

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Letton, Robert, Warren, ,

Mailing Address **Nemours Children's Specialty Care**
Pediatric Surgery

City State Zip Code
Jacksonville FL 32207

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 ▼

300.00

Date of Receipt

03 / 19 / 2020

Transaction ID : 48B4B8F0527985F4DB1B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Lin, Carol, , ,

Mailing Address **444 S San Vicente Blvd**
Ste 603

City State Zip Code
Los Angeles CA 90048-4178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedars-Sinai Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 13 / 2020

Transaction ID : 7118DC53-38EA-49BB-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Litvak, David, A., ,

Mailing Address **2600 6th St SW**
Aultman Hospital

City State Zip Code
Canton OH 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 ▼

300.00

Date of Receipt

03 / 23 / 2020

Transaction ID : 4F0DBA37B929D80F6258

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

450.00

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