

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 45
(check only one)

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

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

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

A. Davis, William, H., ,

Mailing Address 258 Adams Rd

City
ChulaState
GAZip Code
31733-4322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Circulation, LLCOccupation (for Individual)
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 | 01 | 2018 |

Transaction ID : 414E88474781F5CE5702

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Detlefs, Corey, L., ,Mailing Address 1441 N 12th St
Dept ofCity
PhoenixState
AZZip Code
85006-2837FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner University Medical Center, PhoeOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08 | 20 | 2018 |

Transaction ID : 4546BB4144480D7BBAC9

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Doherty, Gerard, Michael, ,Mailing Address 75 Francis St
Brigham and Women's HospitalCity
BostonState
MAZip Code
02115-6110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MichiganOccupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08 | 04 | 2018 |

Transaction ID : 4A1AB0F6C86E28E62938

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

193.33