MN Zip Code 56401-4551

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

Name of Employer Brainerd Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 11 / 2014
Transaction ID : 4D8EA5B6300AA233C4D1

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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 59
	<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. David Michael Deitz
Full Name (Last, First, Middle Initial)

Mailing Address South Sound Surgical Associates
Suite 203

City Olympia State WA Zip Code 98502-8702

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2014
Transaction ID : C50D95F840ED5E4E803

Amount of Each Receipt this Period 300.00

B. Brian James Dunkin
Full Name (Last, First, Middle Initial)

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 Methodist Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2014
Transaction ID : 46F7B1AF84D3CF135A8E

Amount of Each Receipt this Period 50.00

C. Margaret M. Dunn
Full Name (Last, First, Middle Initial)

Mailing Address 128 E Apple St
Wright State Univ Department of Su

City Dayton State OH Zip Code 45409-2902

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

Name of Employer Wright State University School of Medi Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2014
Transaction ID : 42D5970EC4452238EC0E

Amount of Each Receipt this Period 100.00

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:	PAGE 13 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial) A. A. Brent Eastman		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014 Transaction ID : 2FB4C1FB48A86E2911F
Mailing Address PO Box 1248		Amount of Each Receipt this Period 1000.00
City Rancho Santa Fe	State CA	Zip Code 92067-1248
FEC ID number of contributing federal political committee. C		
Name of Employer Scripps Health	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Blaine L. Enderson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2014 Transaction ID : 4CBC81FBC568A4B2DBA1
Mailing Address 1924 Alcoa Hwy Ste U-11		Amount of Each Receipt this Period 50.00
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. C		
Name of Employer University General Surgeons	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Bridget Noel Fahy		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014 Transaction ID : EFDA4B4E0978B1F93DF
Mailing Address Unm Department of Surgery Msc07-4025		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. C		
Name of Employer The Methodist Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 59
	<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. David V. Feliciano
Full Name (Last, First, Middle Initial)

Mailing Address Indiana University School of Medic

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

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

Name of Employer Emory University	Occupation Surgeon
--------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : 499F1EF1B2B00A72AA1

Amount of Each Receipt this Period
500.00

B. Louis Fox
Full Name (Last, First, Middle Initial)

Mailing Address 7777 Forest Ln
C-865

City Dallas	State TX	Zip Code 75230-2571
----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Surgeon
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : 94BAEFE520923696AF9

Amount of Each Receipt this Period
250.00

C. Neil Barry Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 301 Saint Paul Pl
the Breast Center at Mercy

City Baltimore	State MD	Zip Code 21202-2120
-------------------	-------------	------------------------

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

Name of Employer Mercy Medical Center	Occupation Surgeon
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : DD06253ABA40635607D

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
	<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. Fernando Garcia
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2014
Transaction ID : 496EA748029DF5527E0E

Amount of Each Receipt this Period 100.00

B. Richard Neal Garrison
Full Name (Last, First, Middle Initial)

Mailing Address 3200 Cross Bill Rd

City Louisville State KY Zip Code 40213-1208

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

Name of Employer University of Louisville Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2014
Transaction ID : FCF0C5A0-1D14-46F4-

Amount of Each Receipt this Period 250.00

C. Tarun Krishna Goel
Full Name (Last, First, Middle Initial)

Mailing Address 25 Office Park Dr

City Hamilton State OH Zip Code 45013-1496

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2014
Transaction ID : AA26E24AFB0F7D1BB09

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James M. Goff Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5409 Canyon Bluff Trl NE

City	State	Zip Code
Albuquerque	NM	87111-8240

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

Name of Employer	Occupation
Self Employed	Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2014

Transaction ID : 4C16B01B608FB2CFAFC9

Amount of Each Receipt this Period

50.00

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

Mailing Address Maricopa Medical Center
Department of Surgery

City	State	Zip Code
Phoenix	AZ	85008

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

Name of Employer	Occupation
Mayo Clinic	Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : 47BFBFEE7776238FE944

Amount of Each Receipt this Period

250.00

C. Frederick Leslie Greene
Full Name (Last, First, Middle Initial)

Mailing Address 128 Altondale Ave

City	State	Zip Code
Charlotte	NC	28207-2202

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

Name of Employer	Occupation
Levine Cancer Institute	Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : 202950AB87808266FAF

Amount of Each Receipt this Period

250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 59
	<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. Jay L. Grosfeld
Full Name (Last, First, Middle Initial)

Mailing Address **Jw Riley Hospital for Children**
Section of Pediatric Surgery

City **Indianapolis** State **IN** Zip Code **46202**

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

Name of Employer **Retired** Occupation **Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
06 / 09 / 2014

Transaction ID : BC7E90E8C7F63C81DC1

Amount of Each Receipt this Period
1000.00

B. Mary Lenora Hilfiker
Full Name (Last, First, Middle Initial)

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 **UCSD** Occupation **Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
06 / 15 / 2014

Transaction ID : 427BB096FEEC01485A79

Amount of Each Receipt this Period
210.00

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

Mailing Address **550 Twin Cities Blvd**
Ste C

City **Niceville** State **FL** Zip Code **32578-1050**

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

Name of Employer **Self** Occupation **Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
06 / 13 / 2014

Transaction ID : EBC504FD90CAB8A272E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1710.00**

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 59
	<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. John Greenleaf Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address Chairman, Department of Surgery
 Oregon Health and Science University
 City State Zip Code
 Portland OR 97239-3098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orgeon Health Science Center 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
 06 / 24 / 2014
Transaction ID : B95AAA5F2910599013C
 Amount of Each Receipt this Period
 500.00

B. Seth David Izenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 N Graham St
 Pacific Surgical Pc, Ste 580
 City State Zip Code
 Portland OR 97227-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pacific Surgical PC Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : 475480868CAD70A42E92
 Amount of Each Receipt this Period
 50.00

C. Lenworth M. Jacobs Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Seymour St
 Hartford Hospital
 City State Zip Code
 Hartford CT 06102-8000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hartford Hospital Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : 08345D1509636A476E7
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<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. Jay Johannigman
Full Name (Last, First, Middle Initial)

Mailing Address 2708 Johnstone Pl

City Cincinnati State OH Zip Code 45206-1822

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

Name of Employer UC Surgeons Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : 430F84B986F1CCA602A2

Amount of Each Receipt this Period
100.00

B. Thomas Conner Kelly
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3528
Cooper Clinic

City Fort Smith State AR Zip Code 72913-3528

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

Name of Employer Cooper Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : 8A5BEE784FEADD58ADF

Amount of Each Receipt this Period
250.00

c. Harold Lee Kent
Full Name (Last, First, Middle Initial)

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 Self Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : 7136FED1-86EF-4614-

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<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. Mary Knudson
Full Name (Last, First, Middle Initial)

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

City San Francisco State CA Zip Code 94110

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

Name of Employer San Francisco General Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 13 / 2014
Transaction ID : **3EFCE04E868D500849**

Amount of Each Receipt this Period
250.00

B. Richard Hudson Koehler
Full Name (Last, First, Middle Initial)

Mailing Address 57 Prospect St
Nantucket Cottage Hospital

City Nantucket State MA Zip Code 02554-4345

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

Name of Employer Nantucket Cottage Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 03 / 2014
Transaction ID : **31C18127-D786-4633-**

Amount of Each Receipt this Period
500.00

C. Bahirathan Krishnadasan
Full Name (Last, First, Middle Initial)

Mailing Address 1802 Yakima Ave
Ste 102

City Tacoma State WA Zip Code 98405-5303

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

Name of Employer St Joseph Cardiothoracic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2014
Transaction ID : **68841E6339E904E54E9**

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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. Kevin P. Lally
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pediatric Surgery
 Suite 5258
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Texas Health Science Ctr Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : D85F91D5-1855-437C-
 Amount of Each Receipt this Period
500.00

B. Samuel E. Landrum
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 Free Ferry Rd
 Apt 22
 City Fort Smith State AR Zip Code 72903-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : 1E68997B39A4B0F1D88
 Amount of Each Receipt this Period
500.00

C. Peter F. Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address Ucla Gonda Vascular Center
 200 Medical Plaza Suite 526
 City Los Angeles State CA Zip Code 90095-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Uci College of Medicine Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : D6864C171F8C1458A66
 Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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

Full Name (Last, First, Middle Initial) A. Robert Warren Letton Jr.		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 Transaction ID : 4C16A6AD8A2BC24D04D0
Mailing Address Ouhsc Children's Hospital Pediatric Surgery Suite 2320		Amount of Each Receipt this Period 210.00
City Oklahoma City	State Zip Code OK 73104	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 840.00
Name of Employer OUHSC Children's Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. L. Scott Levin		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 Transaction ID : F5CB101ECA7BB0AC943
Mailing Address University of Pennsylvania Health Orthopaedic Surgery 2 Silverstein		Amount of Each Receipt this Period 750.00
City Philadelphia	State Zip Code PA 19104	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1250.00
Name of Employer Duke University Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David A. Litvak		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 Transaction ID : 4D48A9D977F082608014
Mailing Address Cancer Treatment Centers of Americ Western Regional Medical Center		Amount of Each Receipt this Period 100.00
City Goodyear	State Zip Code AZ 85338	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Cancer Treatment Centers of America	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1060.00
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 59
	<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. John R. Madison
Full Name (Last, First, Middle Initial)

Mailing Address 2094 E State St
Ste D

City Salem State OH Zip Code 44460-4409

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2014
Transaction ID : F45892CD1E5FC875316

Amount of Each Receipt this Period 300.00

B. David M. Mahvi
Full Name (Last, First, Middle Initial)

Mailing Address 676 N Saint Clair St
Northwestern Univ Feinberg Sch of

City Chicago State IL Zip Code 60611-2927

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

Name of Employer Northwestern University Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2014
Transaction ID : 279E6834-8EC3-4E07-

Amount of Each Receipt this Period 250.00

C. George Orville Maish III
Full Name (Last, First, Middle Initial)

Mailing Address 910 Madison Ave
Ste 215

City Memphis State TN Zip Code 38103-3403

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

Name of Employer UTHSC Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 26 / 2014
Transaction ID : 4DA8A778ABA28731A2ED

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 59
	<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. Peter John Mandell
Full Name (Last, First, Middle Initial)

Mailing Address 1663 Rollins Rd

City State Zip Code
Burlingame CA 94010-2301

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2014
Transaction ID : 79FF720C5F08360F598

Amount of Each Receipt this Period
1000.00

B. David B. McAneny
Full Name (Last, First, Middle Initial)

Mailing Address Boston Medical Center
Fgh Building, Suite 5003

City State Zip Code
Boston MA 02118

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

Name of Employer Occupation
Boston University Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2014
Transaction ID : 0AA914B0A27ECC3933C

Amount of Each Receipt this Period
700.00

C. Daniel McKenna
Full Name (Last, First, Middle Initial)

Mailing Address 5771 Whippoorwill Way

City State Zip Code
Carmel IN 46033-8963

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

Name of Employer Occupation
Indiana University School of Medicine Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014
Transaction ID : 435586D6E544586DC1CF

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 17375 Hall Rd

City State Zip Code
Macomb MI 48044-4060

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

Name of Employer Occupation
Northeast Surgical Group Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2014
Transaction ID : 4520B26179BBBBA22930

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Mariana I. Mendible

Mailing Address 1259 Albair Rd

City State Zip Code
Caribou ME 04736-3999

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

Name of Employer Occupation
Heinz Health Services Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 13 / 2014
Transaction ID : 4C4FBCE8B1C6F427FC54

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Jacob Moalem

Mailing Address 601 Elmwood Ave
Surg

City State Zip Code
Rochester NY 14642-0001

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

Name of Employer Occupation
University of Rochester Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
06 / 30 / 2014
Transaction ID : 4B93B01C3D07BC9CC947

Amount of Each Receipt this Period
170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00

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 59
	<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. Ravi Moonka
Full Name (Last, First, Middle Initial)

Mailing Address 1100 9th Ave
C6-Gsur

City Seattle State WA Zip Code 98101-2756

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

Name of Employer Virginia Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2014
Transaction ID : F3945B977CB27745070

Amount of Each Receipt this Period
250.00

B. Jason C. Morvant
Full Name (Last, First, Middle Initial)

Mailing Address 4207 E Old Spanish Trl

City New Iberia State LA Zip Code 70560-0791

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

Name of Employer Iberia medical center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 40EB8B362E9BE8F31DD2

Amount of Each Receipt this Period
50.00

C. Sean J. Mulvihill
Full Name (Last, First, Middle Initial)

Mailing Address 175 Medical Plz
University of Utah Health Sciences

City Salt Lake City State UT Zip Code 84112-1505

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

Name of Employer University of Utah Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 03 / 2014
Transaction ID : 06F8C903-3823-4194-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<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

Full Name (Last, First, Middle Initial) A. Don K. Nakayama		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1 Med Center Dr Hscs Suite 7700		Transaction ID : ADDED3B88D68587D286
City Morgantown	State WV	Zip Code 26505-4501
FEC ID number of contributing federal political committee.	C	
Name of Employer Medical Center Central Georgia	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) B. Leigh A. Neumayer		Date of Receipt MM / DD / YYYY 06 / 03 / 2014
Mailing Address 1950 Circle of Hope Dr Huntsman Cancer Hospital Room N633		Transaction ID : 40999AA7920A0F79E776
City Salt Lake City	State UT	Zip Code 84112-5500
FEC ID number of contributing federal political committee.	C	
Name of Employer Utah University	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) C. Matthew Newlin MD FACS		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 620 Howard Ave Ste 3F		Transaction ID : 44A821C7F7CFBA3BC3B
City Altoona	State PA	Zip Code 16601-4804
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
	<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. Patricia J. Numann
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Highland Ave
 City Syracuse State NY Zip Code 13203-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospital Health Science Cen Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 18 / 2014**
Transaction ID : 4CC4883B27BDF3B770B9
 Amount of Each Receipt this Period **100.00**

B. Patricia A. O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Montague Ter Apt 4A
 City Brooklyn State NY Zip Code 11201-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 26 / 2014**
Transaction ID : 4346B5488FA1D3725DA9
 Amount of Each Receipt this Period **100.00**

c. Shawn Harry Obi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2570 Andrew Thomas Trl
 City Ann Arbor State MI Zip Code 48103-8323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegiance General Surgery Occupation General Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 08 / 2014**
Transaction ID : 86D071F7-B2EF-404A-
 Amount of Each Receipt this Period **250.00**

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: PAGE 29 OF 59 (check only one)
<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. Darin L. Passer
Full Name (Last, First, Middle Initial)

Mailing Address 21414 Indian Hills Rd

City Albert Lea	State MN	Zip Code 56007-4207
--------------------	-------------	------------------------

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

Name of Employer Self	Occupation Surgeon
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2014

Transaction ID : AB2C1D3524EA12865C9

Amount of Each Receipt this Period
250.00

B. Emily Jane Penman
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Ogletown Stanton Rd
Hfgcc West Entrance Suite 1500

City Newark	State DE	Zip Code 19713-2055
----------------	-------------	------------------------

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

Name of Employer Christiana Care	Occupation Surgeon
-------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2014

Transaction ID : 2923BF87-CC84-4698-

Amount of Each Receipt this Period
500.00

C. Dieter Pohl
Full Name (Last, First, Middle Initial)

Mailing Address 1539 Atwood Ave

City Johnston	State RI	Zip Code 02919-3262
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Surgeon
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : 7F900A3DCCD2BBD5828

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<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. Christopher Peter Poje
 Full Name (Last, First, Middle Initial)
 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 Children's Hospital of Buffalo Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 18 / 2014**
Transaction ID : 4667A6B65D951FB1CE8F
 Amount of Each Receipt this Period **50.00**

B. Philip A. Riley Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7817 N Shore Dr
 City Clarklake State MI Zip Code 49234-9716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 09 / 2014**
Transaction ID : 58ACF49E884360694FD
 Amount of Each Receipt this Period **300.00**

C. Charles B. Rodning
 Full Name (Last, First, Middle Initial)
 Mailing Address 2451 Fillingim St
 City Mobile State AL Zip Code 36617-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Alabama Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 13 / 2014**
Transaction ID : 6274ABDA5777AFFE462
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<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

Full Name (Last, First, Middle Initial) A. Francis Steven Rotolo		Date of Receipt MM / DD / YYYY 06 / 05 / 2014
Mailing Address 6535 N Charles St Physicians Pavillion North, Suite		Transaction ID : AFE2F22C-4843-48A6-
City Towson	State MD	Zip Code 21204-5826
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Greater Baltimore Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. William Rough		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address 741 Lippincott Ave		Transaction ID : BED40822226CBE23F8F
City Moorestown	State NJ	Zip Code 08057-1907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Grace Rozycki		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address Indiana University School of Medic Department of Surgery		Transaction ID : BAE23DDA64E4E62FD49
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Emory University	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 59
	<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. H. Earle Russell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Saint Francis Dr
 Ste 490
 City Greenville State SC Zip Code 29601-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Health System Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 3740E23E33B873033A3
 Amount of Each Receipt this Period
250.00

B. Jeffrey Paul Salomone
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 Maricopa Medical Center
 City Phoenix State AZ Zip Code 85008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Univ Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : 4163AD29130B1258A117
 Amount of Each Receipt this Period
50.00

C. Don Jay Selzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 Barnhill Dr
 FI 5
 City Indianapolis State IN Zip Code 46202-5112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2014
Transaction ID : 43669E9244C08494EB42
 Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....	385.00
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 59
	<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. Paresh C. Shah
Full Name (Last, First, Middle Initial)

Mailing Address Director Division of General Surge
Vice Chair of Surgery Nyu Langone

City New York State NY Zip Code 10016

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

Name of Employer Lennox Hill Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 03 / 2014
Transaction ID : 4DA8BAAECDB229FF5A01

Amount of Each Receipt this Period 75.00

B. Edwin W. Shearburn III
Full Name (Last, First, Middle Initial)

Mailing Address Grand View Surgical Associates
Sellersville Outpatient Center

City Sellersville State PA Zip Code 18960

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

Name of Employer Grand View Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 11 / 2014
Transaction ID : 4E5484E3ADB98CC3B1DB

Amount of Each Receipt this Period 100.00

C. Mika Narad Sinanan
Full Name (Last, First, Middle Initial)

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 University of Washington Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 06 / 30 / 2014
Transaction ID : 47B087F1BAC4DDABA32A

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 34 OF 59
	<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. Jason W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address Acb 2nd Floor
Department of Sugery

City Louisville State KY Zip Code 40202

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

Name of Employer University of Louisville Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 26 / 2014
Transaction ID : **47FBA92EB5E0AE3FBFC9**

Amount of Each Receipt this Period
50.00

B. Alex Choffel Solowey
Full Name (Last, First, Middle Initial)

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 Retired Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 27 / 2014
Transaction ID : **095D80335DC6843DC07**

Amount of Each Receipt this Period
1000.00

C. Laurel Curtis Soot
Full Name (Last, First, Middle Initial)

Mailing Address Westside Surgical Specialists
the Oregon Clinic

City Portland State OR Zip Code 97225

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

Name of Employer The Oregon Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2014
Transaction ID : **750344015C4B5568C46**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 59
	<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

Full Name (Last, First, Middle Initial) A. Scott Johannes Soot		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 Transaction ID : F183380498FECCE243D
Mailing Address 5050 NE Hoyt St Ste 523		Amount of Each Receipt this Period 250.00
City Portland	State OR	Zip Code 97213-2984
FEC ID number of contributing federal political committee. C		
Name of Employer Surgical Oncology Associates	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William Charles Sternfeld		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 Transaction ID : 4E0382BB51DC66416356
Mailing Address 4235 Secor Rd Toledo Clinic Inc		Amount of Each Receipt this Period 208.33
City Toledo	State OH	Zip Code 43623-4231
FEC ID number of contributing federal political committee. C		
Name of Employer Toledo Clinic, Inc	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) C. Ronald M. Stewart		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 Transaction ID : 4AC5A880B929086C400A
Mailing Address 14443 Iron Horse Way		Amount of Each Receipt this Period 210.00
City Helotes	State TX	Zip Code 78023-3971
FEC ID number of contributing federal political committee. C		
Name of Employer UTHSCSA	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00	

SUBTOTAL of Receipts This Page (optional).....▶	668.33
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 36 OF 59
	<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. Christian John Streck
Full Name (Last, First, Middle Initial)

Mailing Address 1002 N Church St
Ste 302

City Greensboro State NC Zip Code 27401-1449

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

Name of Employer Central Carolina Surgery, PA Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 08 / 2014
Transaction ID : 4498CD40-37DE-496C-

Amount of Each Receipt this Period
250.00

B. Priscilla Ruth Strom
Full Name (Last, First, Middle Initial)

Mailing Address 725 Jesse Jewell Pkwy SE
Ste 350

City Gainesville State GA Zip Code 30501-3856

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

Name of Employer The Longstreet Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 10 / 2014
Transaction ID : F0E925F4A88AF998AD5

Amount of Each Receipt this Period
250.00

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

Mailing Address 501 N Preston St

City Ennis State TX Zip Code 75119-3928

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

Name of Employer General and Vascular Surgery of Ennis Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 13 / 2014
Transaction ID : 16715DE7C26F7B38485

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59
	<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. Michael J. Sutherland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 W 40th Ave
 Ste 7B
 City Pine Bluff State AR Zip Code 71603-6964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Air Force Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 06 / 18 / 2014
Transaction ID : 44D4883EA3A97787A0BE
 Amount of Each Receipt this Period 300.00

B. Amy E. Tan
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Water St
 Blue Hill Memorial Hospital
 City Blue Hill State ME Zip Code 04614-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Hill Memorial Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 11 / 2014
Transaction ID : 46B98FCEB7D3B63924B1
 Amount of Each Receipt this Period 50.00

C. Amy E. Tan
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Water St
 Blue Hill Memorial Hospital
 City Blue Hill State ME Zip Code 04614-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Hill Memorial Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 21 / 2014
Transaction ID : 4D828181FF808EF16482
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 59
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Keith Jay Thomas

Mailing Address PO Box 5

City State Zip Code
John Day OR 97845-0005

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

Name of Employer Occupation
Blue Mountain Surgery Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014
Transaction ID : E4D4F73CF289AC4D0D2

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Carrie Ann Thoms

Mailing Address 709 S Quincy St

City State Zip Code
Green Bay WI 54301-3626

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

Name of Employer Occupation
Self Employed Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2014
Transaction ID : 85FD0E1F379FF883348

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Glen Herman Tinkoff

Mailing Address 4735 Ogletown Stanton Rd
Ste 3301

City State Zip Code
Newark DE 19713-7021

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

Name of Employer Occupation
Christinia Care Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2014
Transaction ID : 41E4A36D9DC268BDCFF8

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 59
	<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. Harold Joseph Wanebo
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Cass Ave
 Landmark Medical Center
 City Woonsocket State RI Zip Code 02895-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roger Williams Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : AF8590C11F7D0B4C48A
 Amount of Each Receipt this Period
250.00

B. John Robert Wesley
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 S Old Creek Rd
 City Vernon Hills State IL Zip Code 60061-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : 51A08296BE6792B4AAF
 Amount of Each Receipt this Period
1000.00

C. Laura Ellen Witherspoon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 E 3rd St
 Ste 200
 City Chattanooga State TN Zip Code 37404-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Surgical Associates Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : EAC59B3468D44694B80
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 40 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Karen Anne Yeh		Date of Receipt MM / DD / YYYY 06 / 09 / 2014 Transaction ID : EB4C040091A5CBAB0B4
Mailing Address 820 Saint Sebastian Way Ste 7C		Amount of Each Receipt this Period 300.00
City Augusta	State GA	
Zip Code 30901-2641		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Medical College of Georgia	Occupation Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Charles Yowler		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 Transaction ID : 4E9398636C2695504128
Mailing Address Metrohealth Medical Center Department of Surgery		Amount of Each Receipt this Period 100.00
City Cleveland	State OH	
Zip Code 44109-1998		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Metro Health Medical Center	Occupation Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date ▼
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	33748.33

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Austin Scott for Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

James Austin Scott

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 867661EB0AFADE2700F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Daniel J. Benishek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 4C39E72661B3C159E79

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bennet for Colorado

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Michael F. Bennet

Category/
Type

Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 45971842703815C39C0

Amount of Each Disbursement this Period

1500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
2014 General Contribution

Candidate Name

William H. Flores

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 879100DA12F6916579A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598-0126

Purpose of Disbursement
2014 General Contribution

Candidate Name

Charles W. Boustany Jr.

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : DF41E00EA100C5418CC

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
2014 General Contribution

Candidate Name

Charles W. Dent

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 2B95144125CDC571A05

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : **B6F1998E160E177AF71**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Diana L. DeGette

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : **D4FF800FAC09CC4C4E6**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416-3101

Purpose of Disbursement
2014 Run-Off Contribution

011

Category/
Type

Candidate Name

Robert Eugene Johnson M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : **DB9E18593D53AFF933B**

Amount of Each Disbursement this Period

5000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address PO Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Cheryl L. Bustos

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

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

Transaction ID : 016D660F5CB0784CFC5

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Daniel Benjamin Maffei

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

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

Transaction ID : 3110929F01D8AE844AD

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

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

Transaction ID : 2FC47046948BAE45711

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 General Contribution

011

Candidate Name
Michelle Lujan Grisham

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NM District: 01

Date of Disbursement

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

Transaction ID : 70CFC7A207B499863D3

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Charles E. Schumer

Category/
Type

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

Date of Disbursement

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

Transaction ID : 9AD3C15079A6D9732F5

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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 Primary Contribution

011

Candidate Name
Johnny Isakson

Category/
Type

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

Date of Disbursement

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

Transaction ID : 13ADD8DC3D4C6E112F1

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	0	0	.	0	0
---	---	---	---	---	---	---

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. HEARTDOCPAC

Mailing Address PO Box 628

City State Zip Code
Evansville IN 47704-0628

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

HEARTDOCPAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : DF84CB03836C74E8220

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address PO Box 505

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Heartland Values PAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2014

Transaction ID : 94433D8BB46B04B3424

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address PO Box 371907

City State Zip Code
Las Vegas NV 89137

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Dean Heller

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: NV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2014

Transaction ID : 93959FF218C9E53EA09

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Holding Onto Oregon's Priorities

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

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

Transaction ID : E01822D2A9BB63BF95A

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

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

Transaction ID : D0B8C373487CF26876B

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

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

Transaction ID : 701B530CF645E146B4B

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 General

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 3792949166F9A0B3EF4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kristi for Congress

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Kristi Lynn Noem

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : DEC18B6B2309B740070

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Leadership of Today and Tomorrow

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Leadership of Today and Tomorrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : 10D7A4AB2E89F8E216D

Amount of Each Disbursement this Period

5000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Lincoln PAC

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Lincoln PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 8BC78C040F98D1DD232

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Lisa Ann Murkowski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: AK District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 837C1FD06ED32E43B14

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Luke Messer for Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
2014 General Contribution

011

Candidate Name
Allan Lucas Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: IN District: 06

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : 395DE5A56265012232B

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

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

Transaction ID : 976BC0DC259D1922AA0

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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
2014 General Contribution

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

Transaction ID : 62CA1D0841313B7B0F2

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

G. Mike J. Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

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

Transaction ID : 6946274DC6245313520

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Moran for Kansas

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name
Jerry Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

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

Transaction ID : 422BF56F736E2BFA5A7

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name
Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

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

Transaction ID : 519FB83A243F362682D

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name
ORRINPAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

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

Transaction ID : 0DE3A0B6F4E4F2EE8EA

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2014

Transaction ID : A85826F20E9CF5EEF6B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Peter Anderson Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : F97C0FE479501ECF0C7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PITTSPAC

Mailing Address 1942 Park Plaza

City Lancaster State PA Zip Code 17601

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

PITTSPAC

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 47D63F2E9AFF2091B76

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Jack Francis Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 907CF89E3F3DB506CD5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Renee Jacisin Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : 21D4E07013AEDB8DA46

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rounds for Senate

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

M. Michael Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 52D05144706DBFCEBB1

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rounds for Senate

Mailing Address PO Box 250

City State Zip Code
Pierre SD 57501

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

M. Michael Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

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

Transaction ID : E6E537562FBBCBF9298

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

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

Transaction ID : 06D3BE724D96BFF90A2

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City State Zip Code
Peoria IL 61612

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

Transaction ID : 5017C569ECE2259588A

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Transaction ID : 69B99C1B03E9B612227

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Tammy Baldwin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2014

Transaction ID : A4556C640A0540C621C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. The Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035-5314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

The Committee for the Preservation of Capitalism

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2014

Transaction ID : 14A070AD93AB3F64287

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

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

Transaction ID : 79372071DFC36E1D694

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Trust PAC Team Republicans for Utilizing Sensible Tactics

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

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

Transaction ID : 8227A934A3ADCBA0F39

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Walorski for Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Jacqueline Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

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

Transaction ID : F06F5CAC64C6A367D49

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Welch for Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Peter F. Welch

Office Sought: House
 Senate
 President
State: VT District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 8853D464800E874180D

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2014 General Contribution

Candidate Name

Brad Wenstrup

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 616766C044CB7F06732

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
2014 General Contribution

Candidate Name

Edward Whitfield

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 218529858D44B1F67AF

Amount of Each Disbursement this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 59
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b		

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

Full Name (Last, First, Middle Initial) A. Yoder for Congress, Inc		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">06</td> <td></td> <td style="text-align:center;">10</td> <td></td> <td style="text-align:center;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		10		2014								
Mailing Address PO Box 26742		Transaction ID : B7A308DE72D44542960 Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right; width: 80%;">1000.00</td> </tr> </table>	1000.00									
1000.00												
City Overland Park State KS Zip Code 66225												
Purpose of Disbursement 2014 Primary Contribution	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">011</td> </tr> </table> Category/ Type		011									
011												
Candidate Name Kevin W. Yoder												
Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2014 <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: KS District: 03											

Full Name (Last, First, Middle Initial) B.		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;"> </td> <td></td> <td style="text-align:center;"> </td> <td></td> <td style="text-align:center;"> </td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right; width: 80%;"> </td> </tr> </table>										
City State Zip Code												
Purpose of Disbursement	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"> </td> </tr> </table> Category/ Type											
Candidate Name												
Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: District:											

Full Name (Last, First, Middle Initial) C.		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;"> </td> <td></td> <td style="text-align:center;"> </td> <td></td> <td style="text-align:center;"> </td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right; width: 80%;"> </td> </tr> </table>										
City State Zip Code												
Purpose of Disbursement	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"> </td> </tr> </table> Category/ Type											
Candidate Name												
Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: District:											

SUBTOTAL of Disbursements This Page (optional)..... ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">1000.00</td> </tr> </table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)..... ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">151500.00</td> </tr> </table>	151500.00
151500.00		

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Derek Douglas Kane

Mailing Address 206 Slate Dr

City Bismarck State ND Zip Code 58503-6136

Purpose of Disbursement
Refund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : F013FA8B959209DD3B0

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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