

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00382424 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **09** / **10** / **2019** in the State of **NC**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period **07** / **01** / **2019** through **08** / **21** / **2019**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Shalgian, Christian, , ,
Type or Print Name of Treasurer

Signature of Treasurer Shalgian, Christian, , , [Electronically Filed] Date **08** / **22** / **2019**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="297831.54"/>	<input type="text" value="297831.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="302092.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20002.49"/>	<input type="text" value="492124.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="322095.23"/>	<input type="text" value="789956.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="481361.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="308595.23"/>	<input type="text" value="308595.23"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Surgeons Professional Association PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17761.65	272276.53
(ii) Unitemized	2240.84	44164.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20002.49	316440.69
(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)	20002.49	316440.69
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	175684.00
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)).....▶	20002.49	492124.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20002.49	492124.69

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	305500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	177.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	177.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	175684.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13500.00	481361.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	481361.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	20002.49	316440.69
34. Total Contribution Refunds (from Line 28(d))	0.00	177.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20002.49	316263.69
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 49
<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. Alseidi, Adnan, Ali, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 9th Ave
 Virginia Mason Medical Center
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) HPB & Endocrine surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019
Transaction ID : 4402B7062A8D4DE2C156
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Alseidi, Adnan, Ali, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 9th Ave
 Virginia Mason Medical Center
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) HPB & Endocrine surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2019
Transaction ID : 4DDA9C36E729D4D0DE9A
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Bailey, Patrick, Vance, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 American College of Surgeons, Ste
 City Washington State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2019
Transaction ID : 4F82B6B357DB3751ED25
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	366.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<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. Bailey, Patrick, Vance, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 American College of Surgeons, Ste
 City Washington State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 02 / 2019
Transaction ID : 489EBD669E2549E22E7E
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Bastidas, Jefferson, Augusto, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14981 National Ave
 Ste 4
 City Los Gatos State CA Zip Code 95032-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 08 / 2019
Transaction ID : 492B9D8E1F8C0BA1379C
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bastidas, Jefferson, Augusto, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14981 National Ave
 Ste 4
 City Los Gatos State CA Zip Code 95032-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 08 / 2019
Transaction ID : 43DA91FC3FECBF0C4C08
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	366.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Beauchamp, Robert, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Section of Surgical Sciences
 Vanderbilt University Medical Cent
 City Nashville State TN Zip Code 37232-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 42C88C0BB22A46952364
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Beauchamp, Robert, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Section of Surgical Sciences
 Vanderbilt University Medical Cent
 City Nashville State TN Zip Code 37232-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 4B63A2D5DA476A9DDD55
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Biffl, Walter, Lanier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9888 Genesee Ave
 MC LJ601
 City La Jolla State CA Zip Code 92037-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Surgcal Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 25 / 2019
Transaction ID : 49BC91A1357E539E818C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Borst, Marilyn, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 Broadway St
 City Toledo State OH Zip Code 43609-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.04

Date of Receipt **07 / 03 / 2019**
Transaction ID : 41498D6053D7E4C267B6
 Amount of Each Receipt this Period 37.88
 Memo Item

B. Borst, Marilyn, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 Broadway St
 City Toledo State OH Zip Code 43609-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.04

Date of Receipt **08 / 03 / 2019**
Transaction ID : 4B738EDA4EB423A45C4D
 Amount of Each Receipt this Period 37.88
 Memo Item

C. Bouton, Michael, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 Broadway N
 City Fargo State ND Zip Code 58102-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 03 / 2019**
Transaction ID : CE68B40A-0857-43E7-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.76
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brewer, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 N Talbott St
 2509 N Talbott Street
 City Indianapolis State IN Zip Code 46205-4234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University School of Medicine Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 24 / 2019
Transaction ID : 489795C793B1937F756C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Brown, Carlos, V. R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Red River St
 Dell Seton Medical Center at the U
 City Austin State TX Zip Code 78701-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Southwestern - Aus Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 4F4EAC11AF33BDACF503
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Brown, Carlos, V. R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Red River St
 Dell Seton Medical Center at the U
 City Austin State TX Zip Code 78701-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Southwestern - Aus Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 4AF8B10520FF48E13BF1
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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. Byerly, Faera, Ledford, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1002 N Church St
 Central Carolina Surgery, Ste 302
 City Greensboro State NC Zip Code 27401-1449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Carolina Surgery, PA Occupation (for Individual) Surgical Oncologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 28 / 2019
Transaction ID : 496E8502531B3499863E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Carter, Damien, Wilson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 488 Blackstrap Rd
 City Falmouth State ME Zip Code 04105-2406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Medical Partners Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 30 / 2019
Transaction ID : 46C6987D2FB695CF9E89
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Chang, Michael, Chi-Ming, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address USA Health
 The University of South Alabama
 City Mobile State AL Zip Code 36617-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2019
Transaction ID : 4915A307923A897539DB
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 49
	<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. Cioffi, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Eddy St
 Chairmans Office, Apc 431
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 4D02AEF176E2ED9F8BED
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Cochran, Amalia, Lenora, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 W 12th Ave
 The Ohio State University Departme
 City Columbus State OH Zip Code 43210-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 07 / 19 / 2019
Transaction ID : 46EDB007955F409B9704
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Cochran, Amalia, Lenora, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 W 12th Ave
 The Ohio State University Departme
 City Columbus State OH Zip Code 43210-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 08 / 19 / 2019
Transaction ID : 4403AB38FBB05DEC27F3
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<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. Cribari, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 Rocky Mountain Ave
 North Medical Office Building, Sui

City Loveland	State CO	Zip Code 80538-9004
------------------	-------------	------------------------

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

Name of Employer (for Individual) Surgical Specialists of the Rockies	Occupation (for Individual) Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 583.31

Date of Receipt
 07 / 22 / 2019
Transaction ID : 4381AA936BB86C1D7B64

Amount of Each Receipt this Period
 83.33

Memo Item

B. Croce, Martin, Alexander, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Univ of Tennessee Dept of Surg Sui

City Memphis	State TN	Zip Code 38163-0001
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 07 / 20 / 2019
Transaction ID : 410E894EDF1EE211BC5B

Amount of Each Receipt this Period
 80.00

Memo Item

C. Croce, Martin, Alexander, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Univ of Tennessee Dept of Surg Sui

City Memphis	State TN	Zip Code 38163-0001
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 08 / 20 / 2019
Transaction ID : 4D8798E9A56CB00557C6

Amount of Each Receipt this Period
 80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Curry, James, Dylan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Shadow Ln
 City Las Vegas State NV Zip Code 89102-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert West Surgery Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 4FB4A3B9BC016C5984F4
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Curry, James, Dylan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 Shadow Ln
 City Las Vegas State NV Zip Code 89102-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert West Surgery Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 4541BE5BB27846BDAD50
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Davis, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 University of Arkansas for Medical
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 11 / 2019
Transaction ID : 4320A9F2B088C92814B2
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Davis, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 University of Arkansas for Medical
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 11 / 2019**
Transaction ID : 46AE85A43D4401DC88BB
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Davis, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Adams Rd
 City Chula State GA Zip Code 31733-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Circulation, LLC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt **07 / 01 / 2019**
Transaction ID : 49DD9D49B05963EC86D3
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Davis, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Adams Rd
 City Chula State GA Zip Code 31733-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Circulation, LLC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt **08 / 01 / 2019**
Transaction ID : 40C9B88D6893978DDDD6
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<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. Detlefs, Corey, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 N 12th St
 First Floor, Dept of
 City Phoenix State AZ Zip Code 85006-2837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner University Medical Center, Phoe Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 18 / 2019
Transaction ID : 4933BFF881B7F79F28A9
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Detlefs, Corey, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 N 12th St
 First Floor, Dept of
 City Phoenix State AZ Zip Code 85006-2837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner University Medical Center, Phoe Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 18 / 2019
Transaction ID : 4050AC72E9EDA750EA2D
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Doherty, Gerard, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Francis St
 Brigham and Women's Hospital
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 04 / 2019
Transaction ID : 45F6BCE1A9A96AFE3DE8
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	170.00
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 49
	<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. Doherty, Gerard, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Francis St
 Brigham and Women's Hospital
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 04 / 2019
Transaction ID : 498880DA413BFDABDE93
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dunn, Margaret, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 University Blvd
 Wright State Boonshoft School of M
 City Beaver creek State OH Zip Code 45324-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright State Physicians Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 07 / 02 / 2019
Transaction ID : 40B5958C5F998418FE16
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Dunn, Margaret, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 University Blvd
 Wright State Boonshoft School of M
 City Beaver creek State OH Zip Code 45324-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wright State Physicians Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 02 / 2019
Transaction ID : 48E98D37089B31BC1C7E
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
	<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. Edwards, William, Hawkins, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Bellebrook Cir
 City Nashville State TN Zip Code 37205-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2019
Transaction ID : A1190F6D-4442-4285-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Enderson, Blaine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4251 Fox Hills Dr
 City Louisville State TN Zip Code 37777-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University General Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 03 / 2019
Transaction ID : 4CF48F47BE46293F59B8
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Enderson, Blaine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4251 Fox Hills Dr
 City Louisville State TN Zip Code 37777-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University General Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 03 / 2019
Transaction ID : 402684F9A9667AA42084
 Amount of Each Receipt this Period 50.00
 Memo Item

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 19 OF 49
	<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. Fairfax, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Virginia Ave
 City Asheville State NC Zip Code 28806-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auckland City Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **07 / 09 / 2019**
Transaction ID : 4F18B95538AF2293BE0C
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fairfax, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Virginia Ave
 City Asheville State NC Zip Code 28806-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auckland City Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **08 / 09 / 2019**
Transaction ID : 40E5AE67652D60289D95
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Fann, Stephen, Austin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Musc Dept of Surg 420 CSB:MSC 613
 City Charleston State SC Zip Code 29425-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of South Carolina School of Med Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 22 / 2019**
Transaction ID : 4EE7A80A48F3732BA2C0
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.00
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 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ferrada, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 980454
 Vcu Health System
 City Richmond State VA Zip Code 23298-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 03 / 2019
Transaction ID : 4C6E942AD97289BA7279
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ferrada, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 980454
 Vcu Health System
 City Richmond State VA Zip Code 23298-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 03 / 2019
Transaction ID : 4061BB27958AD8A2E39C
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fildes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Nevada Las Vegas Sch
 Department of Surgery Suite 490
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nevada School of Medicin Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2019
Transaction ID : 4D11B6FAEBDEC03D45CE
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Fildes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Nevada Las Vegas Sch
 Department of Surgery Suite 490
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nevada School of Medicin Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 18 / 2019**
Transaction ID : 456385E9889FCEA4598D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Foster, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 County Road 39
 City Mountain Home State AR Zip Code 72653-6903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jennifer Foster Surgery PLLC Occupation (for Individual) general surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36

Date of Receipt **07 / 08 / 2019**
Transaction ID : 40E9BFC615925DD11A5F
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Foster, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 County Road 39
 City Mountain Home State AR Zip Code 72653-6903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jennifer Foster Surgery PLLC Occupation (for Individual) general surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 333.36

Date of Receipt **08 / 08 / 2019**
Transaction ID : 4F9E81B9D7804540AE66
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 133.34
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gass, Jennifer, Suzanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Dudley St
 Women and Infants Hospital
 City Providence State RI Zip Code 02905-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women and Infants' Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 07 / 03 / 2019
Transaction ID : 42DEA0833DFCFBC2EB2E
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Gass, Jennifer, Suzanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Dudley St
 Women and Infants Hospital
 City Providence State RI Zip Code 02905-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women and Infants' Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 08 / 03 / 2019
Transaction ID : 4857BE820E78143FDA23
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Glasberg, Scot, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42A E 74th St
 City New York State NY Zip Code 10021-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scot Bradley Glasberg, M.D. Occupation (for Individual) Plastic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 07 / 20 / 2019
Transaction ID : 406590D137A1E6AEE65B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	499.99
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Glasberg, Scot, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42A E 74th St
 City New York State NY Zip Code 10021-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scot Bradley Glasberg, M.D. Occupation (for Individual) Plastic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.64

Date of Receipt 08 / 20 / 2019
Transaction ID : 479BB741FE4FE7F706C0
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Goldberg, Ross, Frederick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6895 E Camelback Rd Unit 2026
 City Scottsdale State AZ Zip Code 85251-2478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maricopa Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3333.28

Date of Receipt 07 / 07 / 2019
Transaction ID : 47448D3688F1586A4B0A
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Goldberg, Ross, Frederick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6895 E Camelback Rd Unit 2026
 City Scottsdale State AZ Zip Code 85251-2478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maricopa Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3333.28

Date of Receipt 08 / 07 / 2019
Transaction ID : 4D23BE848BD3F838CDAF
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.65
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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gross, Ronald, Ian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Newberry Rd
 City East Haddam State CT Zip Code 06423-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Surgeon-Chief of Trauma & Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **07 / 22 / 2019**
Transaction ID : 43B584A3E8F8E2CF4661
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Grossmann, Erik, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Cody Ct
 City Columbia State MO Zip Code 65203-9187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 16 / 2019**
Transaction ID : 070653092DA8B722693
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gugliuzza, K., Kristene Koontz, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 University Blvd
 Utmb Route 0533
 City Galveston State TX Zip Code 77555-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 258.33

Date of Receipt **07 / 23 / 2019**
Transaction ID : 4D34B2D3E806A9A3852A
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.33
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 25 OF 49
	<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. Gugliuzza, K., Kristene Koontz, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 University Blvd
 Utmb Route 0533
 City Galveston State TX Zip Code 77555-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.33

Date of Receipt 07 / 25 / 2019
Transaction ID : 4C3DB76CE27E04301B89
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Hanks, John, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Virginia Hospital
 Dept of Surgery, Box 800709
 City Charlottesville State VA Zip Code 22908-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Va Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2019
Transaction ID : E7FE857C-C785-4253-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Johannigman, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3428 Duncan Ave
 City Cincinnati State OH Zip Code 45208-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 43AF8AF8CB362CFB5FF9
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Johannigman, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3428 Duncan Ave
 City Cincinnati State OH Zip Code 45208-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 43D596FBDF2A74616040
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Letton, Robert, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Everett Dr
 Pediatric Surgery, Ste 2320
 City Oklahoma City State OK Zip Code 73104-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OUHSC Children's Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 19 / 2019
Transaction ID : 4D5DBEFABDFCBB5E2B00
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Letton, Robert, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Everett Dr
 Pediatric Surgery, Ste 2320
 City Oklahoma City State OK Zip Code 73104-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OUHSC Children's Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 19 / 2019
Transaction ID : 457280F4E61630C246E5
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<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. Litvak, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 6th St SW
 Aultman Hospital
 City Canton State OH Zip Code 44710-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Treatment Centers of America Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 23 / 2019
Transaction ID : 463993694C6B5B24A5CC
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Maa, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Bon Air Rd
 Ste 101
 City Larkspur State CA Zip Code 94939-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marin General Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 4AE78769C31B27552FF0
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Maish, George, Orville, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) UTHSC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 28 / 2019
Transaction ID : 4C39B9C6D46EAB918DBD
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	383.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Mayberry, John, Clark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 East Ave
 PO Box 14001 Pmb 317
 City Ketchum State ID Zip Code 83340-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IdahoSurgeons.Net Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt **07 / 02 / 2019**
Transaction ID : 468FB64FAF241776D30B
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mayberry, John, Clark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 East Ave
 PO Box 14001 Pmb 317
 City Ketchum State ID Zip Code 83340-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IdahoSurgeons.Net Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt **08 / 02 / 2019**
Transaction ID : 4A059E1BC2D51E455985
 Amount of Each Receipt this Period 83.33
 Memo Item

C. McKenna, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2845 Greenbrier Rd
 Ste 230
 City Green Bay State WI Zip Code 54311-6519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora BayCare Medical Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt **07 / 24 / 2019**
Transaction ID : 490F9B601E6189403CB2
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McNally, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6551 High Dr
 City Mission Hills State KS Zip Code 66208-1937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Luke's Physician Group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 71C20327812732B0DF5
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McQuiston, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17375 Hall Rd
 City Macomb State MI Zip Code 48044-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Surgical Group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 28 / 2019
Transaction ID : 46F9B5477195B5C9C4CD
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Milia, David, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9200 W Wisconsin Ave
 City Milwaukee State WI Zip Code 53226-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 23 / 2019
Transaction ID : D2076782DA874613BF88
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
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 49
	<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. Minard, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Madison Ave
 FI 2
 City Memphis State TN Zip Code 38103-3403
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Univ of TN Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2019
Transaction ID : 4B469D6646459E1C5B7E
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Moalem, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Westland Ave
 City Rochester State NY Zip Code 14618-1018
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2019
Transaction ID : 412C9ECA3873B0706F7A
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Moalem, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Westland Ave
 City Rochester State NY Zip Code 14618-1018
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2019
Transaction ID : 4F0AA30AE3460DAE4902
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
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 31 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Monaghan, Sean, Farrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Eddy St
 Department of Surgery, Middle Hous
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 25 / 2019
Transaction ID : 465E9E918A1F7F76AA83
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Napolitano, Lena, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E Medical Center Dr
 1C340-UH, Spc 5033
 City Ann Arbor State MI Zip Code 48109-5033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 19 / 2019
Transaction ID : 4F15A49F881A83B225EB
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Napolitano, Lena, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E Medical Center Dr
 1C340-UH, Spc 5033
 City Ann Arbor State MI Zip Code 48109-5033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 19 / 2019
Transaction ID : 4F7D87F887EA6EA29147
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 49
	<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. Neumayer, Leigh, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Campbell Ave
 P. O. Box 245066, Rm 4410
 City Tucson State AZ Zip Code 85724-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utah University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2916.62

Date of Receipt 07 / 27 / 2019
Transaction ID : 418E99D9A5D5A418D5D1
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Numann, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University Hospital Health Science Cen Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 14 / 2019
Transaction ID : 447293073EE3FAAB931C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Numann, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University Hospital Health Science Cen Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 14 / 2019
Transaction ID : 4E859FB03B4DE07FFFE6
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	516.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<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. O'Neill, Patricia, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Montague Ter
 Apt 4A
 City Brooklyn State NY Zip Code 11201-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 07 / 26 / 2019
Transaction ID : 481FAA8B3B2ED6998E2A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Opelka, Frank, George, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 American College of Surgeons, Ste
 City Washington State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 27 / 2019
Transaction ID : 44ECB10D0EF61713F49F
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Pohl, Dieter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1539 Atwood Ave
 Ste 201
 City Johnston State RI Zip Code 02919-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chartercare Medical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 766.64

Date of Receipt 07 / 21 / 2019
Transaction ID : 401397AB0C5CD37134B8
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<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. Pohl, Dieter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1539 Atwood Ave
 Ste 201
 City Johnston State RI Zip Code 02919-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chartercare Medical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.64

Date of Receipt 08 / 21 / 2019
Transaction ID : 40B68C11F3EF58667EF8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Poje, Christopher, Peter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3580 Sheridan Dr
 Ste 115
 City Buffalo State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Buffalo Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 18 / 2019
Transaction ID : 40688EEA74F5CE2DC756
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Poje, Christopher, Peter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3580 Sheridan Dr
 Ste 115
 City Buffalo State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Buffalo Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2019
Transaction ID : 4AD0A358179DCE2DC781
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 183.33
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 35 OF 49
	<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. Robertson, Ronald, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 SLOT 520
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 25 / 2019**
Transaction ID : 42EB82327630579A820A
 Amount of Each Receipt this Period **41.66**
 Memo Item

B. Sakran, Joseph, Victor, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 S Eaton St
 City Baltimore State MD Zip Code 21224-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 01 / 2019**
Transaction ID : 441387D2A6F5E71DF78D
 Amount of Each Receipt this Period **30.00**
 Memo Item

C. Sakran, Joseph, Victor, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 S Eaton St
 City Baltimore State MD Zip Code 21224-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 01 / 2019**
Transaction ID : 444EAAE8E138901EC75A
 Amount of Each Receipt this Period **30.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	101.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Salomone, Jeffrey, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 W Secretariat Dr
 City Tempe State AZ Zip Code 85284-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Univ Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 03 / 2019**
Transaction ID : 4919BEC4DAECBF05F7BE
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Salomone, Jeffrey, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 W Secretariat Dr
 City Tempe State AZ Zip Code 85284-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Univ Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 03 / 2019**
Transaction ID : 422C8AF40DA3148B29AE
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Schwab, Donald, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5619 Highway 311 Ste A
 City Houma State LA Zip Code 70360-5595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 05 / 2019**
Transaction ID : 45DAB8C28D5B378F4666
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 49
	<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. Schwab, Donald, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5619 Highway 311 Ste A
 City Houma State LA Zip Code 70360-5595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 4CE39A67DD1B6AD2140B
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Scott, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 E 3rd St
 City Duluth State MN Zip Code 55805-1950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essentia Health - Duluth Clinic Occupation (for Individual) Trauma Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1666.64

Date of Receipt 07 / 15 / 2019
Transaction ID : 4F3EA0C65C5DFB775B23
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Scott, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 E 3rd St
 City Duluth State MN Zip Code 55805-1950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essentia Health - Duluth Clinic Occupation (for Individual) Trauma Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1666.64

Date of Receipt 08 / 15 / 2019
Transaction ID : 42D39A7B06D91E93ACDE
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 516.66
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Selzer, Don, Jay, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City Indianapolis State IN Zip Code 46202-5112

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 07 / 20 / 2019
Transaction ID : 40329ECD7CB67DF17724

Amount of Each Receipt this Period 85.00

Memo Item

B. Selzer, Don, Jay, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 Barnhill Dr
Emerson Hall 509

City Indianapolis State IN Zip Code 46202-5112

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 08 / 20 / 2019
Transaction ID : 4131868E66ED59FC9062

Amount of Each Receipt this Period 85.00

Memo Item

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

Mailing Address 424 Fernwood Dr
424 Fernwood Dr

City Jackson State MS Zip Code 39206-3020

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

Name of Employer (for Individual) Gulf Coast Veterans Healthcare System Occupation (for Individual) Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 07 / 2019
Transaction ID : 4B6F9D51A5FD2A685670

Amount of Each Receipt this Period 150.00

Memo Item

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 39 OF 49
	<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. Simon, Kenneth, Bernard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 Fernwood Dr
 424 Fernwood Dr
 City Jackson State MS Zip Code 39206-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Veterans Healthcare System Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 07 / 2019
Transaction ID : 496481AE2D5569EAD1A9
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Sinanan, Mika, Narad, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 NE Pacific St
 # 356410
 City Seattle State WA Zip Code 98195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 4AC282E02054A0FDE7AA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Sinanan, Mika, Narad, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 NE Pacific St
 # 356410
 City Seattle State WA Zip Code 98195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 43559BD77EA59DD8F13F
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 49
	<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. Stewart, Ronald, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14443 Iron Horse Way
 City Helotes State TX Zip Code 78023-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSCSA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1930.00

Date of Receipt **07 / 02 / 2019**
Transaction ID : 430E90B05534A9246A9C
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Stewart, Ronald, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14443 Iron Horse Way
 City Helotes State TX Zip Code 78023-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSCSA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1930.00

Date of Receipt **08 / 02 / 2019**
Transaction ID : 4C5E8CB22DE664B6D3EC
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Sutherland, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 Taylor Ave
 Osu East Department of Surgery, St
 City Columbus State OH Zip Code 43203-1779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Air Force Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt **07 / 20 / 2019**
Transaction ID : 4E7BBA85B701EEBDD15D
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	836.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sutherland, Michael, J., ,		Date of Receipt MM / DD / YYYY 08 / 20 / 2019
Mailing Address 181 Taylor Ave Osu East Department of Surgery, St		Transaction ID : 4263A795888BCA67EABB
City Columbus	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer (for Individual) US Air Force	Occupation (for Individual) Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thompson, Mark, Alan, ,		Date of Receipt MM / DD / YYYY 07 / 22 / 2019
Mailing Address 621 Memorial Dr Ste 502		Transaction ID : 4340AAADC51A1335E9A
City South Bend	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) GVS	Occupation (for Individual) Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tracci, Margaret, Shizue, ,		Date of Receipt MM / DD / YYYY 07 / 07 / 2019
Mailing Address PO Box 800679		Transaction ID : 4269B8661E7CBE8A3977
City Charlottesville	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Univ of VA	Occupation (for Individual) Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	524.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
	<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. Tracci, Margaret, Shizue, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 800679
 City Charlottesville State VA Zip Code 22908-0679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of VA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 07 / 2019
Transaction ID : 4CC7823BF4590E614ED7
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Tuttle-Newhall, Janet, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Brody School of Medicine East Carolina University
 City Greenville State NC Zip Code 27858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 4A308C719588AA3E21F0
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Walsh, Hugh, Glynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16301 S Kennedy Rd
 City Los Gatos State CA Zip Code 95030-7546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hugh G. Walsh, MD, Inc Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 08 / 2019
Transaction ID : 45D39B3DD15B730F3333
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 167.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Walsh, Hugh, Glynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16301 S Kennedy Rd
 City Los Gatos State CA Zip Code 95030-7546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hugh G. Walsh, MD, Inc Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 08 / 2019
Transaction ID : 471DABA177C45DA4324F
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Ward, William, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 N Brandon Ave
 City Norfolk State VA Zip Code 23507-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 432CB97661E8ED91A529
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Ward, William, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 N Brandon Ave
 City Norfolk State VA Zip Code 23507-1100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 4FD9AC575CE31F8F8659
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 49
	<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. Whitacre, Eric, Bruce, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6288 E Grant Rd
 City Tucson State AZ Zip Code 85712-5831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 08 / 2019
Transaction ID : F2B976CA-B049-405F-
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Williams, Regan, Frances, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 N Dunlap St FI 2
 City Memphis State TN Zip Code 38103-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of TN Health Science Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 049A7A6F9B6C41EF8BF8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Winfield, Robert, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 Brookwood Rd
 City Mission Hills State KS Zip Code 66208-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University in St. Louis Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 14 / 2019
Transaction ID : 43E6B265FBA64E2F4F1E
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2630.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Winfield, Robert, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 Brookwood Rd
 City Mission Hills State KS Zip Code 66208-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University in St. Louis Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 14 / 2019
Transaction ID : 4B6F8E6C5E3A4ADABA46
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Yowler, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Metrohealth Dr Department of Surgery
 City Cleveland State OH Zip Code 44109-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Health Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 18 / 2019
Transaction ID : 461388F061A2FF66024A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Yowler, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Metrohealth Dr Department of Surgery
 City Cleveland State OH Zip Code 44109-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Health Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 18 / 2019
Transaction ID : 490E971AC9BBD4E0873B
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zwolak, Robert, M., ,

Mailing Address Dartmouth-Hitchcock Medical Center
Medical Center Dr

City Lebanon State NH Zip Code 03756

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

Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2019

Transaction ID : 52786B0B-2B47-47C6-

Amount of Each Receipt this Period
1100.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	17761.65

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bilirakis For Congress		Date of Disbursement MM / DD / YYYY 07 / 24 / 2019
Mailing Address PO Box 606		FEC Identification Number C C00408534 Transaction ID : B57E2DA43D Amount of Each Disbursement this Period 2500.00
City Tarpon Springs	State FL	Zip Code 34688-0606
Purpose of Disbursement 2020 Primary Contribution		011 Category/ Type
Candidate Name Bilirakis, Gus, Michael, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 12	

Full Name (Last, First, Middle Initial) B. Citizens For Rush		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019
Mailing Address P. O. Box 7292		FEC Identification Number C C00257121 Transaction ID : 47A2C5E3DF! Amount of Each Disbursement this Period 1500.00
City Chicago	State IL	Zip Code 60680-7292
Purpose of Disbursement 2020 Primary Contribution		011 Category/ Type
Candidate Name Rush, Bobby, Lee, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 01	

Full Name (Last, First, Middle Initial) C. Friends To Elect Dr. Greg Murphy To Congress		Date of Disbursement MM / DD / YYYY 07 / 24 / 2019
Mailing Address 502 Queen Annes Rd		FEC Identification Number C C00697649 Transaction ID : CC3779F6A2 Amount of Each Disbursement this Period 2500.00
City Greenville	State NC	Zip Code 27858
Purpose of Disbursement 2019 Special General Contribution		011 Category/ Type
Candidate Name Murphy, Gregory, Francis, , M.D.		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 03	

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Nutmeg PAC

Mailing Address C/O Cacace Tusch & Santagata
1111 Summer St, Ste 301

City Stamford State CT Zip Code 06905

Purpose of Disbursement
2019 Contribution

010
 011
 012
011
Category/
Type

Candidate Name
Nutmeg PAC

Office Sought: House
 Senate
 President

Disbursement For: 2019
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

FEC Identification Number

C C00492983

Transaction ID : F86DC9EF87
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2020 Primary Contribution

010
 011
 012
011
Category/
Type

Candidate Name
Pascrell, William, James, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NJ District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

FEC Identification Number

C C00313510

Transaction ID : 2EFD8DABAE
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Robin Kelly For Congress

Mailing Address PO Box 3411

City Chicago State IL Zip Code 60654

Purpose of Disbursement
2020 Primary Contribution

010
 011
 012
011
Category/
Type

Candidate Name
Kelly, Robin, Lynne, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) **Contribution**

State: IL District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

FEC Identification Number

C C00539866

Transaction ID : C1E0EE4A63
Amount of Each Disbursement this Period

2500.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Scott For Congress

Mailing Address Post Office Box 251

City
Newport News

State
VA

Zip Code
23607

Purpose of Disbursement
2020 Primary Contribution

011

Category/
Type

Candidate Name

Scott, Robert, Cortez, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: VA District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
07		24		2019

FEC Identification Number

C C00256925

Transaction ID : 7A993916AE/

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1500.00

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

13500.00