

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street) ▼

20 F St NW, Ste 1000

Attn: Sara Morse

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2015

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

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer

Christian Shalgian

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

23

2015

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		251417.97
(b) Cash on Hand at Beginning of Reporting Period.....	251417.97	
(c) Total Receipts (from Line 19)	315658.34	315658.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	567076.31	567076.31
7. Total Disbursements (from Line 31)	242340.00	242340.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	324736.31	324736.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

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).....	260685.89	260685.89
(ii) Unitemized	54972.45	54972.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	315658.34	315658.34
(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)	315658.34	315658.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	315658.34	315658.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	315658.34	315658.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	241000.00	241000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1340.00	1340.00
(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)).....	1340.00	1340.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	242340.00	242340.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	242340.00	242340.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	315658.34	315658.34
34. Total Contribution Refunds (from Line 28(d))	1340.00	1340.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	314318.34	314318.34
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 249
(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 (Last, First, Middle Initial)

A. David B. Adams

Mailing Address 25 Courtenay Dr

Suite 7100A, MS 290

City

Charleston

State

SC

Zip Code

29425-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : C60AE078984669B618E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Suresh Agarwal

Mailing Address University of Wisconsin Hospital a

G5/335 Clinical Science Center

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Wisconsin

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : BD4D01E1870EAA9FBE5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roxie Mae Albrecht

Mailing Address Univ of Oklahoma Health Sciences C

Williams Pavilion Building, Room 2

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Oklahoma Health Sciences Cente

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 25A644CE6667241AEBF

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew J. AldridgeMailing Address **Flagstaff Surgical Associates**
Suite 201City **Flagstaff** State **AZ** Zip Code **86001-1483**FEC ID number of contributing
federal political committee.**C**Name of Employer
Flagstaff Surgical AssociatesOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2015**Transaction ID : 513E4C895188184104A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward Lee Alexander IIIMailing Address **724 S New St**City **Dover** State **DE** Zip Code **19904-3540**FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 25 / 2015**Transaction ID : 816225894C2C35DEEB4**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Louis M. AlpernMailing Address **4171 N Mesa St**
D100City **El Paso** State **TX** Zip Code **79902-1444**FEC ID number of contributing
federal political committee.**C**Name of Employer
Louis M. Alpern, MDOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2015**Transaction ID : 5D87CE57A91E3C5218C**

Amount of Each Receipt this Period

500.00**SUBTOTAL** of Receipts This Page (optional)..... ►**3500.00****TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 249
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Adnan Ali Alseidi

Mailing Address Department of Surgery

Virginia Mason Medical Center

City

Seattle

State

WA

Zip Code

98101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

HPB & Endocrine surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : B547DB66B26FEAB3857

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James A. Anderson

Mailing Address 419 S Washington St

Ste 200

City

Casper

State

WY

Zip Code

82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID : 3E855DFACBFB781F499

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Peter A. Andreone

Mailing Address 4520 W 69th St

City

Sioux Falls

State

SD

Zip Code

57108-8148

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Central Heart - Avera Heart Hosp

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : BE7ED1564A3DF447986

Amount of Each Receipt this Period

1000.00

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

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

4100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Constantine T. Andrew

Mailing Address 1935 Marlton Pike E

City	State	Zip Code
Cherry Hill	NJ	08003-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Group Of South Jersey

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2015

Transaction ID : 01C0617F57D8E718F15

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Mason ArensmanMailing Address 330 S Michigan Ave
Apt 2008

City	State	Zip Code
Chicago	IL	60604-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	04	/	2015

Transaction ID : DDA6FFA3AB1145E24F3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amanda Kathleen ArringtonMailing Address 1400 Hal Greer Blvd
Edwards Comprehensive Cancer Cente

City	State	Zip Code
Huntington	WV	25701-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Carolina

Occupation

Surgical Oncology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	19	/	2015

Transaction ID : EDB130B94C1B4AFE9D9E

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

PAGE 10 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Juan A. Asensio

Mailing Address Creighton University Medical Center

Department Surgery/Divide Trauma a

City	State	Zip Code
Omaha	NE	68131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami Miller School of Med

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : A659A44E1E8C4F49A393

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John L. D. Atkinson

Mailing Address Department Neurosurgery

Mayo Clinic

City	State	Zip Code
Rochester	MN	55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2015

Transaction ID : 4DD02F34E6006014304

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. John Albert Aucar

Mailing Address 6578 Furman Ct

City	State	Zip Code
Tyler	TX	75703-4282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carle Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : 07EBBADA7035E3B8799

Amount of Each Receipt this Period

250.00

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

2750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ralph Williams AyeMailing Address 1101 Madison St
Ste 900City State Zip Code
Seattle WA 98104-1347FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 2811F54DAF1EE96F5EB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sharon Liebe BachmanMailing Address 3300 Gallows Rd
Department of SurgeryCity State Zip Code
Falls Church VA 22042-3307FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2015

Transaction ID : 97CF8CAA3533E3A9925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert R. BahnsonMailing Address 915 Olentangy River Rd
Osu Department of Urology Suite 20City State Zip Code
Columbus OH 43212-3153FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2015

Transaction ID : 9016980EF744BBB2E99

Amount of Each Receipt this Period

2500.00

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

3250.00

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)

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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 (Last, First, Middle Initial)

A. H. Randolph Bailey

Mailing Address 6550 Fannin St
Ste 2307

City Houston State TX Zip Code 77030-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 14 / 2015

Transaction ID : 40DAC5279CB7DC49605

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patrick Vance Bailey

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

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 08 / 2015

Transaction ID : 42858829D29306BEB744

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick Vance Bailey

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

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 08 / 2015

Transaction ID : 43F9BDB11ED3A079E346

Amount of Each Receipt this Period

250.00

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

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

1500.00

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 13 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patrick Vance Bailey

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

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 08 / 2015

Transaction ID : 499CA5757047A8B76959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick Vance Bailey

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

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 4ABF977A3426ADA4924F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick Vance Bailey

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

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 429AAEBBEE6A1F79FC5F

Amount of Each Receipt this Period

250.00

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

750.00

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

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

PAGE 14 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patrick Vance Bailey

Mailing Address 20 F St NW

American College of Surgeons, Ste

City	State	Zip Code
Washington	DC	20001-6701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maricopa Integrated Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : 4B8EBEB594C9E8E4774A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Efthimios Bakalakos

Mailing Address 112 Saint Olaf Ave S

Sanford Canby Medical Center

City	State	Zip Code
Canby	MN	56220-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Canby Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : 1E476392-CDD8-4EF9-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Annabel Elizabeth Barber

Mailing Address Univ of Nevada School of Medicine

Department of Surgery

City	State	Zip Code
Las Vegas	NV	89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univeristy of Nevada School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : C2A69AFB43164BEF8941

Amount of Each Receipt this Period

1000.00

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

1500.00

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 15 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Nicole Basia Baril

Mailing Address 10800 Magnolia Ave
Kaiser Permanente

City State Zip Code
Riverside CA 92505-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2015

Transaction ID : 23798149A307D95ED04

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert M. Barone

Mailing Address 3075 Health Center Dr
Ste 102

City State Zip Code
San Diego CA 92123-2773

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC San Diego School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : DE201C875C5762976D2

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Erik Sven Barquist

Mailing Address 52 Riley Rd
Ste 310

City State Zip Code
Celebration FL 34747-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Public Health Institute

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 69AA7332ABB6D150904

Amount of Each Receipt this Period

250.00

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

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

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher John Bartels

Mailing Address 200 Lexington Ave

City

Pittsburgh

State

PA

Zip Code

15215-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : F693A3E2CA6B28EC626

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amir Loucas BastawrousMailing Address 1101 Madison St
Ste 510

City

Seattle

State

WA

Zip Code

98104-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Med Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 1314A3164C1F4D1EE0D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Daniel BeauchampMailing 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

Vanderbilt University

Occupation

Surgeon, professor, department chair

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 562070E1A3074620A783

Amount of Each Receipt this Period

100.00

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

1100.00

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 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Daniel Beauchamp

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

Vanderbilt University

Occupation

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 12 / 2015

Transaction ID : 48B4966AA5527D9A48E2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Daniel Beauchamp

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

Vanderbilt University

Occupation

Surgeon, professor, department chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 4E0996C075CF7B8B4BA8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kevin Eugene Behrns

Mailing Address 1600 SW Archer Rd, Rm 6174

University of Florida, Department

City

Gainesville

State

FL

Zip Code

32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of FL

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C23C27A7F8222CC705C

Amount of Each Receipt this Period

1000.00

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Teresa D. BellMailing Address 2522 N Proctor St
Ste 42

City	State	Zip Code
Tacoma	WA	98406-5338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : ABF0470AE10084B5161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rodney Biggs

Mailing Address 660 Par Dr

City	State	Zip Code
Gillette	WY	82718-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 5065FB842488295106A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Harper Bledsoe

Mailing Address 709 Sky Mountain Dr

City	State	Zip Code
Rogers	AR	72756-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

Transaction ID : E7EAF412-738F-4594-

Amount of Each Receipt this Period

500.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Samuel Eugene Bledsoe

Mailing Address 3311 Prescott Rd

Mid Louisiana Surgical Specialists

City

Alexandria

State

LA

Zip Code

71301-3983

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Louisiana Surgical Specialists

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 189014822528223280F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David A. Bloom

Mailing Address University of Mich Department Urol

3875 Tc Space 5330

City

Ann Arbor

State

MI

Zip Code

48109-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mich Department Ped Urol

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : FFB08804F3AD72A2724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cecelia Haines Boardman

Mailing Address 7603 Forest Ave

Virginia Gynecologic Oncology

City

Richmond

State

VA

Zip Code

23229-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer

VWHS

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 71EBBFFEA888E8DC590

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Balazs Imre BodaiMailing Address 1650 Response Rd
Ste 3A

City	State	Zip Code
Sacramento	CA	95815-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : B6CF22C807BE41DDA249

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Michael Bosworth Jr.Mailing Address 15235 Shady Grove Rd
Ste 100

City	State	Zip Code
Rockville	MD	20850-6273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Siegel and Bosworth ENT Center

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2015

Transaction ID : F88BCAA3-8702-45D1-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Albert Bothe Jr.Mailing Address Geisinger Health System
Mc 22-01

City	State	Zip Code
Danville	PA	17822-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Geisinger Health System

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : 949632EE62688B150AF

Amount of Each Receipt this Period

500.00

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Allister Mark BoustredMailing Address 2315 E Harmony Rd
Ste 160

City	State	Zip Code
Fort Collins	CO	80528-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern CO Plastic and Hand Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 2F03B5D1C05A42D799B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark William Bowyer

Mailing Address 3865 Farrcroft Dr

City	State	Zip Code
Fairfax	VA	22030-2485

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : A0E23848CDFB10271AD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karen Jean BraselMailing Address Oregon Health and Science Universi
Mailcode L223

City	State	Zip Code
Portland	OR	97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 95141C63B43A469CA681

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Megan Lindsay Brenner

Mailing Address 912 Valencia Ct

City

Baltimore

State

MD

Zip Code

21230-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	5		2	0	1	5		

Transaction ID : 14E7F7EDF30642DF94EB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen Lyle BrittMailing Address 7938 Al Highway 69
Ste 120

City

Guntersville

State

AL

Zip Code

35976-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 21CF804C3D0CF66F986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua Alan BroghammerMailing Address University of Kansas Medical Center
Department of Urology - Mailstop 3

City

Kansas City

State

KS

Zip Code

66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Urologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	1	5		

Transaction ID : 88C128F6795749C7397

Amount of Each Receipt this Period

2500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Duane Brusven

Mailing Address 8690 160th Ct NW

City

Ramsey

State

MN

Zip Code

55303-8018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 19 / 2015

Transaction ID : A73A8436-0E9C-4473-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terry Buchmiller

Mailing Address Boston Children's Hospital
Department of Surgery

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Childrens Hospital

Occupation

Pediatric Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 26433A1F80D0023AA83

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eileen Metzger Bulger

Mailing Address Harborview Medical Center
Department of Surgery Box 359796

City

Seattle

State

WA

Zip Code

98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 32CE34E5E6924A218DB8

Amount of Each Receipt this Period

500.00

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

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

1000.00

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 24 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kelli Bullard Dunn

Mailing Address 401 E Chestnut St
Unit 710

City State Zip Code
Louisville KY 40202-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 80105CEE667B4129B32F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Reginald Arthur Burton

Mailing Address 2300 S 16th St

City State Zip Code
Lincoln NE 68502-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bryan LGH Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 311780BC723D41578ADA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Winfield Butsch

Mailing Address 3270 Airport Rd

City State Zip Code
Barre VT 05641-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 19 / 2015

Transaction ID : C21910CC70B04C2090C0

Amount of Each Receipt this Period

100.00

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 249

(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Winfield Butsch

Mailing Address 3270 Airport Rd

City	State	Zip Code
Barre	VT	05641-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : B2EFE4BFCE9347189D32

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Andre R. CampbellMailing Address Department of Surgery Ward 3-A
San Francisco General Hospital

City	State	Zip Code
San Francisco	CA	94110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

San Francisco General Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : ABE5B42FD856491B81A1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brendan T. CampbellMailing Address 282 Washington St
Connecticut Children's Medical Cen

City	State	Zip Code
Hartford	CT	06106-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Connecticut Children's Specialty Group

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : 9C94827CC207484C8AFF

Amount of Each Receipt this Period

500.00

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

1150.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Felix Canal

Mailing Address 702 Eskenazi Ave

Fob 5th Floor, Executive Suite

City

Indianapolis

State

IN

Zip Code

46202-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 5F5077AB-ED42-481C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David J. Carlson

Mailing Address 520 Mary St

Ste 520

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evansville Surgical Assoc.

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : 485C96872BEC989A3657

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. David J. Carlson

Mailing Address 520 Mary St

Ste 520

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evansville Surgical Assoc.

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 46379A2F0CA812C4F315

Amount of Each Receipt this Period

50.00

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

600.00

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

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

PAGE 27 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ronald M. CaroniaMailing Address 360 Merrick Rd
FI 3

City	State	Zip Code
Lynbrook	NY	11563-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

Transaction ID : C65C22B0AFF1551F27

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adela Teresa Casas-MelleyMailing Address 1600 W 22nd St
PO Box 5039

City	State	Zip Code
Sioux Falls	SD	57105-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

A I Dupont Hospital for Children

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 45799EA1419EAA0D7C93

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Adela Teresa Casas-MelleyMailing Address 1600 W 22nd St
PO Box 5039

City	State	Zip Code
Sioux Falls	SD	57105-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

A I Dupont Hospital for Children

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2015

Transaction ID : 4AB8B4A0F4ADCA262CF2

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Adela Teresa Casas-Melley

Mailing Address 1600 W 22nd St
PO Box 5039

City State Zip Code
Sioux Falls SD 57105-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

A I Dupont Hospital for Children

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 4EA0828DA4B38641CEAB

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Adela Teresa Casas-Melley

Mailing Address 1600 W 22nd St
PO Box 5039

City State Zip Code
Sioux Falls SD 57105-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

A I Dupont Hospital for Children

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : 44F5A2B0F0BBC4F9F78A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Candice Lee Castro

Mailing Address 90 Granburg Cir

City State Zip Code
San Antonio TX 78218-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : 9672AE26C936EC713DD

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Santiago Chahwan

Mailing Address 6818 Trail Blvd

City

Naples

State

FL

Zip Code

34108-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vascular Access Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 0F4250055A3827C1137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald Scott Chamberlain

Mailing Address St. Barnabas Med Center
Department of Surgery

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Barnabas Med Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 7567451C0C844B0EBD90

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

c. Ronald Scott Chamberlain

Mailing Address St. Barnabas Med Center
Department of Surgery

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Barnabas Med Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : B004A7811FFF4AC8877C

Amount of Each Receipt this Period

50.00

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

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

750.00

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

PAGE 30 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Edie Y. ChanMailing Address 1750 W Harrison St
773 JelkeCity State Zip Code
Chicago IL 60612-3825FEC ID number of contributing
federal political committee.

C

Name of Employer

Rush Univ Med Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015**Transaction ID : 45E18167C0C6900AFF7**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Chi-Ming ChangMailing Address Wake Forest University Health Scie
Department of SurgeryCity State Zip Code
Winston Salem NC 27157-0001FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2015**Transaction ID : 486294F8DECA724A14D2**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Michael Chi-Ming ChangMailing Address Wake Forest University Health Scie
Department of SurgeryCity State Zip Code
Winston Salem NC 27157-0001FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015**Transaction ID : 47CE977EC952A4DBA14B**

Amount of Each Receipt this Period

100.00

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

700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Chi-Ming ChangMailing Address Wake Forest University Health Scie
Department of Surgery

City	State	Zip Code
Winston Salem	NC	27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : 45BFB0B68F86F1F3DA56

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Chi-Ming ChangMailing Address Wake Forest University Health Scie
Department of Surgery

City	State	Zip Code
Winston Salem	NC	27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 46F7A66C3173CFBFB7DE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steven Li-Wen Chen

Mailing Address 5473 Colt Ter

City	State	Zip Code
San Diego	CA	92130-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

City of Hope National Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : CBEF16E34309B0C2F3A

Amount of Each Receipt this Period

250.00

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gregory Spicer Cherr

Mailing Address Suny-Buffalo

Department of Surgery

City

Buffalo

State

NY

Zip Code

14203

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 9173715440FA43399E88

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William G. Cioffi Jr.

Mailing Address 593 Eddy St

Chairmans Office Apc 431, Ste 431

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : 0E0F748FC8077BEEF0C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark David Cipolle

Mailing Address 4755 Ogletown Stanton Rd

Christiana Care Health System, Ste

City

Newark

State

DE

Zip Code

19718-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 462C34179214CFBB452

Amount of Each Receipt this Period

500.00

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

1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 249
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patrick Alan Cleary

Mailing Address 1812 W Royale Dr

City

Muncie

State

IN

Zip Code

47304-2243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc in Surgery of Muncie

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

Transaction ID : C1DFC6216759D4BFE4B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norris Eugene Cleek

Mailing Address PO Box 944

City

Orland

State

CA

Zip Code

95963-0944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	5

Transaction ID : 3E48658321BA4F2198F7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David W. CloydMailing Address 2067 Wineridge Pl
Ste A

City

Escondido

State

CA

Zip Code

92029-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : 98FD71AC932310A53FF

Amount of Each Receipt this Period

250.00

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 34 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Coburn

Mailing Address 7200 Cambridge St

Baylor College of Medicine

City

Houston

State

TX

Zip Code

77030-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 57C773A20D9B42198199

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 25 / 2015

Transaction ID : 446EA6347BA1A6BA690D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 25 / 2015

Transaction ID : 4F1394290BEEEFAC12BF

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

PAGE 35 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 4CADAEB32C9FEE816183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2015

Transaction ID : 44FEA9C156D44761CEA5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2015

Transaction ID : 4139A7B3DA29567E301B

Amount of Each Receipt this Period

250.00

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: PAGE 36 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Amalia Lenora Cochran

Mailing Address University of Utah

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : 43E685CA6EE2F99DF6C9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Costanza Cocilovo

Mailing Address 6101 31st St N

City

Arlington

State

VA

Zip Code

22207-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 7995CA90C408A79DBD4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raul Coimbra

Mailing Address 200 W Arbor Dr

Mail Code 8896

City

San Diego

State

CA

Zip Code

92103-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA San Diego

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 44772B913E2C40B7A1EF

Amount of Each Receipt this Period

500.00

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

1250.00

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 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Frederic J. Cole Jr.

Mailing Address 501 N Graham St

Pacific Surgical, Pc, Ste 580

City

Portland

State

OR

Zip Code

97227-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2015

Transaction ID : 5BD5CD746EB94D489888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jerome S. Collins

Mailing Address 1900 Boise Ave

City

Loveland

State

CO

Zip Code

80538-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loveland Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 2837E0FE1C920382726

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julie Anne Conyers

Mailing Address 10978 Donner Pass Rd

City

Truckee

State

CA

Zip Code

96161-0433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 6D5484C3CF704BA383AD

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

PAGE 38 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Annesley Williamson CopelandMailing Address 725 5th St SE
Unit 11

City Washington State DC Zip Code 20003-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2015**Transaction ID : 6ADA0C96-04BB-48BE-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Morgan CosgroveMailing Address 201 Manor Pl
Eastern Long Island Hospital(Elih)

City Greenport State NY Zip Code 11944-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trauma/General SurgeryOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 22 / 2015**Transaction ID : A9AEB790ED7FEF037C8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Chris CribariMailing 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
Surgical Specialists of the RockiesOccupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2015**Transaction ID : 02DCE5E7E01B1D029F4**

Amount of Each Receipt this Period

500.00

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 4FDB932A4C750936795C

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : 4310A20FE661418545DB

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 44E89AE38D4B2CFCBDE9

Amount of Each Receipt this Period

80.00

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

240.00

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 249

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (Last, First, Middle Initial)

A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City State Zip Code
 Memphis TN 38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 46FBA8F2D675626A6858

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City State Zip Code
 Memphis TN 38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 4BD089337F9E6448C7E0

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City State Zip Code
 Memphis TN 38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 49E2A7EA55F0C88FBC4C

Amount of Each Receipt this Period

80.00

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

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

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

Transaction ID : 48C08AF5F913C640DEC6

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Armando Cruzado-RamosMailing Address 1420 Calle Marbella
Mansiones Vistamar Marina

City	State	Zip Code
Carolina	PR	00983-1591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : E30866231629AD48327

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John K. CummingMailing Address 701 Park Ave
Department of Surgery

City	State	Zip Code
Minneapolis	MN	55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : F83A5AC6E48D48FFBE83

Amount of Each Receipt this Period

500.00

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

1080.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Joseph Cunningham

Mailing Address 300 Longwood Ave

Boston Children's Hospital, # BCH3

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital Otolaryngologic Fo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 1CB91D2790F7162E01E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony Lawrence Cuppari

Mailing Address 29 Columbia Tpke

Ste 202

City

Florham Park

State

NJ

Zip Code

07932-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

Transaction ID : 4CDA4D106001ECDC436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Terrence Curran

Mailing Address 100 Madison Ave

Department of Surgery

City

Morristown

State

NJ

Zip Code

07960-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morristown Memorial Hospital

Occupation

Trauma Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : D415FB59-CCBC-4281-

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Daley

Mailing Address 1924 Alcoa Hwy
U-11

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University General Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : A57B4D6062959351DD5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Cletus Dalsing

Mailing Address 1801 Senate Blvd
Mpc-2, Suite 3500

City State Zip Code
Indianapolis IN 46202-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : E68AB12187031777A42

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James W. Davis

Mailing Address Department of Orthopaedic Surgery
University of Missouri

City State Zip Code
Columbia MO 65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ucsf/Fresno University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2015

Transaction ID : 5B8A30A68C9041A09DED

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

PAGE 44 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kimberly Anne Davis

Mailing Address 330 Cedar St

Yale University Department of Surg

City

New Haven

State

CT

Zip Code

06510-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : E0E9C9BC61094839BC3D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew Lowell Davis

Mailing Address 11122 Overlook Cv

City

Belton

State

TX

Zip Code

76513-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 415894786437BD4A9FA7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Matthew Lowell Davis

Mailing Address 11122 Overlook Cv

City

Belton

State

TX

Zip Code

76513-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 447C9522EB784445E96A

Amount of Each Receipt this Period

50.00

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

600.00

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

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

PAGE 45 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Matthew Lowell Davis

Mailing Address 11122 Overlook Cv

City
BeltonState
TXZip Code
76513-6528FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID : 44F68A5A41A4CFF01AF3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rodney Davis

Mailing Address 4301 W Markham St

University of Arkansas for Medical

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 494FAD7ED43F3CE860D3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Rodney Davis

Mailing Address 4301 W Markham St

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 4A589C6A589BA555E4A3

Amount of Each Receipt this Period

50.00

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

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Samuel DeJesusMailing Address 110 W Underwood St
Ste A

City	State	Zip Code
Orlando	FL	32806-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : 8357533E569F4AEA89AF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John M. DeLoach Jr.Mailing Address 3401 Springhill Dr
Ste 400

City	State	Zip Code
North Little Rock	AR	72117-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pulaski Surgical

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : A202760A33806E00F0D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Clinton Denny IIIMailing Address 1 Hospital Dr
Department of Oto-Hns, # MA314

City	State	Zip Code
Columbia	MO	65212-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Missouri

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2015

Transaction ID : 30F53EE025F4D68DB50

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 47 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Corey L. Detlefs

Mailing Address 925 E McDowell Rd
 FI 2

City State Zip Code
 Phoenix AZ 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 02 2015

Transaction ID : 412DA25406B0012775C7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Corey L. Detlefs

Mailing Address 925 E McDowell Rd
 FI 2

City State Zip Code
 Phoenix AZ 85006-2502

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 02 2015

Transaction ID : 4655A1947408980EBD11

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Clifford W. Deveney

Mailing Address Professor, Department of Surgery
 Suite L223A

City State Zip Code
 Portland OR 97239

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Ohsa Oregon Health & Sciences

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 20 2015

Transaction ID : 0530466AEA9BBF5E93D

Amount of Each Receipt this Period

250.00

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

350.00

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

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

PAGE 48 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Karen E. DeveneyMailing Address Ohsu Department of Surgery
Mailcode L-223

City	State	Zip Code
Portland	OR	97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Sciences Univ Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : C0CFECBEBE4F1AA562B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sandra Dee DickersonMailing Address 2602 50th St
Ste 200

City	State	Zip Code
Lubbock	TX	79413-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lubbock Vein Specialists

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 902AD551CD8CFAE3B34

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony Dominic Dippolito

Mailing Address 201 Drift Ct

City	State	Zip Code
Bethlehem	PA	18020-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Colon and Rectal Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 8B3C602F254E4865777

Amount of Each Receipt this Period

250.00

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Mark Dixon

Mailing Address PO Box 80347

City	State	Zip Code
Phoenix	AZ	85060-0347

FEC ID number of contributing
federal political committee.

C

Name of Employer

DMGAZ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 8CE4CBA88B2FE254644

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wade Edward Dosch

Mailing Address 4701 S Lewis Ave

City	State	Zip Code
Sioux Falls	SD	57103-5413

FEC ID number of contributing
federal political committee.

C

Name of Employer

McGreevy Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : 79D2DB11-7B89-420B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jay Joseph Doucet

Mailing Address 200 W Arbor Dr

City	State	Zip Code
San Diego	CA	92103-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 6220A3C84161412D9EFA

Amount of Each Receipt this Period

500.00

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

2000.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Edward Dougherty

Mailing Address 1801 Maine St

City

Quincy

State

IL

Zip Code

62301-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : CCEFA03E47A61637A83

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cynthia Denise Downard

Mailing Address 315 E Broadway
Ste 565

City

Louisville

State

KY

Zip Code

40202-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 03 / 2015

Transaction ID : 0C364EAB-D541-4827-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gary Allan Drascher

Mailing Address 1253 Dogwood Dr

City

Bridgewater

State

NJ

Zip Code

08807-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Associates of Central NJ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 751AD5614C7420AD4F7

Amount of Each Receipt this Period

500.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Therese M. DuaneMailing Address Jps Health Network
Department of SurgeryCity State Zip Code
Fort Worth TX 76104FEC ID number of contributing
federal political committee.

C

Name of Employer

VCU Med Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 78BDA2C809B21C9D96A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Jeremy Dubose

Mailing Address 3514 N Ripples Ct

City State Zip Code
Missouri City TX 77459-6583FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2015

Transaction ID : 90E34FB2A9195878555

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Joseph Jeremy Dubose

Mailing Address 3514 N Ripples Ct

City State Zip Code
Missouri City TX 77459-6583FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 9407ED6DF775442C927D

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

PAGE 52 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Juan Duchesne

Mailing Address Trauma Program

North Oaks Medical Center

City

Hammond

State

LA

Zip Code

70403

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Oaks Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : 4AA5A357B9969ACED0B0

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Juan Duchesne

Mailing Address Trauma Program

North Oaks Medical Center

City

Hammond

State

LA

Zip Code

70403

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Oaks Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : 44C0BE8828D11EA01718

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Brian James Dunkin

Mailing Address Methodist Hospital Department of S

Suite Sm 1661

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2015

Transaction ID : 45EEBF052E4EA8777803

Amount of Each Receipt this Period

50.00

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

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 249

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Margaret M. Dunn

Mailing Address 128 E Apple St

Wright State Univ Department of Su

City

Dayton

State

OH

Zip Code

45409-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : 4B5690BECAFC98B4BFC0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Margaret M. Dunn

Mailing Address 3640 Colonel Glenn Hwy

Wright State Univ Boonshoft School

City

Dayton

State

OH

Zip Code

45435-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

Transaction ID : 45D09306DC913771DBA0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Margaret M. Dunn

Mailing Address 3640 Colonel Glenn Hwy

Wright State Univ Boonshoft School

City

Dayton

State

OH

Zip Code

45435-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : 4DA387971A7F1C17BFB7

Amount of Each Receipt this Period

100.00

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: PAGE 54 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Margaret M. Dunn

Mailing Address 3640 Colonel Glenn Hwy

Wright State Univ Boonshoft School

City

Dayton

State

OH

Zip Code

45435-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University School of Medi

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : 4080996C22A1E44D333B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Eddleman

Mailing Address 2800 Blue Ridge Rd

Ste 300

City

Raleigh

State

NC

Zip Code

27607-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : D8706249B5FACABA699

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen B. Edge

Mailing Address Baptist Cancer Center

Baptist Memorial Health Care Corpo

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : E8C4E2A1C6576FD0C85

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 55 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Andrew Edwards

Mailing Address 2799 W Grand Blvd

Department of Ophthalmology

City State Zip Code
Detroit MI 48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : E0BFD39B-F617-4155-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. E. Christopher Ellison

Mailing Address 700 Ackerman Rd
Ste 600

City State Zip Code
Columbus OH 43202-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 2E7A66B7910344889660

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James K. Elsey

Mailing Address 631 Professional Dr
Ste 300

City State Zip Code
Lawrenceville GA 30046-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : 0AAEEB29BC301491A29

Amount of Each Receipt this Period

500.00

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

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

1750.00

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)

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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 (Last, First, Middle Initial)

A. Blaine L. Enderson

Mailing Address 1924 Alcoa Hwy
Ste U-11

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University General Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2015

Transaction ID : 49E187390F8696C43554

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Blaine L. Enderson

Mailing Address 1924 Alcoa Hwy
Ste U-11

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University General Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2015

Transaction ID : 4C83BEC8C8951F08D101

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Heather Leigh Evans

Mailing Address PO Box 359796
325 Ninth Avenue

City State Zip Code
Seattle WA 98195-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : ABFA0B07E0F8BBF96B8

Amount of Each Receipt this Period

250.00

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

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

350.00

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)

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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 (Last, First, Middle Initial)

A. Lindsay Fairfax

Mailing Address PO Box 3201

City

Pinehurst

State

NC

Zip Code

28374-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auckland City Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 17 / 2015

Transaction ID : 4E8EADEF51DC7BCEECA

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Lindsay Fairfax

Mailing Address PO Box 3201

City

Pinehurst

State

NC

Zip Code

28374-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auckland City Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 17 / 2015

Transaction ID : 4B9F8B3C6A710C60878F

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Mary Elizabeth Fallat

Mailing Address 315 E Broadway
Ste 565

City

Louisville

State

KY

Zip Code

40202-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2015

Transaction ID : 277085C78443AF76939

Amount of Each Receipt this Period

250.00

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

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

334.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen Austin FannMailing Address Musc Department of Surg
426 Csb:Msc 613

City	State	Zip Code
Charleston	SC	29425-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of South Carolina School of Med

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 4EEDA1730454CF08ED14

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephen Austin FannMailing Address Musc Department of Surg
420 Csb:Msc 613

City	State	Zip Code
Charleston	SC	29425-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of South Carolina School of Med

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : 48A9933018D7B2752F7A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Richard J. FantusMailing Address Advocate Illinois Masonic Medical
Trauma Service

City	State	Zip Code
Chicago	IL	60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 994750E90F204060A630

Amount of Each Receipt this Period

500.00

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

600.00

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

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

PAGE 59 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Francis D. FerdinandMailing Address Divide Thoracic/Cardiovascular Sur
Lankenau Medical Center - 280 Msb

City	State	Zip Code
Wynnewood	PA	19096-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Lankenau Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : B42ABBD3FBF1716830

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. John FildesMailing Address Univ of Nevada School of Medicine
Department of Surgery Suite 302

City	State	Zip Code
Las Vegas	NV	89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nevada School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2015

Transaction ID : 4281A1AD386A43E95CB3

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John FildesMailing Address Univ of Nevada School of Medicine
Department of Surgery Suite 302

City	State	Zip Code
Las Vegas	NV	89102

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nevada School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : 4F53B9BA2E4D0FA006F8

Amount of Each Receipt this Period

50.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 (Last, First, Middle Initial)

A. John A. Fink

Mailing Address 95 Arch St
Ste 215

City Akron State OH Zip Code 44304-1467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 84BC672D0C9D509D746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy Charles Fitzgibbons

Mailing Address 17030 Lakeside Hills Plz
Ste 200

City Omaha State NE Zip Code 68130-2396

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2015

Transaction ID : B33C5FCB466F1E67A4E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Francis Flaherty

Mailing Address 108 Camino Penasco

City El Paso State TX Zip Code 79912-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen F. Flaherty, MD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

03 / 14 / 2015

Transaction ID : 637D106C416E47E094DC

Amount of Each Receipt this Period

400.00

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

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

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 249
(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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen Francis Flaherty

Mailing Address 108 Camino Penasco

City	State	Zip Code
El Paso	TX	79912-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen F. Flaherty, MD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2015

Transaction ID : 460C8B0D1FEBEDC1CB2F

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Stephen Francis Flaherty

Mailing Address 108 Camino Penasco

City	State	Zip Code
El Paso	TX	79912-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen F. Flaherty, MD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	05	/	2015

Transaction ID : 4BA3B6C7FF899AA3FEA4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Stephen Francis Flaherty

Mailing Address 108 Camino Penasco

City	State	Zip Code
El Paso	TX	79912-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stephen F. Flaherty, MD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : 4E6C84DCF4A15E298572

Amount of Each Receipt this Period

25.00

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

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James W. Fleshman Jr.

Mailing Address Department of Surg.

Baylor Univ. Med. Center

City

Dallas

State

TX

Zip Code

75246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 10961E5883A14268B4B2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lewis Matthew Flint Jr.

Mailing Address American College of Surgeons

Division of Education

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

Transaction ID : 301E10A7-2F7F-483C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Henri Ford

Mailing Address Children's Hospital of Los Angeles

Mailstop 72

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Pittsburgh

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2015

Transaction ID : 8393CBCB-087F-44E1-

Amount of Each Receipt this Period

1000.00

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

2250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lee Andrew ForestiereMailing Address 1609 W 40th Ave
Ste 403

City	State	Zip Code
Pine Bluff	AR	71603-6365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	22	/	2015

Transaction ID : 0C13B28B28306D57A31

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gerald R. Fortuna

Mailing Address 2809 Rocky Springs Dr

City	State	Zip Code
Pearland	TX	77584-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Air Force

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	06	/	2015

Transaction ID : 7A5F45C9-4D00-4403-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James E. Foster IIMailing Address 1906 Belleview Ave SE
Carilion Roanoke Memorial Hospital

City	State	Zip Code
Roanoke	VA	24014-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Roanoke Memorial Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	22	/	2015

Transaction ID : 3F665DA1F62EC0C7224

Amount of Each Receipt this Period

500.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. George Richard Fournier Jr.

Mailing Address PO Box 566

City	State	Zip Code
Yankton	SD	57078-0566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 331117F4AD2CC51DF91

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adam FoxMailing Address 25 Hudson St
Apt 405

City	State	Zip Code
Jersey City	NJ	07302-7507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rutgers New Jersey Med School

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 7BCCF8C0EDECEC7A3D3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James Clyde Foxworthy

Mailing Address 3220 Banberry Dr

City	State	Zip Code
Statesville	NC	28625-4569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Piedmont Health Care

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : D1CC14F1B296932DF12

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Hugh Martin Foy

Mailing Address PO Box 359796

City
Seattle

State
WA

Zip Code
98195-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2015

Transaction ID : C41EFD2A6474EC74C2C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Glen Allen Franklin

Mailing Address Department of Surgery
University of Louisville

City
Louisville

State
KY

Zip Code
40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : AED22022AC5249A5A63F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Julie A. Freischlag

Mailing Address 4610 X St
Uc Davis Health System, Ste 3101

City
Sacramento

State
CA

Zip Code
95817-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2015

Transaction ID : C97649717823B7AFF91

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 249

(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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Neil Barry Friedman

Mailing Address 301 Saint Paul Pl

the Breast Center at Mercy

City

Baltimore

State

MD

Zip Code

21202-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : BE73C4024899000F5A0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luther L. Fry

Mailing Address 310 E Walnut St

City

Garden City

State

KS

Zip Code

67846-5572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : 867A862C44D7F40EF66

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Spencer W. Galt

Mailing Address 5323 S Woodrow St

Ste 102

City

Murray

State

UT

Zip Code

84107-5853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain Medical Physician Specialists

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 2CD7251F86EA4B1BAC94

Amount of Each Receipt this Period

600.00

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

1150.00

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

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

FOR LINE NUMBER: PAGE 67 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sabha Ganai

Mailing Address 315 W Carpenter St

Simmons Cancer Institute at Siu

City

Springfield

State

IL

Zip Code

62702-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : E12AE1E3-E635-4DCE-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rajesh Ramesh Gandhi

Mailing Address 1500 S Main St

John Peter Smith, Opc 303

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 08C04E14B2F194A33BC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nancy Gantt

Mailing Address 1044 Belmont Ave

St. Elizabeth Health Center

City

Youngstown

State

OH

Zip Code

44504-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Humility of Mary Health Partners

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : 5A661D24B0E74F865B6

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

PAGE 68 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Howard GarberMailing Address 7557 Dannaer Way
Ste 110

City	State	Zip Code
Powell	TN	37849-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : EAEA4366AE7B9507E79

Amount of Each Receipt this Period

283.63

Full Name (Last, First, Middle Initial)

B. Brian Howard GarberMailing Address 7557 Dannaer Dr
Ste 110

City	State	Zip Code
Powell	TN	37849-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 517D1FFB5038B60D74A

Amount of Each Receipt this Period

225.03

Full Name (Last, First, Middle Initial)

C. Fernando Garcia

Mailing Address 4305 Kirkland Dr

City	State	Zip Code
Fort Worth	TX	76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 4C6190900109302028D1

Amount of Each Receipt this Period

100.00

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

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

608.66

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 69 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Fernando Garcia

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 18 / 2015

Transaction ID : 455793448039B5203FEA

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Fernando Garcia

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 18 / 2015

Transaction ID : 423E99F8D2123D17BEFF

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Fernando Garcia

Mailing Address 4305 Kirkland Dr

City

Fort Worth

State

TX

Zip Code

76109-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 4F17841519F02C39FE29

Amount of Each Receipt this Period

100.00

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 249

(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Joseph Garren

Mailing Address 1 S Park St

City

Madison

State

WI

Zip Code

53715-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 498073D2F9834D5FB578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lloyd B. Gayle

Mailing Address 50 E 69th St

City

New York

State

NY

Zip Code

10021-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Presbyterian Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : FF379490B9CEA0D6221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Douglas Michael Geehan

Mailing Address Umkc

Department of Surgery

City

Kansas City

State

MO

Zip Code

64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMKC

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 10473D4EAF2FF46EE5

Amount of Each Receipt this Period

500.00

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

1250.00

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)

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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 (Last, First, Middle Initial)

A. Evan R. Geller

Mailing Address 625 Belle Terre Rd
Ste 201

City State Zip Code
Port Jefferson NY 11777-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer

N. Suffolk Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 732FBCB2C66F47DB9634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edwin Shewman Gerrish

Mailing Address 506 1st Ave SE
Brown Clinic

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 39A1AEE88CB8EF2F0A3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mitchell James Giangobbe

Mailing Address 13629 W Camino Del Sol
Ste 180

City State Zip Code
Sun City West AZ 85375-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 81F53D55D83684BA0F6

Amount of Each Receipt this Period

800.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 72 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James W. Gigantelli

Mailing Address University of Nebraska Medical Ctr
 Department of Ophthalmology

City State Zip Code
 Omaha NE 68198-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Nebraska

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : 27177B46F46B88AAE65

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew James Gillies

Mailing Address 31 Devon Rd

City State Zip Code
 Newton MA 02459-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Needham Medical Associates

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : 08C23FA8DA17EF4763C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James M. Goff Jr.

Mailing Address 5409 Canyon Bluff Trl NE

City State Zip Code
 Albuquerque NM 87111-8240

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : 4215A79CB4DAE84FEDC2

Amount of Each Receipt this Period

50.00

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

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

800.00

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

PAGE 73 OF 249

<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 (Last, First, Middle Initial)

A. James M. Goff Jr.

Mailing Address 5409 Canyon Bluff Trl NE

City

Albuquerque

State

NM

Zip Code

87111-8240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : 4996B0AA469B900C8FC7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ross Frederick GoldbergMailing Address 6895 E Camelback Rd
Apt 2026

City

Scottsdale

State

AZ

Zip Code

85251-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maricopa Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

Transaction ID : 4F62BDCE1D0F5EA4B0E1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ross Frederick GoldbergMailing Address Maricopa Medical Center
Department of Surgery

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maricopa Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 490AB0C278B5FCD04EDC

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ross Frederick Goldberg

Mailing Address 6895 E Camelback Rd

City State Zip Code
 Scottsdale AZ 85251-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maricopa Medical Center

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 49F8B100D7098BBA713A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ross Frederick Goldberg

Mailing Address Maricopa Medical Center
 Department of Surgery

City State Zip Code
 Phoenix AZ 85008

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maricopa Medical Center

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 12 / 2015

Transaction ID : 49348E0F9824082FD304

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ross Frederick Goldberg

Mailing Address Maricopa Medical Center
 Department of Surgery

City State Zip Code
 Phoenix AZ 85008

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Maricopa Medical Center

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : 48EE920185FFA979BFD7

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ross Frederick Goldberg

Mailing Address 2601 E Roosevelt St

Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008-4973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maricopa Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : 4AE08BC6B4DD172AAC0E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Arthur Golden

Mailing Address Wright-Saunders 266

Penn Presbyterian Medical Center

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of the Univ of Pennsylvania

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	5

Transaction ID : 0786CA0460064C0089BF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Franklin Goldszer

Mailing Address 10 Mayfield St

City

Rye

State

NY

Zip Code

10580-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : DA03A2B7EC3544FA8962

Amount of Each Receipt this Period

250.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dinakar Golla

Mailing Address 67 Long Meadow Dr

City
Pittsburgh

State
PA

Zip Code
15238-1863

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 13 / 2015

Transaction ID : A60E21E243C8E707E40

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Richard S. Greene

Mailing Address 910 Wayne Rd

City
Savannah

State
TN

Zip Code
38372-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 1C641571B9CEA43FA30

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David George Greenhalgh

Mailing Address 2425 Stockton Blvd
Shriners Hospitals for Children

City
Sacramento

State
CA

Zip Code
95817-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shriners Hospitals for Children

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 25 / 2015

Transaction ID : 214B9C55AECECBA73CA

Amount of Each Receipt this Period

250.00

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

800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Anthony GriswoldMailing Address Texas Tech University Health Scien
Department of Surgery - MS 8312

City	State	Zip Code
Lubbock	TX	79430-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : B78E8BB8-FE03-4D56-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jay L. GrosfeldMailing Address Jw Riley Hospital for Children
Section of Pediatric Surgery

City	State	Zip Code
Indianapolis	IN	46202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 595DFD82FC4DD8C7A88

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirby Robert GrossMailing Address 4242 Broadway St
Apt 302

City	State	Zip Code
San Antonio	TX	78209-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2015

Transaction ID : DB3D1301-0CC7-4144-

Amount of Each Receipt this Period

1000.00

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

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

2750.00

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

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

FOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Ronald Ian Gross

Mailing Address Chief of Trauma and Acute Care Sur
 Baystate Medical Center

City State Zip Code
 Springfield MA 01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Surgeon-Chief of Trauma and Emergency

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 10 / 2015

Transaction ID : 4BADABACFDDDB5C288CE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ronald Ian Gross

Mailing Address Chief of Trauma and Acute Care Sur
 Baystate Medical Center

City State Zip Code
 Springfield MA 01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Surgeon-Chief of Trauma and Emergency

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 25 / 2015

Transaction ID : 4219AA943CBD714F072E

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Ronald Ian Gross

Mailing Address Chief of Trauma and Acute Care Sur
 Baystate Medical Center

City State Zip Code
 Springfield MA 01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Surgeon-Chief of Trauma and Emergency

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 25 / 2015

Transaction ID : 4FF8A694F5767F57156D

Amount of Each Receipt this Period

200.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 79 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Jon Grossklaus

Mailing Address 6007 E Baseline Rd
Ste 105

City State Zip Code
Mesa AZ 85206-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer
D Grossklaus, MD, PC

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 86FA50AC05398160C86

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Richard Hakala

Mailing Address 2710 Last Chance Ct

City State Zip Code
Reno NV 89511-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : 3957B9E1-605C-4855-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tony O'Neal Haley

Mailing Address 701 Med Tech Pkwy
Ste 400

City State Zip Code
Johnson City TN 37604-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 8EE3CE6727BF42648C94

Amount of Each Receipt this Period

250.00

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

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

750.00

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

PAGE 80 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Amy Lynne HalversonMailing Address Northwestern Univ Feinberg Sch of
Divide of Gastrointestinal and Onc

City	State	Zip Code
Chicago	IL	60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Univ Feinberg Sch of Med

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : BDF1D8E0A07C46ACB231

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Joseph Hamilton Jr.Mailing Address 6001 SW 6th Ave
Ste 220

City	State	Zip Code
Topeka	KS	66615-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tall Grass Surgical Specialists

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 7FA648C78D484564A1B8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Magdi HanafiMailing Address 5673 Peachtree Dunwoody Rd
Ste 750

City	State	Zip Code
Atlanta	GA	30342-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer

GYN & Fertility Specialists

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : DE944D2FC3A34047758

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John B. Hanks

Mailing Address Department of Surgery, Box 800709

University of Virginia Hospital

City State Zip Code
 Charlottesville VA 22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Va Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : 8AABB2E6085B58D1A83

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Howard Clayton Harper III

Mailing Address 121 N 20th St

Ste 3

City State Zip Code
 Opelika AL 36801-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015

Transaction ID : 4F680636DE8AB089C72

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Tobin Harrington

Mailing Address Rhode Island Hospital

Department of Surgery

City State Zip Code
 Providence RI 02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : 8EBFC1CFC891F82E37B

Amount of Each Receipt this Period

500.00

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

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

1500.00

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)

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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 (Last, First, Middle Initial)

A. Richard Mark Hatfield

Mailing Address PO Box 3970

City

Charleston

State

WV

Zip Code

25339-3970

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retina Consultants PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : E55C0D184FF51AD3B82

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jean Hausheer

Mailing Address 3201 W Gore Blvd

City

Lawton

State

OK

Zip Code

73505-6378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sabats Eye Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 95C6054EC8A22A5C054

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

c. Mary Therese Hawn

Mailing Address 1720 2nd Ave S

University of Alabama

City

Birmingham

State

AL

Zip Code

35233-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2015

Transaction ID : 4482793F05AEE71BF6D

Amount of Each Receipt this Period

500.00

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

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

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael HayashiMailing Address Department of Surgery
University of Hawaii

City	State	Zip Code
Honolulu	HI	96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Hawaii

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : 59D53674512C603ED4A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Hayashi

Mailing Address Department of Surgery

City	State	Zip Code
Honolulu	HI	96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Hawaii

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : 71B58735DA4543B898BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dean Alan Healy

Mailing Address 707 Carriage Dr

City	State	Zip Code
Wexford	PA	15090-8798

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Penn Allegheny Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 8BA52FA485213D0F2AB

Amount of Each Receipt this Period

300.00

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

1300.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brandon Marshall Helbling

Mailing Address 401 N 9th St

City
BismarckState
NDZip Code
58501-4530FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Dakota Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : 257005E1-465C-49BB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sharon M. Henry

Mailing Address 520 S Hanover St

City
BaltimoreState
MDZip Code
21201-2438FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : CC9D1D12E9648C21575

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Sharon M. Henry

Mailing Address 520 S Hanover St

City
BaltimoreState
MDZip Code
21201-2438FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 1C29A4A4E47A290611B

Amount of Each Receipt this Period

1000.00

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

2000.00

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)

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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 (Last, First, Middle Initial)

A. Arnold H. Herman

Mailing Address 16 Cambria Ct

City

Pawtucket

State

RI

Zip Code

02860-5138

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Side Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 70E69EF991FD8E4EEEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Enrique Hernandez

Mailing Address Division of Gyn/Oncology
Temple University Hospital

City

Philadelphia

State

PA

Zip Code

19140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2015

Transaction ID : 3EDEB0637D99B5F7917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mary Lenora Hilfiker

Mailing Address 3030 Childrens Way
Ste 107

City

San Diego

State

CA

Zip Code

92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

01 / 15 / 2015

Transaction ID : 4D4DBE63720998EFB270

Amount of Each Receipt this Period

210.00

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

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

960.00

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

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

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(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mary Lenora HilfikerMailing Address 3030 Childrens Way
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2015

Transaction ID : 4D5FB0DC858BFA564E1E

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mary Lenora HilfikerMailing Address 3030 Childrens Way
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2015

Transaction ID : 4E67B87FFE14640C67BA

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Mary Lenora HilfikerMailing Address 3030 Childrens Way
Ste 107

City	State	Zip Code
San Diego	CA	92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : 420187102EDC0344673A

Amount of Each Receipt this Period

210.00

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

630.00

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:
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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 (Last, First, Middle Initial)

A. Mary Lenora Hilfiker

Mailing Address 3030 Childrens Way
Ste 107

City State Zip Code
San Diego CA 92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

05 / 15 / 2015

Transaction ID : 4F0D8EA9A88D6F1BFFBB

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mary Lenora Hilfiker

Mailing Address 3030 Childrens Way
Ste 107

City State Zip Code
San Diego CA 92123-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSD

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

06 / 15 / 2015

Transaction ID : 4705931597CB0B3477DE

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

c. Christine Hodyl

Mailing Address 6 Belton Ct

City State Zip Code
Babylon NY 11702-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Nassau Comm Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 13 / 2015

Transaction ID : EB74DF3D6884A235B6A

Amount of Each Receipt this Period

400.00

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

820.00

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

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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 (Last, First, Middle Initial)

A. Alexandra Kathryn Hollingworth

Mailing Address 8408 E Quarterhorse Trl

City State Zip Code
Scottsdale AZ 85258-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 762FA552D04A062BAAC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Holtel

Mailing Address 3729 Fenelon St

City State Zip Code
San Diego CA 92106-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sharp Rees Stealy

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2015

Transaction ID : 38FF500BBD4328D6CF6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Roland Houck Jr.

Mailing Address PO Box 26901
Wp1290

City State Zip Code
Oklahoma City OK 73126-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Oklahoma

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 26 / 2015

Transaction ID : 688D1EBC-2C28-469B-

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David B. Hoyt

Mailing Address Executive Director

American College of Surgeons

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irving

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 13 / 2015

Transaction ID : 5AD4CDD08D31EA9A538

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brenda Kay Huenergardt

Mailing Address 1650 Main St
 Ste B

City State Zip Code
 Woodward OK 73801-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brenda K Huenergardt, MD, PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : 0E0A99BA593B3BC6210

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Greenleaf Hunter

Mailing Address Chairman, Department of Surgery
 Oregon Health and Science University

City State Zip Code
 Portland OR 97239-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Science Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : D295305D4CD20F42AA6

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 249

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (Last, First, Middle Initial)

A. John Hyngstrom

Mailing Address 1280 E 3rd Ave

City State Zip Code
 Salt Lake City UT 84103-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 University of Utah Department of Surge General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2015

Transaction ID : 9BCD7318-4056-49E2-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Barlow Inabnet III

Mailing Address Mount Sinai Beth Israel
 Baird Hall, 16th Floor, Suite 20

City State Zip Code
 New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Mount Sinai Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : 740E723E6A6384E94DB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Haywood Melton Ingram

Mailing Address 1805 Worsham Pl

City State Zip Code
 Greensboro NC 27408-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Central Carolina Surgery Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : 6435E06CFA16B34D7A6

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Seth David Izenberg

Mailing Address 501 N Graham St

Pacific Surgical Pc, Ste 580

City

Portland

State

OR

Zip Code

97227-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : 4687A69E28A94D2E211C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Seth David Izenberg

Mailing Address 501 N Graham St

Pacific Surgical Pc, Ste 580

City

Portland

State

OR

Zip Code

97227-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Surgical PC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : 4686B0CB3F44748D31F6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lenworth M. Jacobs Jr.

Mailing Address Hartford Hospital

Academic Affairs

City

Hartford

State

CT

Zip Code

06102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : 57C312E3E8453EA64A8

Amount of Each Receipt this Period

1000.00

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

1100.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lewis Enslie Jacobson

Mailing Address 2001 W 86th St

City
IndianapolisState
INZip Code
46260-1902FEC ID number of contributing
federal political committee.

C

Name of Employer

NAAB Road Surgical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : B0B55887-7E42-4B8B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald Dale Jaecks

Mailing Address 380 Jerris Ave SE

City
SalemState
ORZip Code
97302-5278FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMENENTE

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : DD62C26977C6420FAF5D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lynne Marie JalovecMailing Address 900 Main St
Ste 310City
PeoriaState
ILZip Code
61602-5015FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : E68C9B479F114D5CB15C

Amount of Each Receipt this Period

1500.00

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 (Last, First, Middle Initial)

A. Linda Kay James

Mailing Address PO Box 9

721 River Dr. #B

City

Fort Bragg

State

CA

Zip Code

95437-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 95ABD64586423801DF4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Howard Jenkins

Mailing Address 200 1st St SW

Tcgs Division, Department of Surge

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

Transaction ID : 1352D7D13FCD1BCD8D7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Fernando Luis Joglar

Mailing Address 596 Calle Cesar Gonzalez

Apt 924

City

San Juan

State

PR

Zip Code

00918-4352

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPR School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2015

Transaction ID : 0E9B99FD33E7B1CEA8A

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 94 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code
Cincinnati OH 45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 11 / 2015

Transaction ID : 435ABE967F9E78CEF0DC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code
Cincinnati OH 45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 25 / 2015

Transaction ID : 4036AF3BC9CB10EAC4EB

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City State Zip Code
Cincinnati OH 45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 25 / 2015

Transaction ID : 42BDAC326F66FA4C1C49

Amount of Each Receipt this Period

125.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 95 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City

Cincinnati

State

OH

Zip Code

45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2015

Transaction ID : 47E180AC60335A66362E

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City

Cincinnati

State

OH

Zip Code

45206-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : 4C59B083CAE9B66A8856

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Morris G. Johnson

Mailing Address 1400 E Kincaid St

City

Mount Vernon

State

WA

Zip Code

98274-4127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : 8A92D9F5C8CC15714E6

Amount of Each Receipt this Period

500.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Steven Bradley JohnsonMailing Address Phoenix Integrated Surgical Reside
Second Floor - Surgery

City	State	Zip Code
Phoenix	AZ	85006

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medical Center Phoenix - Ba

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 46690463C9814DEBA93E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Allen Jones

Mailing Address 127 Beaver Dam Rd

City	State	Zip Code
Columbia	SC	29223-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 38396500-AAF7-42FC-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ronald C. Jones

Mailing Address 9132 Clearlake Dr

City	State	Zip Code
Dallas	TX	75225-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : AC5EA1CA931B838198F

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Alan Jordan

Mailing Address 3257 Kalapaki Cir

City

Lihue

State

HI

Zip Code

96766-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kauai Medical Clinic

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 4439B1418CDA0654F4D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Nicholas KabalinMailing Address 3911 Avenue B
Ste 2200

City

Scottsbluff

State

NE

Zip Code

69361-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : 75BC2F7146BC4412E84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Derek Douglas Kane

Mailing Address 206 Slate Dr

City

Bismarck

State

ND

Zip Code

58503-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Dakota Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : 80D1E79526F04B48AC02

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sandip Kapur

Mailing Address 525 E 68th St

Ny-Presbyterian Hospital/Weill Cor

City

New York

State

NY

Zip Code

10065-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Presbyterian Hospital-Cornell

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 83180BC9-8122-4DFD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ali Kasraeian

Mailing Address 6269 Beach Blvd

Ste 2

City

Jacksonville

State

FL

Zip Code

32216-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kasraeian Urology

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 5F12640FD9E240AF93BB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Katseres

Mailing Address 2305 Las Brisas

City

Altus

State

OK

Zip Code

73521-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

General Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 58B544798AA99058FBB

Amount of Each Receipt this Period

500.00

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

1000.00

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

Use separate schedule(s)
for each category of the
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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 (Last, First, Middle Initial)

A. Christine M. Katterhagen

Mailing Address PO Box 3002

City

Longview

State

WA

Zip Code

98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peace Health Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 25 / 2015

Transaction ID : 499EE07ED35B388F441

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Danielle A. Katz

Mailing Address 6620 Fly Rd
Ste 200

City

East Syracuse

State

NY

Zip Code

13057-4282

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 726D31BE349914C1198

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Cheryl Sue Kaufmann

Mailing Address 4370 Kissena Blvd

City

Flushing

State

NY

Zip Code

11355-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : E6FF954CD69082D49BA

Amount of Each Receipt this Period

250.00

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

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

4250.00

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)

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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 (Last, First, Middle Initial)

A. Christoph Robert Kaufmann

Mailing Address Medical Director, Trauma Services
Forbes Regional Hospital

City State Zip Code
Monroeville PA 15146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Emanuel Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 252DCD58373884C1FF1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Krista L. Kaups MD FACS

Mailing Address Department of Surgery, 1st Floor
Crmc

City State Zip Code
Fresno CA 93721-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Regional Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : DF83A916971D4167BC7A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Conner Kelly

Mailing Address PO Box 3528
Cooper Clinic

City State Zip Code
Fort Smith AR 72913-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cooper Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 5CB2A1B955BE0E69F15

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Denise Mary Kenna

Mailing Address 1936 Powder Mill Rd

City

State

Zip Code

York

PA

17402-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 1230A53C7C7F90C5807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alfred Parker Kennedy Jr.

Mailing Address 100 N Academy Ave

City

State

Zip Code

Danville

PA

17822-9800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	1	5		

Transaction ID : 10997BB027ECDDE0D9A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Pardon R. KenneyMailing Address Faulkner Hospital
Department of Surgery

City

State

Zip Code

Boston

MA

02130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Faulkner Hospital

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 3F12B2A5-749D-4592-

Amount of Each Receipt this Period

250.00

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

750.00

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)

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Steven John Kern

Mailing Address 9825 Hospital Dr
Ste 105

City State Zip Code
Maple Grove MN 55369-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Specialists in General Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 11 / 2015

Transaction ID : C232F2A9-565E-4A35-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas Adam Khoury

Mailing Address 1228 E Rusholme St
Medical Office Building 1, Suite 3

City State Zip Code
Davenport IA 52803-2453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 19 / 2015

Transaction ID : 3E9C3DD43C9243EFB807

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marvin M. Kirsh

Mailing Address 510 Railway Ave
Apt 136

City State Zip Code
Campbell CA 95008-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : 85F4224B505C3E1E4E7

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mary Knudson

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

City State Zip Code
San Francisco CA 94110

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Francisco General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2015

Transaction ID : 8D8720C9-249B-4E03-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sitara Kommareddi

Mailing Address 6567 E Carondelet Dr
Ste 435

City State Zip Code
Tucson AZ 85710-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sitara Kommareddi, MD, PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2015

Transaction ID : 4C379EC3F2F1A73F9282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sitara Kommareddi

Mailing Address 6567 E Carondelet Dr
Ste 435

City State Zip Code
Tucson AZ 85710-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sitara Kommareddi, MD, PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
03 / 06 / 2015

Transaction ID : 42F7918B59423C18AA10

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sitara Kommareddi

Mailing Address 6567 E Carondelet Dr
Ste 435

City Tucson State AZ Zip Code 85710-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sitara Kommareddi, MD, PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 06 / 2015

Transaction ID : 45D280065236F3AE480D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sitara Kommareddi

Mailing Address 6567 E Carondelet Dr
Ste 435

City Tucson State AZ Zip Code 85710-6155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sitara Kommareddi, MD, PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2015

Transaction ID : 407D93BF1ABE2291A544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rosemary Ann Kozar

Mailing Address 22 S Greene St
Shock Trauma Center, Rm S4D07

City Baltimore State MD Zip Code 21201-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ.of Texas-Houston

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2015

Transaction ID : A11A7D31609A3FF3560

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

PAGE 105 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dennis Harry KrausMailing Address 130 E 77th St
FI 10

City New York State NY Zip Code 10075-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 349E765F0AA13BA3F0C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Deborah Ann KuhlsMailing Address 2040 W Charleston Blvd
Ste 302

City Las Vegas State NV Zip Code 89102-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Nevada

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : 94CAE964A59100BA9BD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Lawrence LaboweMailing Address 12301 Wilshire Blvd
Ste 325

City Los Angeles State CA Zip Code 90025-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 6B3CE0EFB3F07703964

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin P. Lally

Mailing Address Department of Pediatric Surgery
Suite 5258

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas Health Science Ctr

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : E30E1A51B4D83B2D19F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Samuel E. Landrum

Mailing Address 5701 Free Ferry Rd
Apt 22

City State Zip Code
Fort Smith AR 72903-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : 9F0F341BAD9C6C3C4A2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Barry Gerard Landry

Mailing Address 604 N Acadia Rd
Ste 207

City State Zip Code
Thibodaux LA 70301-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : B1855C1199CA70645FB

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Susan He Lee

Mailing Address 360 E 55th St
Apt 7C

City State Zip Code
New York NY 10022-4120

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRT Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 4D77E2DA5E2A4AA9BB93

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Warren Letton Jr.

Mailing Address Ouhsc Children's Hospital
Pediatric Surgery Suite 2320

City State Zip Code
Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2015

Transaction ID : 4B6CAF12CDD02F69C19F

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Robert Warren Letton Jr.

Mailing Address Ouhsc Children's Hospital
Pediatric Surgery Suite 2320

City State Zip Code
Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2015

Transaction ID : 4BF48664D9ABE9B40287

Amount of Each Receipt this Period

210.00

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

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

670.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Warren Letton Jr.

Mailing Address Ouhsc Children's Hospital

Pediatric Surgery Suite 2320

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	5

Transaction ID : 4B2B91B127B7181F8A63

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Robert Warren Letton Jr.

Mailing Address Ouhsc Children's Hospital

Pediatric Surgery Suite 2320

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID : 44A5B3BB4C1BFB45A3FB

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Robert Warren Letton Jr.

Mailing Address Ouhsc Children's Hospital

Pediatric Surgery Suite 2320

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID : 4B0DAF9B1C8B59334087

Amount of Each Receipt this Period

210.00

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

630.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lydell C. Lettsome

Mailing Address 11 Jackson Ln

City

Campbell Hall

State

NY

Zip Code

10916-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brooklyn Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 736A6E095C82486389CD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew J. Levada

Mailing Address 1201 W Main St

City

Waterbury

State

CT

Zip Code

06708-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer

TECG P.C.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : B74740F6926E893ABDE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. L. Scott Levin

Mailing Address Penn Medicine Center
Orthopaedic Surgery

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 19 / 2015

Transaction ID : FDBFAFD1543A4C873D5

Amount of Each Receipt this Period

750.00

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

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

1250.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Warren E. LichliterMailing Address 3409 Worth St
Ste 600City State Zip Code
Dallas TX 75246-2042FEC ID number of contributing
federal political committee.

C

Name of Employer

North Texas C&R Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2015**Transaction ID : 4B3EA05C1E734094A672**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy Erna LiepertMailing Address 600 Highland Ave
G5/342 CscCity State Zip Code
Madison WI 53792-0001FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2015**Transaction ID : B6812A0B9FF84B00973A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith D. LillemoeMailing Address 55 Fruit St
Massachusetts General Hospital, WhCity State Zip Code
Boston MA 02114-2621FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2015**Transaction ID : B6F95CF5C2E723DD6CE**

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Hsu-Feng LinMailing Address 105 W 8th Ave
Ste 7010

City	State	Zip Code
Spokane	WA	99204-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 69AD1C5FE98E4F0BB808

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James Gunn Lindley Jr.Mailing Address 4 E Jackson Blvd
Neurological Institute of Savannah

City	State	Zip Code
Savannah	GA	31405-5895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Neurological Institute of Savannah

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : BE7EDF49A019BF05C2C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Christopher Litton

Mailing Address 9239 Medical Plaza Dr

City	State	Zip Code
Charleston	SC	29406-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TriCounty Surgical Associates

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 101CE58BC8435D070BA

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 (Last, First, Middle Initial)

A. Horace Lo

Mailing Address N5755 Whitetail Ct

City

Green Lake

State

WI

Zip Code

54941-8831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rogers & Nelson Surgical Assoc.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2015

Transaction ID : CD8A23D3D749C19EC81

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Deborah Susan Loeff

Mailing Address Pediatric Surgery, University of C
Mc 4062 Suite A-426

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Pediatric Surgical Assoc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : A29E0E5F8DA240AABA10

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Roman Lorenz

Mailing Address the Head and Neck Institute
the Cleveland Clinic A-71

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 06 / 2015

Transaction ID : C84F0C50-ECF7-41D0-

Amount of Each Receipt this Period

1000.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 113 OF 249
 (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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen W. Lu

 Mailing Address Department of Surgery
 Msc 10-5610

City	State	Zip Code
Albuquerque	NM	87131-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 2AF792BC36159AD0855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles E. Lucas

 Mailing Address 4201 Saint Antoine St
 Rm 2V

City	State	Zip Code
Detroit	MI	48201-2153

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : BFC1C21582EF661A820

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Fred A. Luchette

Mailing Address 5000 S 5th Ave

City	State	Zip Code
Hines	IL	60141-3030

FEC ID number of contributing federal political committee.

C

Name of Employer

Loyola University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

Transaction ID : 93C292BB-B679-4F2E-

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

PAGE 114 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen Shang-Yan Luk

Mailing Address UT Southwestern Medical Center Sui

City	State	Zip Code
Dallas	TX	75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trauma Program

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3	/	1	4	/	2	0	1	5		

Transaction ID : **CD16B6A756E14F08A9D4**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James David Luketich

Mailing Address 30 Sweet Water Ln

City	State	Zip Code
Pittsburgh	PA	15238-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Pgh Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : **044153109E53E7ECE26**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis Paul Lund

Mailing Address 770 Welch Rd

Lucile Packard Children's Hospital

City	State	Zip Code
Palo Alto	CA	94304-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phoenix Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	5		

Transaction ID : **FB715218F3B348F7AA2D**

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 115 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Maa

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
University of California, SF

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : FF133630-1A9E-4940-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles D. Mabry MD FACS

Mailing Address 1801 W 40th Ave
Ste 7B

City Pine Bluff State AR Zip Code 71603-6964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgeons of South Arkansas

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 4106513D3991A157E9C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Juris M. Macs

Mailing Address 1006 N H St
FI 5

City Aberdeen State WA Zip Code 98520-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Medical Group

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 25 / 2015

Transaction ID : 1CF23F85BD0CDAFC613

Amount of Each Receipt this Period

1000.00

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

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Louise Mah
 Mailing Address 1329 Lusitana St
 Ste 803

City	State	Zip Code
Honolulu	HI	96813-2434

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : E1B32423542608581BF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald Vitt Maier
 Mailing Address Department of Surgery Box 359796
 Harborview Medical Center

City	State	Zip Code
Seattle	WA	98104-2499

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

University of Washington

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : 303A9233E3F47F699E8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. George Orville Maish III
 Mailing Address 910 Madison Ave
 Ste 215

City	State	Zip Code
Memphis	TN	38103-3403

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

UTHSC

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : 4A1886E2196A78D52931

Amount of Each Receipt this Period

100.00

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

1600.00

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)

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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 (Last, First, Middle Initial)

A. George Orville Maish III

Mailing Address 910 Madison Ave
Ste 215

City State Zip Code
Memphis TN 38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : 4024B2CCDC5787C387C8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. George Orville Maish III

Mailing Address 910 Madison Ave
Ste 215

City State Zip Code
Memphis TN 38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2015

Transaction ID : 465DA563B8D97BCF2105

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Hope Stephanie Maki

Mailing Address 1000 N Oak Ave

City State Zip Code
Marshfield WI 54449-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : F3B27C390850E370C9D

Amount of Each Receipt this Period

1000.00

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

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

1200.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mark A. Malangoni

Mailing Address 1617 John F Kennedy Blvd

American Board of Surgery, Ste 860

City

Philadelphia

State

PA

Zip Code

19103-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 2714D5F6A012450AA794

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul James Malaspina

Mailing Address 4348 Colt Ln

City

Erie

State

PA

Zip Code

16506-6618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : AD0F86E872174176BA45

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua M.V. Mammen

Mailing Address Univ of Kansas, Department of Surg

4000 Murphy Building - Ms2005

City

Kansas City

State

KS

Zip Code

66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Cincinnati Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

Transaction ID : 8040FB7B-C8B0-4064-

Amount of Each Receipt this Period

500.00

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

850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Joshua M.V. MammenMailing Address Univ of Kansas, Department of Surg
4000 Murphy Building - Ms2005

City	State	Zip Code
Kansas City	KS	66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 77D482D3FF11554BD66

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter John Mandell

Mailing Address 1663 Rollins Rd

City	State	Zip Code
Burlingame	CA	94010-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 7FA259AD317E082A3C9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matthew Brunson MartinMailing Address 1002 N Church St
Ste 302

City	State	Zip Code
Greensboro	NC	27401-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Carolina Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 3F169038043048158997

Amount of Each Receipt this Period

1000.00

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

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Fredrick Carl Martinez

Mailing Address 1020 13th Ave

City

Huntington

State

WV

Zip Code

25701-3431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : DB3033107597AAF4B69

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David John MartiniMailing Address 104 Endicott St
Ste 200

City

Danvers

State

MA

Zip Code

01923-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mass General Physicians Org.

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2015

Transaction ID : BCF0FBD2-CCE2-4FDC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Peter Theodore MasiakosMailing Address Massachusetts General Hospital
Department of Ped Surgery Wrm1159

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 35797B3A975A4308A1C3

Amount of Each Receipt this Period

500.00

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

1250.00

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)

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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 (Last, First, Middle Initial)

A. Chad Mathis

Mailing Address 120 Cahaba Valley Pkwy
Ste 100

City Pelham State AL Zip Code 35124-1187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Bone and Joint

Occupation
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 5C8B59CC-3335-48BB-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kenneth L. Mattox

Mailing Address 1 Baylor Plz
Bmc 390

City Houston State TX Zip Code 77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : 4FBA9EBBD7DE5372F098

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Kenneth L. Mattox

Mailing Address 1 Baylor Plz
Bmc 390

City Houston State TX Zip Code 77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : 4175860529F9FD0BFFFB

Amount of Each Receipt this Period

200.00

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

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

1400.00

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

PAGE 122 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kenneth L. MattoxMailing Address 1 Baylor Plz
Bmc 390

City	State	Zip Code
Houston	TX	77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2015

Transaction ID : 4D73A1A067B8A99D6FE0

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kenneth L. MattoxMailing Address 1 Baylor Plz
Bmc 390

City	State	Zip Code
Houston	TX	77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2015

Transaction ID : 4B3B9839EB34C14ED1BC

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Kenneth L. MattoxMailing Address 1 Baylor Plz
Bmc 390

City	State	Zip Code
Houston	TX	77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 4E429AED127382BA8385

Amount of Each Receipt this Period

200.00

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

600.00

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

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

PAGE 123 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kenneth F. MattucciMailing Address 1640 Grandview Dr
PO Box 324

City	State	Zip Code
Orient	NY	11957-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 76BBFD1986EE447B8C95

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. G. Patrick Maxwell

Mailing Address 2020 21st Ave S

City	State	Zip Code
Nashville	TN	37212-4354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Maxwell Aesthetics

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : 4EC991B968F8404BAB9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wassim M. Mazraany

Mailing Address 15 Stoneybrook Cir

City	State	Zip Code
Andover	MA	01810-6409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 7EC0528098AC21BBB21

Amount of Each Receipt this Period

250.00

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stacey Louise MazzaccoMailing Address 2104 Harrisburg Pike
PO Box 3200, Ste 200

City	State	Zip Code
Lancaster	PA	17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

Transaction ID : 005026D5DFCE7FFCFD4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David B. McAnenyMailing Address Boston Medical Center
Fgh Building, Suite 5003

City	State	Zip Code
Boston	MA	02118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Boston University

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : EB6ED89A5EBB325B36F

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Mary C. McCarthyMailing Address 128 E Apple St
Wright State University Department

City	State	Zip Code
Dayton	OH	45409-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Miami Valley Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : 49242BA93E7A4EF0925F

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 125 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Philip E. McCarthy

Mailing Address 825 Washington St
Ste 270

City State Zip Code
Norwood MA 02062-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : FF67546F897D0D138CB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy Ann McDonald

Mailing Address 270 Parkside Dr

City State Zip Code
Bay Village OH 44140-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2015

Transaction ID : 8425F68EF3C1402B8120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ricky Lynn McElreath

Mailing Address 75 Pringle Way
Ste 1002

City State Zip Code
Reno NV 89502-1475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Western Surgical Group

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 9D63FEADC07689DA341

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles T. McHugh

Mailing Address PO Box 699

City
BaileyvilleState
MEZip Code
04694-0699FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : CC0EF222B51EF84BF16

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rohini McKee

Mailing Address 2211 Lomas Blvd NE

UNM-Department of Surgery, MS 5610

City

Albuquerque

State

NM

Zip Code

87106-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of New Mexico

colorectal surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 2F1A61EB-7BAD-4327-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel McKenna

Mailing Address 5771 Whippoorwill Way

City

Carmel

State

IN

Zip Code

46033-8963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Indiana University School of Medicine

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 49A0B6F6C23655A44C4B

Amount of Each Receipt this Period

50.00

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

1050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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 (Last, First, Middle Initial)

A. Daniel McKenna

Mailing Address 5771 Whippoorwill Way

City

Carmel

State

IN

Zip Code

46033-8963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 4192BECA898AA1AE441A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James Martin McLoughlin

Mailing Address 1926 Alcoa Hwy
Ste 330

City

Knoxville

State

TN

Zip Code

37920-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of TN - Knoxville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 3DCDD881-9CCD-46F4-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John McNelis

Mailing Address Department of Surgery
Jacobi Medical Center - Room 510

City

Bronx

State

NY

Zip Code

10461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winthrop Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 69D2F97AD4F745869496

Amount of Each Receipt this Period

250.00

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

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

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 128 OF 249
 (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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James McQuiston

Mailing Address 17375 Hall Rd

City	State	Zip Code
Macomb	MI	48044-4060

FEC ID number of contributing federal political committee.

C

Name of Employer

Northeast Surgical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	5

Transaction ID : 4258B28A62259FFE2DD2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James McQuiston

Mailing Address 17375 Hall Rd

City	State	Zip Code
Macomb	MI	48044-4060

FEC ID number of contributing federal political committee.

C

Name of Employer

Northeast Surgical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 40A3818FDB91342A266D

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John MearaMailing Address Department of Plastic Surgery
Boston Children's Hospital

City	State	Zip Code
Boston	MA	02115

FEC ID number of contributing federal political committee.

C

Name of Employer

Boston Children's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	5

Transaction ID : BFE37A77BECD4B5AAE43

Amount of Each Receipt this Period

500.00

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

600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 129 OF 249
 (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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. W. Scott Melvin

Mailing Address 3400 Bainbridge Ave
FL 4

City	State	Zip Code
Bronx	NY	10467-2404

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio State Univ. Physicians Inc.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 3B3DE3FD7978474383F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mariana I. Mendible

Mailing Address 1259 Albair Rd

City	State	Zip Code
Caribou	ME	04736-3999

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 4344BD121906150925AB

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mariana I. Mendible

Mailing Address 310 Deer Track Trl

City	State	Zip Code
Clinton	NC	28328-3124

FEC ID number of contributing federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 4B789B3B2F97E766CE21

Amount of Each Receipt this Period

100.00

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

700.00

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

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

PAGE 130 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mariana I. Mendible

Mailing Address 310 Deer Track Trl

City
ClintonState
NCZip Code
28328-3124FEC ID number of contributing
federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
05	13	2015

Transaction ID : 479C96DA9802212A890E

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mariana I. Mendible

Mailing Address 310 Deer Track Trl

City
ClintonState
NCZip Code
28328-3124FEC ID number of contributing
federal political committee.

C

Name of Employer

Heinz Health Services

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	13	2015

Transaction ID : 4926A16F8ACA76C66B98

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Faith Abbe Menken

Mailing Address 325 E 79th St

City
New YorkState
NYZip Code
10075-0954FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	14	2015

Transaction ID : 730E017451DAD0805B6

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Metzler

Mailing Address 3614 Green Spring Dr

City

Fort Collins

State

CO

Zip Code

80528-7176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Health Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 92076B8C7427E4B78BA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Bernard MichaelMailing Address 29275 Northwestern Hwy
Ste 100

City

Southfield

State

MI

Zip Code

48034-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

MHSI

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 632BB861D9E747B2A9AE

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Daniel Bernard MichaelMailing Address 29275 Northwestern Hwy
Ste 100

City

Southfield

State

MI

Zip Code

48034-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

MHSI

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2015

Transaction ID : 97531D5CBB9B4B9A9735

Amount of Each Receipt this Period

200.00

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

750.00

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

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

PAGE 132 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Fabrizio MichelassiMailing Address Weill Cornell Medical College
Department of SurgeryCity State Zip Code
New York NY 10065FEC ID number of contributing
federal political committee.

C

Name of Employer

Weill Cornell Medical College

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2015

Transaction ID : 08DBD28480D84B98837E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mary Jeannine MilroyMailing Address 1104 W 8th St
Yankton Medical ClinicCity State Zip Code
Yankton SD 57078-3306FEC ID number of contributing
federal political committee.

C

Name of Employer

Yankton Medical Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 17A249511CAF406BC6D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gayle MinardMailing Address 910 Madison Ave
FI 2City State Zip Code
Memphis TN 38103-3403FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TN

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 41769E034650F7EC08C2

Amount of Each Receipt this Period

83.33

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

2083.33

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)

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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 (Last, First, Middle Initial)

A. Gayle Minard

Mailing Address 910 Madison Ave
FI 2

City State Zip Code
Memphis TN 38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of TN

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.98

Date of Receipt

04 / 22 / 2015

Transaction ID : 33DC630F1F9C27353C6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gayle Minard

Mailing Address 910 Madison Ave
FI 2

City State Zip Code
Memphis TN 38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of TN

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.98

Date of Receipt

04 / 23 / 2015

Transaction ID : 4101A426FA6A38C7744C

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Gayle Minard

Mailing Address 910 Madison Ave
FI 2

City State Zip Code
Memphis TN 38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of TN

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.98

Date of Receipt

05 / 23 / 2015

Transaction ID : 4490B1BA8BEAB0462A29

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

PAGE 134 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gayle MinardMailing Address 910 Madison Ave
FI 2

City	State	Zip Code
Memphis	TN	38103-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TN

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : 42E0B249E992C4E61D13

Amount of Each Receipt this Period

833.33

Full Name (Last, First, Middle Initial)

B. Andrew J. Minardi Jr.

Mailing Address 809 Cherry St

City	State	Zip Code
Mamou	LA	70554-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2015

Transaction ID : 0170B37254A37E29B81

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Paul MineiMailing Address Department of Surgery/Btcc
Ut Southwestern Medical Center

City	State	Zip Code
Dallas	TX	75390-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	13	/	2015

Transaction ID : 2DCB8DAC5CC24114A5BC

Amount of Each Receipt this Period

500.00

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

833.33

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: PAGE 135 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Raul Ari Miranda

Mailing Address 2664 Campus Dr

City
Klamath Falls

State
OR

Zip Code
97601-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 5C5F8A8CFE930C7618A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jacob Moalem

Mailing Address 601 Elmwood Ave
Surg

City
Rochester

State
NY

Zip Code
14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Rochester

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

02 / 20 / 2015

Transaction ID : 408D92E716F0AB7F12DD

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Jacob Moalem

Mailing Address 601 Elmwood Ave
Surg

City
Rochester

State
NY

Zip Code
14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Rochester

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

02 / 28 / 2015

Transaction ID : 422E86BDE68375DC2875

Amount of Each Receipt this Period

170.00

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

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

628.33

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

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

FOR LINE NUMBER: PAGE 136 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

03 / 20 / 2015

Transaction ID : 4EF3AD7E827791376C24

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

03 / 31 / 2015

Transaction ID : 4AD9991383A1B77F641F

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

C. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

04 / 20 / 2015

Transaction ID : 452E8C4299BE50ECE412

Amount of Each Receipt this Period

208.33

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

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

586.66

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

05 / 20 / 2015

Transaction ID : 4840AC4C957C8C7B1B16

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1211.65

Date of Receipt

06 / 20 / 2015

Transaction ID : 4B08AAAB647BA62BB9EE

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Frederick Alan Moore

Mailing Address 1600 SW Archer Rd

PO Box 100108, # M-602

City

Gainesville

State

FL

Zip Code

32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 9E57FA87373E436BAF8C

Amount of Each Receipt this Period

500.00

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

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

916.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Laura MooreMailing Address Univ of Texas Hsc at Houston
Msb 4.292City State Zip Code
Houston TX 77030FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 3F5A15E4F8B03B93982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Ryan MooreMailing Address 105 W 8th Ave
Ste 7010City State Zip Code
Spokane WA 99204-2312FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Columbia Surgical Specialists

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : 8FD32281F2BC04E6D51

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Cary MoorheadMailing Address 915 Gessner Rd
Ste 225City State Zip Code
Houston TX 77024-2518FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TX ENT Specialists

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : C8509A9BDFBA6093B41

Amount of Each Receipt this Period

250.00

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Raymond F. Morgan

Mailing Address PO Box 800376

University of Virginia Health Syst

City

Charlottesville

State

VA

Zip Code

22908-0376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Virginia

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : 93CFB7261D811CAE9F9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lee R. MorisyMailing Address 6025 Walnut Grove Rd
Ste 201

City

Memphis

State

TN

Zip Code

38120-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : 7325CD5B70AAB07C8AD

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jason C. Morvant

Mailing Address 4207 E Old Spanish Trl

City

New Iberia

State

LA

Zip Code

70560-0791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iberia medical center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 4E46B84E293A2669E1C0

Amount of Each Receipt this Period

50.00

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

3050.00

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)

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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 (Last, First, Middle Initial)

A. Jason C. Morvant

Mailing Address 4207 E Old Spanish Trl

City

New Iberia

State

LA

Zip Code

70560-0791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iberia medical center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2015

Transaction ID : 4446886AC2037EDBCFE5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joseph C. Muller

Mailing Address 10830 Martin Creek Xing

City

Fort Wayne

State

IN

Zip Code

46845-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorectal Clinic of Orlando

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 3FBDF658B1CF1D493C3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter Clark Muskat

Mailing Address Department of Surgery

City

San Francisco

State

CA

Zip Code

94143-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Francisco General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2015

Transaction ID : 2D156254FCFB9DD44CF

Amount of Each Receipt this Period

500.00

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

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

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Collin Lewis Myers

Mailing Address 7057 Augusta National

City	State	Zip Code
Fayetteville	PA	17222-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : F61E8BC053C8414EBC57

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Wayne MyrickMailing Address 330 Arkansas St
Lgs Suite 202

City	State	Zip Code
Lawrence	KS	66044-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 698F24D9EC9B61D630E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Deepak Gopalan NairMailing Address 600 N Cattlemen Rd
Ste 220

City	State	Zip Code
Sarasota	FL	34232-6422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : ED9851313AFE6F276C3

Amount of Each Receipt this Period

500.00

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

1000.00

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)

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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 (Last, First, Middle Initial)

A. David Victor Nasrallah

Mailing Address 3333 N Calvert St
Ste 655B

City State Zip Code
Baltimore MD 21218-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 05 / 2015

Transaction ID : 4C51646C43ABCBEA2E5

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Russell J. Nauta

Mailing Address Mount Auburn Hospital
Department of Surgery

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Auburn Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 60C549017F1A4A1FA73D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Leigh A. Neumayer

Mailing Address 1501 N Campbell Ave
PO Box 245066, Rm 4410

City State Zip Code
Tucson AZ 85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 03 / 2015

Transaction ID : 43B6AC7F6EA8F83709C5

Amount of Each Receipt this Period

100.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Leigh A. NeumayerMailing Address 1501 N Campbell Ave
PO Box 245066, Rm 4410

City	State	Zip Code
Tucson	AZ	85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

Transaction ID : 42FA904ED13353F24773

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Leigh A. NeumayerMailing Address 1501 N Campbell Ave
PO Box 245066, Rm 4410

City	State	Zip Code
Tucson	AZ	85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : 4004B3AE90BB75406B20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leigh A. NeumayerMailing Address 1501 N Campbell Ave
PO Box 245066, Rm 4410

City	State	Zip Code
Tucson	AZ	85724-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 4612B6D0BB50185476D4

Amount of Each Receipt this Period

100.00

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: PAGE 144 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Samuel Selby Newman

Mailing Address 870 Squire Oaks Dr

City State Zip Code
 Villa Hills KY 41017-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2015

Transaction ID : E213DC0E5E90610E190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Seth L. Newman

Mailing Address 1245 Highland Ave
 Ste 600

City State Zip Code
 Abington PA 19001-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 9B8692E3D0731B2AA06

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Willingham Newsome

Mailing Address 5845 Farquhar Ln

City State Zip Code
 Dallas TX 75209-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2015

Transaction ID : A1D19016305FC60D0DE

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Earl M. Norman

Mailing Address Department of Surgery

Western Michigan University School

City

Kalamazoo

State

MI

Zip Code

49008-8058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan State University

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : 20DAD8EDA921C5DD7D4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James M. Nottingham

Mailing Address USC Department of Surgery

2 Richland Medical Park Suite 300

City

Columbia

State

SC

Zip Code

29203

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC Department of Surgery

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : AE182DC9E79D3B92ED2

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Timothy James Novosel

Mailing Address 1027 Graydon Ave

City

Norfolk

State

VA

Zip Code

23507-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : B70EE4F60FBDD000DDB

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 146 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William F. Nowlin

Mailing Address 1200 Roosevelt Pl

City

Valparaiso

State

IN

Zip Code

46383-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2015

Transaction ID : 4B1CDEAF1ECB44D39897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : 4B7B86879FB3FF80E9B8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2015

Transaction ID : 41D9B15B2C3ADC9DBA81

Amount of Each Receipt this Period

100.00

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

450.00

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

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

PAGE 147 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : 4C51811B7B6DA17B2505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 43D8AE9BD7047620CAA3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Patricia A. O'NeillMailing Address 2 Montague Ter
Apt 4A

City

Brooklyn

State

NY

Zip Code

11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

Transaction ID : 81CA8C03890F45569C2

Amount of Each Receipt this Period

1000.00

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

1200.00

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

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

PAGE 148 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patricia A. O'NeillMailing Address 2 Montague Ter
Apt 4A

City	State	Zip Code
Brooklyn	NY	11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 42649476DA08499C938E

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia A. O'NeillMailing Address 2 Montague Ter
Apt 4A

City	State	Zip Code
Brooklyn	NY	11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2015

Transaction ID : 44DF916CF5497D329611

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Patricia A. O'NeillMailing Address 2 Montague Ter
Apt 4A

City	State	Zip Code
Brooklyn	NY	11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : 4962B26C1D5D2C883465

Amount of Each Receipt this Period

100.00

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: PAGE 149 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patricia A. O'Neill

Mailing Address 2 Montague Ter
Apt 4A

City State Zip Code
Brooklyn NY 11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 428789DD790CFE06D8B5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Shawn Harry Obi

Mailing Address 2570 Andrew Thomas Trl

City State Zip Code
Ann Arbor MI 48103-8323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegiance General Surgery

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : AF07858973455EFB648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Atsuko Okabe

Mailing Address PO Box 44814

City State Zip Code
Nottingham MD 21236-6814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 10 / 2015

Transaction ID : 3C620563-9DDC-433E-

Amount of Each Receipt this Period

500.00

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

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

850.00

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)

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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 (Last, First, Middle Initial)

A. Stanley Eromonsele Okosun

Mailing Address 2300 S 16th St

City

Lincoln

State

NE

Zip Code

68502-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2015

Transaction ID : C129D4B5CA504E0591A0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank George Opelka

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

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 20 / 2015

Transaction ID : 4D4F9D4CF943D3040E6B

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Frank George Opelka

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

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 20 / 2015

Transaction ID : 411AAF75D2EE27926183

Amount of Each Receipt this Period

200.00

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

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

900.00

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)

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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 (Last, First, Middle Initial)

A. Frank George Opelka

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

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 4C818BB8AD195C1E7ED5

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Frank George Opelka

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

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 4F44BD228B7DFF2DC34C

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Frank George Opelka

Mailing Address 20 F St NW

Ste 1000

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing federal political committee.

C

Name of Employer

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 20 / 2015

Transaction ID : 4FEF93C254694ACF614B

Amount of Each Receipt this Period

200.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 152 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Rocco Orlando III

Mailing Address 1 State St

FL 19

City

Hartford

State

CT

Zip Code

06103-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hartford Healthcare

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : 0BF15315-3B57-447F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Thomas Padberg Jr.

Mailing Address Doctors Office Center

Center for Vascular Disease, Suite

City

Newark

State

NJ

Zip Code

07103-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Vascular Disease

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : 23498BDD676A91ADE02

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Michael Parker

Mailing Address 38 Laureate Dr

City

Middletown

State

CT

Zip Code

06457-5156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middletown Surgical Group, P.C.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2015

Transaction ID : 6FC67CFF98FCACB50F9

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 249

(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Darin L. Passer

Mailing Address 21414 Indian Hills Rd

City

Albert Lea

State

MN

Zip Code

56007-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Transaction ID : 5E7C5955-3826-4620-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lisa A. PattersonMailing Address Baystate Medical Center
Department of Surgery

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 8C0217C99A1AB74EF37

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David George PaulsMailing Address 1133 College Ave
Ste E220

City

Manhattan

State

KS

Zip Code

66502-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Assoc. PA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : 6D5EE0356A86FE54789

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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 154 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Daniel Paysinger Jr.

Mailing Address 141 River Birch Ln

City
Columbia

State
SC

Zip Code
29206-4960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2015

Transaction ID : B5548BB4251B7A6780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James J. Peck

Mailing Address 7095 SW Benham Ct

City
Portland

State
OR

Zip Code
97225-6051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2015

Transaction ID : BCE44C848DDE3C8B6FB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Wade Peery

Mailing Address 225 Hospital Dr
Twin County Surgery

City
Galax

State
VA

Zip Code
24333-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Ridge Surgical Associates P.C.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2015

Transaction ID : A5F1C6DFC58F556C192

Amount of Each Receipt this Period

250.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 155 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Carlos A. Pellegrini

Mailing Address PO Box 356410

University of Washington

City

Seattle

State

WA

Zip Code

98195-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : EB85FF43DC216F6A3DA

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. T. Pendurthi

Mailing Address 3600 Fairview St

City

Bethlehem

State

PA

Zip Code

18017-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 8E2B7FC4D3ED0DE95A0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Emily Jane Penman

Mailing Address 4701 Ogletown Stanton Rd

Hfgcc West Entrance Suite 1500

City

Newark

State

DE

Zip Code

19713-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : AD5C788B6A4444C7B01B

Amount of Each Receipt this Period

500.00

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

2500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Roger Ronald Perry

Mailing Address 825 Fairfax Ave

Department of Surgery Evms

City

Norfolk

State

VA

Zip Code

23507-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Virginia Medical School

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : DD9FACE0318648A3BFE3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael A. Person

Mailing Address 911 E 20th St

Surgical Institute of South Dakota

City

Sioux Falls

State

SD

Zip Code

57105-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Institute of South Dakota

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 179930754DA7EB56FFF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Walter Russell Peters Jr.

Mailing Address 3220 Bluff Creek Dr

Ste 100

City

Columbia

State

MO

Zip Code

65201-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	5

Transaction ID : AE33AF2ECF396F3DF49

Amount of Each Receipt this Period

5000.00

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

5750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Anne Elizabeth Petersen

Mailing Address 1241 W Stadium Blvd

City

Jefferson City

State

MO

Zip Code

65109-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson City Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : BC551411D199CDC0693

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher Peter PojeMailing Address 3580 Sheridan Dr
Ste 115

City

Buffalo

State

NY

Zip Code

14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

Transaction ID : 42E9983973D330C11E4B

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Christopher Peter PojeMailing Address 3580 Sheridan Dr
Ste 115

City

Buffalo

State

NY

Zip Code

14226-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 4808BF4901E18C89C844

Amount of Each Receipt this Period

50.00

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 249
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Travis Polk

Mailing Address 3809 Surry Rd

City	State	Zip Code
Virginia Beach	VA	23455-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	13	/	2015

Transaction ID : A99AD2FB86724247B2E4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John William Poole

Mailing Address 240 Sunset Ave

City	State	Zip Code
Ridgewood	NJ	07450-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Holy Name Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : C463C54A515EA1337B4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raymond Richard PriceMailing Address 5169 S Cottonwood St
Intermountain Surgical Specialists

City	State	Zip Code
Murray	UT	84107-6769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Salt Lake Clinic

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	16	/	2015

Transaction ID : 3F2B78E850E0309FB2E

Amount of Each Receipt this Period

500.00

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

1500.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 (Last, First, Middle Initial)

A. R. Richard Rasmussen

Mailing Address 3550 N University Ave
Ste 250

City Provo State UT Zip Code 84604-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 17 / 2015

Transaction ID : 58DF128E-7C2E-43D4-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Allen Gregory Rebchook

Mailing Address 2265 9th Ave

City Havre State MT Zip Code 59501-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2015

Transaction ID : 57077C70-108F-45DE-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald Reed Jr.

Mailing Address 10505 Woodland Rdg W

City Fort Wayne State IN Zip Code 46804-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Donald Reed Jr., MD PC

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2015

Transaction ID : F332981B33FD7011E22

Amount of Each Receipt this Period

125.00

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

875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Ellis Reeve IIIMailing Address 157 Clinic Ave
Ste 302

City	State	Zip Code
Carrollton	GA	30117-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Surgical Group P.A.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : B8DE5CFAD29992ACC19

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patrick M. ReillyMailing Address 3400 Spruce St
5 Maloney

City	State	Zip Code
Philadelphia	PA	19104-4238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of PA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 4DCD178EBA5F4195A865

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. H. David ReinesMailing Address 3300 Gallows Rd
Health Science Library

City	State	Zip Code
Falls Church	VA	22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 784CB329CDCB4ADFAF45

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. J. David RichardsonMailing Address Univ. of Louisville; Department of
Acad 2nd Floor

City	State	Zip Code
Louisville	KY	40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : 1666A53AFDFF7C284DE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karen Marie RiegerMailing Address 545 Barnhill Dr
Em 215

City	State	Zip Code
Indianapolis	IN	46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

IUMC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : A6D31CDCDB35C2FD7B5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Paul RiouxMailing Address 21260 Olean Blvd
Ste 200

City	State	Zip Code
Port Charlotte	FL	33952-6742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : A9CBC268194EC12805E

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Melville Parker Roberts III

Mailing Address 10 Andover Rd

Casco Bay Surgery

City

Portland

State

ME

Zip Code

04102-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Casco Bay Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2015

Transaction ID : F3EB68E0-13D4-4DD6-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patricia Lynne Roberts

Mailing Address 41 Mall Rd

Lahey Hospital and Medical Center

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2015

Transaction ID : 50EE8B70E194073B8E0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald David Robertson

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

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

05 / 25 / 2015

Transaction ID : 44289E160F211D9EC94F

Amount of Each Receipt this Period

41.66

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

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

1291.66

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ronald David RobertsonMailing Address 4301 W Markham St
Slot 520

City	State	Zip Code
Little Rock	AR	72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 475DA378674C5E9323F8

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Marc Stephen RocklinMailing Address 4735 E 91st St
Ste 200

City	State	Zip Code
Tulsa	OK	74137-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 44BC52611E58154CDB8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Grant V. Rodkey

Mailing Address 24 Marcia Rd

City	State	Zip Code
Watertown	MA	02472-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VA Boston Health Care System

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 6874A2B57F9AF995BAB

Amount of Each Receipt this Period

500.00

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

791.66

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles B. Rodning

Mailing Address 2451 Fillingim St
 Mastin #716

City State Zip Code
 Mobile AL 36617-2238

FEC ID number of contributing
 federal political committee.

C

Name of Employer

University of South Alabama

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : F326B840249343C3915

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ann Marie Rogers

Mailing Address 324 Candlewyck Ln

City State Zip Code
 Hershey PA 17033-1878

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : 161298A2-E93F-415F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Chand Rohatgi

Mailing Address 3735 Nazareth Rd
 Ste 103

City State Zip Code
 Easton PA 18045-8345

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : 1616311956F34DCBA434

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gene S. Rosenberg

Mailing Address 20 Prospect Ave
Ste 719

City State Zip Code
Hackensack NJ 07601-1974

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Urology Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : B58775867DEACD5A79F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mario Mauricio Rossbach

Mailing Address 26511 Weiss Fels

City State Zip Code
New Braunfels TX 78132-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Cardiovascular Consultants

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2015

Transaction ID : FD716A81B6164C7F4EC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael F. Rotondo

Mailing Address Ceo/Univ of Rochester Medical Facu
Univ of Rochester Medical Center

City State Zip Code
Rochester NY 14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

E Carolina University School of Medici

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2015

Transaction ID : 87B95C5B0A4FF0C6B70

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Chad A. Rubin

Mailing Address 18 Otranto Ln

City
Columbia

State
SC

Zip Code
29209-0827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Associates of South Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 4A4CCC3ADC714E6A5F4

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Valerie W. Rusch

Mailing Address Thoracic Service, Box 7
Memorial Sloan-Kettering Cancer Ce

City
New York

State
NY

Zip Code
10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancer Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 684C02E7343497A743F

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Valerie W. Rusch

Mailing Address Thoracic Service, Box 7
Memorial Sloan-Kettering Cancer Ce

City
New York

State
NY

Zip Code
10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancer Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C5C3E72D50F15A1BB6D

Amount of Each Receipt this Period

700.00

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

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

4450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Lynn Rutan

Mailing Address 1008 Vineyard Ct

City

Chesapeake

State

VA

Zip Code

23322-8874

FEC ID number of contributing
federal political committee.

C

Name of Employer

United States Navy

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 47058F817D7EBB1A8BB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Paul SalomoneMailing Address Department of Surgery
Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Univ

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : 4ED89A79C0C4731CF9B8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Paul SalomoneMailing Address Department of Surgery
Maricopa Medical Center

City

Phoenix

State

AZ

Zip Code

85008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Univ

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 44E1A19C4B85B0190B32

Amount of Each Receipt this Period

50.00

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

600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brian Joseph SantinMailing Address 630 W Main St
Ste 200City State Zip Code
Wilmington OH 45177-2172FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 8A893C16-75E8-4C04-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Heena Pravin SantryMailing Address 55 Lake Ave N
Department of SurgeryCity State Zip Code
Worcester MA 01655-0002FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2015

Transaction ID : E2CDEB649DC74F7D8CC6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Terry SarantouMailing Address 1021 Morehead Medical Dr
Carolinas Medical Center, Ste 6200City State Zip Code
Charlotte NC 28204-2994FEC ID number of contributing
federal political committee.

C

Name of Employer

Blumethal Cancer Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2015

Transaction ID : 885D33FBDC744ECCABF8

Amount of Each Receipt this Period

250.00

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)

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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 (Last, First, Middle Initial)

A. Michael Duke Sarap

Mailing Address 100 Clark Ct

City

Cambridge

State

OH

Zip Code

43725-9395

FEC ID number of contributing
federal political committee.

C

Name of Employer

SE Ohio Physicians Inc.

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2015

Transaction ID : EB6AD601A3FDA07C811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan William Sastic

Mailing Address 449 Main St

City

Oneonta

State

NY

Zip Code

13820-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 20 / 2015

Transaction ID : C461D9B59350F1021B7

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mark Thomas Savarise

Mailing Address 5126 W Daybreak Pkwy

University of Utah South Jordan He

City

South Jordan

State

UT

Zip Code

84095-5994

FEC ID number of contributing
federal political committee.

C

Name of Employer

Selkirk General Surgery

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 171FC15363C14046B25B

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jonathan Mark Saxe

Mailing Address 941 Olde Sterling Way

City	State	Zip Code
Dayton	OH	45459-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2015

Transaction ID : 23B581BEC33DA491A8E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Schechter

Mailing Address 334 East Ave

City	State	Zip Code
Pawtucket	RI	02860-3889

FEC ID number of contributing
federal political committee.

C

Name of Employer

RI Colorectal Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2015

Transaction ID : 88EF3F8DFCAE0F4D89E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Joseph SchenartsMailing Address Department of Surgery
University of Nebraska Medical Cen

City	State	Zip Code
Omaha	NE	68198-3280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Nebraska

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2015

Transaction ID : 95B2F5AA46A4FFEA064

Amount of Each Receipt this Period

500.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 249
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Rick Jeffrey Schmidt

Mailing Address 308 Signature Ct

City

Safety Harbor

State

FL

Zip Code

34695-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

Transaction ID : FFCDBDEB8BE70B42918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sherwin Phan SchragMailing Address 208 Shearwater Ct W
Apt 52

City

Jersey City

State

NJ

Zip Code

07305-5429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : EECED637906E0542D2F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory A. SchultzMailing Address 1305 W 18th St
PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 77CE3E5EA81CF80930E

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Marshall Z. SchwartzMailing Address **St. Christopher's Hospital for Chi**
Department of SurgeryCity **Philadelphia** State **PA** Zip Code **19134**FEC ID number of contributing
federal political committee.**C**

Name of Employer

St. Chistopher's Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2015

Transaction ID : 34EBD17782BE0F90CEC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Don Jay SelzerMailing Address **545 Barnhill Dr**
FI 5City **Indianapolis** State **IN** Zip Code **46202-5112**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2015

Transaction ID : 44A7AFFFAE8AB2190912

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Don Jay SelzerMailing Address **545 Barnhill Dr**
FI 5City **Indianapolis** State **IN** Zip Code **46202-5112**FEC ID number of contributing
federal political committee.**C**

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2015

Transaction ID : AC0E18E6058E3AFD032

Amount of Each Receipt this Period

500.00**SUBTOTAL** of Receipts This Page (optional)..... ►**1585.00****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
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Don Jay Selzer

Mailing Address 545 Barnhill Dr
FI 5

City State Zip Code
Indianapolis IN 46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 46EABE27917D72B4F4C2

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Don Jay Selzer

Mailing Address 545 Barnhill Dr
FI 5

City State Zip Code
Indianapolis IN 46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : 4822A0E010B08C243E8C

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Don Jay Selzer

Mailing Address 545 Barnhill Dr
FI 5

City State Zip Code
Indianapolis IN 46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2015

Transaction ID : 478FA99C19C396560F07

Amount of Each Receipt this Period

85.00

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

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

255.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paresh C. Shah

Mailing Address 530 1st Ave

Director Division of General Surge

City

New York

State

NY

Zip Code

10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 03 / 2015

Transaction ID : 4AB19F90F6E77DA0472C

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Paresh C. Shah

Mailing Address 530 1st Ave

Director Division of General Surge

City

New York

State

NY

Zip Code

10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 481DB505EB21D982BF31

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Paresh C. Shah

Mailing Address 530 1st Ave

Director Division of General Surge

City

New York

State

NY

Zip Code

10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 03 / 2015

Transaction ID : 49DBB6A81FC939544CBB

Amount of Each Receipt this Period

75.00

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

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paresh C. Shah

Mailing Address 530 1st Ave

Director Division of General Surge

City

New York

State

NY

Zip Code

10016-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lennox Hill

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : 416DA44644E6CE75CE92

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. David Michael Shahian

Mailing Address 31 Crescent Ln

City

Sudbury

State

MA

Zip Code

01776-1674

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGH

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 746340B1-BAF6-497E-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David Shapiro

Mailing Address 61 Ridgebrook Dr

City

West Hartford

State

CT

Zip Code

06107-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	3		2	0	1	5		

Transaction ID : 38CBB29519AA4E89B8DF

Amount of Each Receipt this Period

500.00

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

825.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Haley Shaw

Mailing Address 3401 Springhill Dr
Ste 400

City State Zip Code
North Little Rock AR 72117-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 3C9355866BFEC09AEFE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edwin W. Shearburn III

Mailing Address Grand View Surgical Associates
Sellersville Outpatient Center

City State Zip Code
Sellersville PA 18960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : 4E17B82A127098DBE262

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Edwin W. Shearburn III

Mailing Address Grand View Surgical Associates
Sellersville Outpatient Center

City State Zip Code
Sellersville PA 18960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2015

Transaction ID : 4946928C36D139A38713

Amount of Each Receipt this Period

100.00

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

450.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Edwin W. Shearburn III

Mailing Address Grand View Surgical Associates
Sellersville Outpatient Center

City State Zip Code
Sellersville PA 18960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 11 / 2015

Transaction ID : 4EB7BDF34791F72059AC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Edwin W. Shearburn III

Mailing Address Grand View Surgical Associates
Sellersville Outpatient Center

City State Zip Code
Sellersville PA 18960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 11 / 2015

Transaction ID : 42DB96BACD455C599022

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Carol Beth Sheridan

Mailing Address 14287 Chariots Whisper Dr

City State Zip Code
Carmel IN 46074-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2015

Transaction ID : FA5B521F-64E2-4727-

Amount of Each Receipt this Period

500.00

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

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

700.00

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 178 OF 249

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Steven Paul Shikiar

Mailing Address 140 Grand Ave

City

Englewood

State

NJ

Zip Code

07631-6581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 0D8D020119B95284FCF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anton Nicholas Sidawy

Mailing Address Chairman, Department of Surgery
George Washington University Mfa

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Veterans Administration

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 5261BEC9292E99AB9C7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard A. Sidwell

Mailing Address 1415 Woodland Ave
Ste 140

City

Des Moines

State

IA

Zip Code

50309-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Iowa Clinic

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 20 / 2015

Transaction ID : DA4335B574E7AE55FD4

Amount of Each Receipt this Period

500.00

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

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

1250.00

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)

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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 (Last, First, Middle Initial)

A. Kristen Caviness Sihler

Mailing Address 887 Congress St
Ste 210

City Portland State ME Zip Code 04102-3166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Medical Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 0B75DE782174451F84A9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Bernard Simon

Mailing Address 2255 Switzer Rd
Apt J203

City Gulfport State MS Zip Code 39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Veterans Healthcare System

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2015

Transaction ID : 483BBB52EC0270B1D74C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kenneth Bernard Simon

Mailing Address 2255 Switzer Rd
Apt J203

City Gulfport State MS Zip Code 39507-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Veterans Healthcare System

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2015

Transaction ID : 491E9DF0782327BE5B75

Amount of Each Receipt this Period

50.00

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

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

600.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mika Narad Sinanan

Mailing Address 1959 NE Pacific St
356410

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : 45FEBD0C26214221C258

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mika Narad Sinanan

Mailing Address 1959 NE Pacific St
356410

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : 49C79BE6A1C711CEFB60

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mika Narad Sinanan

Mailing Address 1959 NE Pacific St
356410

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 4ADE8CA5F6854E0CF42E

Amount of Each Receipt this Period

200.00

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

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mika Narad SinananMailing Address 1959 NE Pacific St
356410

City	State	Zip Code
Seattle	WA	98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2015

Transaction ID : 4F698743344E3EB406DF

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mika Narad SinananMailing Address 1959 NE Pacific St
356410

City	State	Zip Code
Seattle	WA	98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 4FD4B2155D53BDF9F41F

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Douglas Philip Slakey

Mailing Address 1927 Octavia St

City	State	Zip Code
New Orleans	LA	70115-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer

DPSurgical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 9C7CC18D24A363DDADF

Amount of Each Receipt this Period

250.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 182 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jason W. Smith

Mailing Address Acb 2nd Floor

Department of Sugery

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2015

Transaction ID : 484E8371E564B01041AB

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jason W. Smith

Mailing Address Acb 2nd Floor

Department of Sugery

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : 49FF8D2CC23DF936DEF2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. R. Stephen Smith

Mailing Address University of South Carolina Schoo

Department of Surgery Suite 306

City

Columbia

State

SC

Zip Code

29203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wichita Surgical Specialists

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : B8550C9DFE3BC599765

Amount of Each Receipt this Period

500.00

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

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

600.00

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

PAGE 183 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Howard M. Snyder IIIMailing Address Children's Hospital of Philadelphia
Wood Building, 3rd Floor

City	State	Zip Code
Philadelphia	PA	19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Philadelphia

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 7096C16752160E0EC01

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alex Choffel Solowey

Mailing Address 9 Easthaven Ln

City	State	Zip Code
White Plains	NY	10605-5460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : 11846DE44BBE7144786

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Laurel Curtis SootMailing Address Westside Surgical Specialists
the Oregon Clinic

City	State	Zip Code
Portland	OR	97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 51BD5160C9F3F84A7FA

Amount of Each Receipt this Period

250.00

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

1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Nathaniel Jolas Soper

Mailing Address 251 E Huron St

Northwestern Medicine, Department

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University Feinberg School

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : 7E476288-85FD-4BE4-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alan John Sori

Mailing Address 241 Dorothy Dr

City

North Haledon

State

NJ

Zip Code

07508-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Josephs Hospital and Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 43BEE5E7E3B98BEEBAF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eduardo Antonio Souchon

Mailing Address 5656 Kelley St

City

Houston

State

TX

Zip Code

77026-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Medical School

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : 98030CE2-566C-4369-

Amount of Each Receipt this Period

500.00

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

1250.00

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 185 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lisa Lynn Sowder

Mailing Address 1101 Madison St
Ste 1101

City State Zip Code
Seattle WA 98104-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : 687FD194B9C6584E35E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Ira Soybel

Mailing Address Department of Surgery H149
General Surgery Specialties

City State Zip Code
Hershey PA 17033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : 659E79D6E59FD6C3EE9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Spanos

Mailing Address 48048 Riverside Pl

City State Zip Code
Sioux Falls SD 57108-8209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : 22F990B5-99B4-4C91-

Amount of Each Receipt this Period

500.00

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

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

1250.00

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 186 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Prashanth Sreeramoju

Mailing Address 182 E 95th St
Apt 3G

City State Zip Code
New York NY 10128-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 0DE51DDF8AC7468981F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Charles Stain

Mailing Address Albany Medical Center
Department of Surgery

City State Zip Code
Albany NY 12208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany Medical College

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2015

Transaction ID : E31CFA0127CF4D99AF19

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven M. Steinberg

Mailing Address 395 W 12th Ave
Ohio State University Room 630

City State Zip Code
Columbus OH 43210-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State Univ

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2015

Transaction ID : CD300899D85D4FF8379

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 187 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Matthew Allen Steliga

Mailing Address 4301 W Markham St, # 713

Cardiothoracic Surgery Division, D

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of AR

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2015

Transaction ID : BD41A670-3F8B-48A2-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

01 / 15 / 2015

Transaction ID : 4AB2A5FF5103B38D47BC

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

02 / 15 / 2015

Transaction ID : 47A485326F06D7E00750

Amount of Each Receipt this Period

208.33

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

666.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5		2	0	1	5		

Transaction ID : 47449EA63C5026928DD8

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5		2	0	1	5		

Transaction ID : 4B0B8A184DC5BBD503C2

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toledo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

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

Transaction ID : 40499A08AB95CCD3D260

Amount of Each Receipt this Period

208.33

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

624.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 249
(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Charles Sternfeld

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toldeo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

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

Transaction ID : 46A6ADC778EDDF65150C

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Ronald M. Stewart

Mailing Address Department of Surgery

Uthsc at San Antonio Mc 7840

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

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

Transaction ID : 403686A0BE045364186C

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

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

Transaction ID : 4FE7AA94F8A8E63F2853

Amount of Each Receipt this Period

210.00

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

628.33

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)

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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 (Last, First, Middle Initial)

A. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

03 / 02 / 2015

Transaction ID : 49AB8CBB9DF8AC6B6524

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 49542CDD3F33429E90AA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

04 / 02 / 2015

Transaction ID : 47D282CD51BAC0901AF5

Amount of Each Receipt this Period

210.00

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

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

1420.00

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

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

FOR LINE NUMBER: PAGE 191 OF 249

(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	2		2	0	1	5		

Transaction ID : 05F8FE46-ECD4-40BE-

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

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

Transaction ID : 4CDB93D62D9221F58FEB

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Ronald M. Stewart

Mailing Address Department of Surgery Mc 7840

Ut Health Science Center at San An

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

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

Transaction ID : 4C3F8E6ADC1C4B17276E

Amount of Each Receipt this Period

210.00

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

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

770.00

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)

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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 (Last, First, Middle Initial)

A. Robert Peter Sticca

Mailing Address Department of Surgery

University of North Dakota Smhs Ro

City State Zip Code
 Grand Forks ND 58202-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of North Dakota

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015

Transaction ID : 6C7E9A09-FAEF-4E52-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. William T. Su

Mailing Address 19825 Blue Heron Ln

City State Zip Code
 Hagerstown MD 21742-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : C663007460473FF16F3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James William Suliburk

Mailing Address 1 Baylor Plz

Mail Stop Bcm 390

City State Zip Code
 Houston TX 77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : 8C8FE0B83EA740A26E0

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

PAGE 193 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James William Suliburk

Mailing Address 1 Baylor Plz

Mail Stop Bcm 390

City

Houston

State

TX

Zip Code

77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Univ

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : 3282FD0F63184258BF1C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Michael Sullivan

Mailing Address 501 N Preston St

City

Ennis

State

TX

Zip Code

75119-3928

FEC ID number of contributing
federal political committee.

C

Name of Employer

General and Vascular Surgery of Ennis

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Transaction ID : FD65359B-C360-4721-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Howard Lawrence Sussman

Mailing Address 8 Candy Ln

City

Roslyn Heights

State

NY

Zip Code

11577-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

Transaction ID : C3D50710CA5E4B56855F

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 194 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City State Zip Code
 Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

01 / 18 / 2015

Transaction ID : 4662A9F6E692FD9B6B28

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City State Zip Code
 Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

01 / 29 / 2015

Transaction ID : 53B2F5D978B76F283B7

Amount of Each Receipt this Period

116.66

Full Name (Last, First, Middle Initial)

C. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City State Zip Code
 Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

02 / 18 / 2015

Transaction ID : 4BE0B7634300B147C3B4

Amount of Each Receipt this Period

300.00

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

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

716.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 249

(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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City	State	Zip Code
Little Rock	AR	72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 4D21AB22D2524A263B99

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City	State	Zip Code
Little Rock	AR	72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 4AD29FDFBD4D5E97FB5C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City	State	Zip Code
Little Rock	AR	72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 4E20B523159D14A43C9E

Amount of Each Receipt this Period

416.66

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

1133.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City

State

Zip Code

Little Rock

AR

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Air Force

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2015

Transaction ID : 44D78DCF12209A7AF644

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City

State

Zip Code

Little Rock

AR

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Air Force

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 4BB799CD51860022FA99

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

C. Michael J. Sutherland

Mailing Address 4301 W Markham St

Uams Department of Surgery, # 520-

City

State

Zip Code

Little Rock

AR

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Air Force

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2015

Transaction ID : 4000841602B5DBB3A467

Amount of Each Receipt this Period

416.66

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

1249.98

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

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 (check only one)

PAGE 197 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Beth Sutton

Mailing Address 1600 Brook Ave

City

Wichita Falls

State

TX

Zip Code

76301-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : 82D97199DC9542772CB

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Jon SuttonMailing Address 102 Ladyshire Ln
Apt B303

City

Rockville

State

MD

Zip Code

20850-6489

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Surgeons

Occupation

State Affairs Associate

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	1	5		

Transaction ID : 7EEFBD7AF48D3933A91

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John Peter SutyakMailing Address PO Box 19663
Southern Illinois Univ Sch of Med

City

Springfield

State

IL

Zip Code

62794-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	4		2	0	1	5		

Transaction ID : 6C54231396574ECEBD63

Amount of Each Receipt this Period

500.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 198 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Jackson Swannack

Mailing Address PO Box 7817

Missoula Surgical Associates

City

Missoula

State

MT

Zip Code

59807-7817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 26 / 2015

Transaction ID : 37C94EBE-9CA6-4B33-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amy E. Tan

Mailing Address 57 Water St

City

Blue Hill

State

ME

Zip Code

04614-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Hill Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2015

Transaction ID : 4688BA276CD570ABF21B

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Joseph J. Tepas III

Mailing Address 655 W 8th St

University of Fla Health Sci Cente

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : 3C05B252C6750E880EE

Amount of Each Receipt this Period

500.00

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

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

800.00

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 199 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thavam Achenan Thambi-Pillai

Mailing Address 1508 W 22nd St
Ste 101

City State Zip Code
Sioux Falls SD 57105-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2015

Transaction ID : CB23EFBB16797F58D6D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith Jay Thomas

Mailing Address 170 Ford Rd

City State Zip Code
John Day OR 97845-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Mountain Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 2AA1F128AAE74876871F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Gerard Thomas

Mailing Address 621 Memorial Dr
Beacon Trauma and Surgical Service

City State Zip Code
South Bend IN 46601-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer

General and Vascular Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2015

Transaction ID : DF70ABBD7F034D15B929

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 200 OF 249
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Vadakekara Thomas Jr.

Mailing Address 1 Spring Creek Wynd

City

Kingsport

State

TN

Zip Code

37664-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 751831F356B88176DE9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Hale Thomason

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Health Care

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2015

Transaction ID : 5C16B40D2E1496A9E93

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary L. Timmerman

Mailing Address 2505 W Sleigh Creek Cir

City

Sioux Falls

State

SD

Zip Code

57108-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 14 / 2015

Transaction ID : 85D4106745CF941456D

Amount of Each Receipt this Period

2500.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 201 OF 249

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Glen Herman Tinkoff

Mailing Address 4735 Ogletown Stanton Rd
Ste 3301

City State Zip Code
Newark DE 19713-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2015

Transaction ID : 4F4F94419E9EF86CE2D3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Glen Herman Tinkoff

Mailing Address 4735 Ogletown Stanton Rd
Ste 3301

City State Zip Code
Newark DE 19713-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 4C8588145283EAF17BAF

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Glen Herman Tinkoff

Mailing Address 4735 Ogletown Stanton Rd
Ste 3301

City State Zip Code
Newark DE 19713-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2015

Transaction ID : 4E2A9B7CF3D3964A9A71

Amount of Each Receipt this Period

100.00

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

300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 249
(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			

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Glen Herman TinkoffMailing Address 4735 Ogletown Stanton Rd
Ste 3301

City	State	Zip Code
Newark	DE	19713-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christinia Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 4C4CAFAF1828FFEB2C73

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael A. ToddMailing Address 1200 Airport Heights Dr
Ste 278

City	State	Zip Code
Anchorage	AK	99508-2971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : B187F83596A51586CEE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samuel Robert ToddMailing Address 1 Baylor Plz
Bcm MS:390

City	State	Zip Code
Houston	TX	77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 9EDBBBCF-DDC9-42FC-

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

PAGE 203 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kynan Charles TrailMailing Address 2525 Fox Run Pkwy
Ste 204

City	State	Zip Code
Yankton	SD	57078-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

Transaction ID : F631C2E82266CA91EB0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas R. TrostleMailing Address 1 Guthrie Sq
Guthrie Clinic Ltd

City	State	Zip Code
Sayre	PA	18840-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Guthrie Medical Group

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

Transaction ID : 282D3ADB-C023-43A3-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patricia L. Turner

Mailing Address Director, Division of Member Servi

City	State	Zip Code
Chicago	IL	60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American College of Surgeons

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2015

Transaction ID : F314212FEAA8FC00EBB

Amount of Each Receipt this Period

500.00

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

1250.00

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:
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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 (Last, First, Middle Initial)

A. Peter A. Tuxen

Mailing Address 1901 N California St

City

Stockton

State

CA

Zip Code

95204-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 4F3048D5F6A691DEE6D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Gerard Tyburski

Mailing Address Detroit Receiving Hospital Room 4S
 Department of Surgery

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 6564BB86C53E4AE8AC88

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jamie Sue Ullman

Mailing Address 300 Community Dr
 North Shore-Lij Health System, # 9

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt Sinai School of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2015

Transaction ID : CA06FD3213B72CE8DBE

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

PAGE 205 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Marshall McLean Urist

Mailing Address 2209 Country Ridge Way

City	State	Zip Code
Vestavia	AL	35243-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Of Alabama Birmingham

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 6F230464419229F312F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alex B. ValadkaMailing Address 1400 N Interstate 35
Seton Brain and Spine Institute, S

City	State	Zip Code
Austin	TX	78701-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seton

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	5

Transaction ID : 7E3B5AB89C1215891DC

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wayne Edward VanderKolkMailing Address 245 Cherry St SE
Ste 102

City	State	Zip Code
Grand Rapids	MI	49503-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	1	5

Transaction ID : 55E0357077CC4B29B8AB

Amount of Each Receipt this Period

1000.00

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

3750.00

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)

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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 (Last, First, Middle Initial)

A. Bhupesh Vasisht MD FACS

Mailing Address 1307 White Horse Rd

City

Voorhees

State

NJ

Zip Code

08043-2176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Staffordshire Professional Center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 06 / 2015

Transaction ID : 270FF822-523F-4C18-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George Edward Vates

Mailing Address University of Rochester

Department of Neurosurgery

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester Medical Center

Occupation

Neurosurgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2015

Transaction ID : 07742C78-5D34-4FC2-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nicholas Blair Vedder

Mailing Address Harborview Medical Center

Mailstop 359796

City

Seattle

State

WA

Zip Code

98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of WA

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 6FFEDFE429EF40C0B273

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

PAGE 207 OF 249

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael P. VezeridisMailing Address Univ Surgical Associates
Suite 470

City	State	Zip Code
Providence	RI	02905

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	5

Transaction ID : 6BA377CCDCCB4682AD9I

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carlin Borden Vickery

Mailing Address 1125 5th Ave

City	State	Zip Code
New York	NY	10128-0143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	5

Transaction ID : B38290C9262A8EF9DD0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kyle Vincent

Mailing Address 1522 N Graystone St

City	State	Zip Code
Wichita	KS	67230-7247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

General Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	5

Transaction ID : 7DEDA50C-F162-4157-

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Patrick Walker

Mailing Address PO Box 481

City

Crockett

State

TX

Zip Code

75835-0481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	0		2	0	1	5		

Transaction ID : BEF054E8DEBE422CBF31

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amy G. Wandel

Mailing Address 6383 Grangers Dairy Dr

City

Sacramento

State

CA

Zip Code

95831-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	1	5		

Transaction ID : 89BF4917A59B7852E30

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew L. WarshawMailing Address Massachusetts General Hospital
Bullfinch 370C

City

Boston

State

MA

Zip Code

02114-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	2		2	0	1	5		

Transaction ID : 2B2FC85FE8686BA3357

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew L. WarshawMailing Address **Massachusetts General Hospital**
Bullfinch 370C

City	State	Zip Code
Boston	MA	02114-2696

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

Name of Employer

Massachusetts General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 956F5077CFB24513A7D3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd Steven WeinsteinMailing Address **820 Fulton St**

City	State	Zip Code
Logansport	IN	46947-1517

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

Name of Employer

Logansport Memorial General Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : DC97BD50025F6DD1ADA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Leonard Joseph Weireter Jr.Mailing Address **Eastern Virginia Medical School**
Department of Surgery, Suite 610

City	State	Zip Code
Norfolk	VA	23507

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

Name of Employer

Eastern Virginia Medical School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 25B6FA22-C60D-410E-

Amount of Each Receipt this Period

350.00

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

1100.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Leonard Joseph Weireter Jr.Mailing Address Eastern Virginia Medical School
Department of Surgery, Suite 610

City Norfolk State VA Zip Code 23507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Virginia Medical School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2015**Transaction ID : 3B63FE16B78EAAFE569**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Christian WeisslerMailing Address 610 Burnett-Womack Building
G106 Physicians' Office Building,

City Chapel Hill State NC Zip Code 27599-7070

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2015**Transaction ID : 072D4BBE-D7EE-4620-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Christian WeisslerMailing Address 610 Burnett-Womack Building
G106 Physicians' Office Building,

City Chapel Hill State NC Zip Code 27599-7070

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2015**Transaction ID : 5A8721BD37EC4560969E**

Amount of Each Receipt this Period

250.00

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

1500.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mell B. Welborn Jr.

Mailing Address 1720 Fleener Rd

City

Evansville

State

IN

Zip Code

47725-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 20 / 2015

Transaction ID : E817EE8645E56711F2A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Cheryl Ann Wesen

Mailing Address 19229 Mack Ave

Van Elslander Cancer Center, Ste 3

City

Grosse Pointe Wood

State

MI

Zip Code

48236-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Hospital and Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 904A51D26E5D16F69E3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lynn Arlene Weston

Mailing Address 10666 N Torrey Pines Rd

Scripps Clinic

City

La Jolla

State

CA

Zip Code

92037-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2015

Transaction ID : 0229D573-91B0-4ACD-

Amount of Each Receipt this Period

250.00

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

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

2000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Steven David Wexner

Mailing Address 2950 Cleveland Clinic Blvd
Cleveland Clinic Florida

City Weston State FL Zip Code 33331-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : 18579FEDB723F834D5E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric Bruce Whitacre

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

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : 85B1CAE3F085F131E01

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. John V. White

Mailing Address Advocate Lutheran General Hospital
Department of Surgery, 8 South

City Park Ridge State IL Zip Code 60068-1174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Lutheran General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : C63D96F00878A86647D

Amount of Each Receipt this Period

250.00

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

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

2750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Wayne Graham Whitmore

Mailing Address 116 E 68th St

City

New York

State

NY

Zip Code

10065-5955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 9B4EE8041300E5C28BA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph L. Wilhelm

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 179AFC30D34786BAF55

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hale Edward Wills

Mailing Address Univ Surgical Assoc/Divide of Pedi
Medical Office Center - Suite 190

City

Providence

State

RI

Zip Code

02905

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 19 / 2015

Transaction ID : 333619BAD780471E8B68

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stephen Charles WilsonMailing Address 477 N El Camino Real
Ste B303

City	State	Zip Code
Encinitas	CA	92024-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharp Mission Park Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2015

Transaction ID : 2B91DFE7C48B1B28835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert John WinchellMailing Address 6431 Fannin St, Msb 4.270
Department of Surgery, Ut Health S

City	State	Zip Code
Houston	TX	77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

Transaction ID : 5877A184347B522CA48

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Weerachai Wiri

Mailing Address 116 John Dupree Dr

City	State	Zip Code
Levelland	TX	79336-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 78462CD4851D2814AE8

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Laura Ellen Witherspoon

Mailing Address 2108 E 3rd St
Ste 200

City State Zip Code
Chattanooga TN 37404-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : 7800403BB11245B0BB2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dennis R. Witmer

Mailing Address 24 Brendle Ln

City State Zip Code
Wilmington DE 19807-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2015

Transaction ID : E2321A1A-C0B5-4FAE-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Frederick Wolz

Mailing Address 820 S Monaco Pkwy
Ste 305

City State Zip Code
Denver CO 80224-3703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : B293515DA7A2D712F58

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Scott Downing Woodard

Mailing Address 1060 Woodland Ct

City State Zip Code
 Estes Park CO 80517-7577

FEC ID number of contributing federal political committee.

C

Name of Employer

Estes Park Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : 82D55063-CA6F-4370-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randy Joseph Woods

Mailing Address 128 E Apple St, Ste 7000
 Wright State University Boonshoft

City State Zip Code
 Dayton OH 45409-2902

FEC ID number of contributing federal political committee.

C

Name of Employer

Wright State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015

Transaction ID : BC29FBD55BEE45E08520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Odis Wyatt III

Mailing Address 3510 Camden Falls Cir

City State Zip Code
 Greensboro NC 27410-1600

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Carolina Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : F868E0F3DFD07DC8EFA

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mathew Francis Yetter

Mailing Address 52 Edgemont Rd

City

Asheville

State

NC

Zip Code

28801-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ann Boyd MD PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 6F15181891F296EF8EE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles YowlerMailing Address Metrohealth Medical Center
Department of Surgery

City

Cleveland

State

OH

Zip Code

44109-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Health Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : 4E4AAD4F3273B7A6C1E3

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Charles YowlerMailing Address Metrohealth Medical Center
Department of Surgery

City

Cleveland

State

OH

Zip Code

44109-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Health Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 4183A7636B9EFA475181

Amount of Each Receipt this Period

100.00

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

450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 249
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles YowlerMailing Address **Metrohealth Medical Center**
Department of Surgery

City Cleveland State OH Zip Code 44109-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Health Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2015**Transaction ID : 4EA6B5EEA07D1C545C54**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ihor Andrew Zakaluzny

Mailing Address 21 N Davis St

City Keyser State WV Zip Code 26726-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ihor Zakaluzny

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2015**Transaction ID : 9C48C16D-7EFE-49A4-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Wayne ZieglerMailing Address 1500 S Main St
Department of Surgery

City Fort Worth State TX Zip Code 76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2015**Transaction ID : A0F15E98A9B21CE26B9**

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Scott Paul Zietlow

Mailing Address 200 1st St SW

Mayo Clinic

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2015

Transaction ID : 507C8C10F68247E09450

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael J. Zinner

Mailing Address Department of Surgery

Brigham and Women's Hospital

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Woman

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 13 / 2015

Transaction ID : 386D83AC0F1E37C3976

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Robert M. Zwolak

Mailing Address Dartmouth-Hitchcock Medical Center

Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 9663D584-66A4-4805-

Amount of Each Receipt this Period

500.00

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

2500.00

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

260685.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Adrian Smith for CongressMailing Address 3321 Avenue I
Suite 6City State Zip Code
Scottsbluff NE 69361-4587Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Adrian Michael SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : 17873A8E4B5CA71AB4F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. American Innovation Political Action Committee (AMI PAC)

Mailing Address PO Box 582496

City State Zip Code
Elk Grove CA 95758Purpose of Disbursement
2015 Contribution

Candidate Name

American Innovation Political Action Committee (AMI PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 31C694DF3E11C46C9C6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ami Bera for Congress

Mailing Address PO Box 582496

City State Zip Code
Elk Grove CA 95758Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Ameriash B. BeraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 03FAB3B263C53737CAC

Amount of Each Disbursement this Period

5000.00

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ami Bera for Congress

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
Redesignation of 11/6/14 Contribution to Ami Bera for Congress Recount

Candidate Name

Ameriash B. BeraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : BDFA2F19F0CD711D494

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Garland Hale Barr IVOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : F62A1082F574907FDBE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Harris for Congress

Mailing Address PO Box 426

City	State	Zip Code
Stevensville	MD	21666

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Andrew P. HarrisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 22105901E63365D3D0C

Amount of Each Disbursement this Period

2500.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 426

City	State	Zip Code
Stevensville	MD	21666

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Andrew P. HarrisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : F374C9721B9DE2DC325

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 71584

City	State	Zip Code
Los Angeles	CA	90071

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 289AA2CE14981FC9629

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress, Inc.

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837-0108

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Daniel J. BenishekOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : A9A8478C984CC5D8B41

Amount of Each Disbursement this Period

5000.00

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

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Michael F. BennetCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D506D14DC3B0C82E8BA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Gus Michael BilirakisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 9097269E8EBCC8440AA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

William H. FloresCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : DA0BCFC438705237C7D

Amount of Each Disbursement this Period

5000.00

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City
the WoodlandsState
TXZip Code
77387-8277Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Kevin Patrick Brady

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 17A9432882399EFD4D8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City
NewburghState
INZip Code
47629Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Larry Dean Bucshon

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : E74E2C61F7515E14E1F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City
SpokaneState
WAZip Code
99210-0137Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Cathy McMorris Rodgers

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 9C657B00BDBFD1CE333

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Surgeons Professional Association PAC

2500.00

Age Group	Percentage
18-24	1000.00
25-34	800.00
35-44	600.00
45-54	400.00
55-64	200.00
65-74	100.00
75-84	50.00
85+	20.00

Age Group	Number of people
13-17	~850
18-24	~950
25-34	~800
35-44	~750
45-54	~650
55-64	~550
65-74	~450
75-84	~350
85+	~250

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

David Albert ScottOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C6B943E6E53FD21A008

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign CommitteeMailing Address 430 South Capitol Street, SE
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : F5B6C672A37C546AD0B

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Diana DeGette for Congress

Mailing Address PO Box 61337

City	State	Zip Code
Denver	CO	80206-8337

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Diana L. DeGetteOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 1535D625181F6EC0EFF

Amount of Each Disbursement this Period

1000.00

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

17000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Raul Ruiz

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : F689CA46ABC1C9677A5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DSCC

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

DSCC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 3EB45640DE546420F0A

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger for Congress Committee

Mailing Address PO Box 231

City	State	Zip Code
Lutherville	MD	21094

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

C.A. Dutch Ruppersberger

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : A7B010AA34C8EC7CE96

Amount of Each Disbursement this Period

2500.00

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

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

20000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Fleming for Congress

Mailing Address PO Box 1236

City
MindenState
LAZip Code
71058-1236Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

John Calvin Fleming Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : BC7CB650896D5F83C59

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends for Jim McDermott

Mailing Address PO Box 21786

City
SeattleState
WAZip Code
98111Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

James A. McDermott

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 93FD837695691A01AEC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Mailing Address PO Box 2032

City
IssaquahState
WAZip Code
98027Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

David George Reichert

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 5617041D168D98C63E5

Amount of Each Disbursement this Period

1000.00

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck Congress

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Joseph John Heck Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 7FB58B83C8F5123DBD0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck Congress

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Joseph John Heck Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 31C84236CFA628986C9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Joseph Russell PittsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : B7E02827D0CB3807D1D

Amount of Each Disbursement this Period

2500.00

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

7500.00

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**SCHEDULE B (FEC Form 3X)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

John Andrew BoehnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : D013908D6A649B853B9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Roy Dean BluntOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 28E1DECF0186B68367A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 General Contribution

Candidate Name

Charles E. SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 56FB35C457EA44C108B

Amount of Each Disbursement this Period

2500.00

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

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Susan BrooksMailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Susan W. BrooksOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : F6E63C1DAC6698E2239

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Johnny H. IsaksonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : 20D3FC70EBBC9C1D164

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregg Harper for Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Gregory HarperOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 22786241230DB64192A

Amount of Each Disbursement this Period

1500.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 8AFB3E6A6DD1FB3123F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2015 Contribution

Candidate Name

Healthcare Freedom FundOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 756475DA056F3005F90

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HEARTDOCPAC

Mailing Address PO Box 628

City	State	Zip Code
Evansville	IN	47704-0628

Purpose of Disbursement
2015 Contribution

Candidate Name

HEARTDOCPACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 551D02ACA61BF834C75

Amount of Each Disbursement this Period

5000.00

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland	State OR	Zip Code 97208
------------------	-------------	-------------------

Purpose of Disbursement
Voided 6/10/14 Contribution

011

Candidate Name

Holding Onto Oregon's PrioritiesCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Transaction ID : 5D66AEBDF7502EBC7E5

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. Hoyer for CongressMailing Address 700 13th Street NW
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Steny Hamilton HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : E83573DB2B317DE2F98

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City Concord	State NC	Zip Code 28027-1500
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Purpose of Disbursement
Voided 9/12/14 Disbursement

011

Candidate Name

Richard Lane Hudson Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Transaction ID : F5088616F2B3ADDF4FF

Amount of Each Disbursement this Period

-5000.00

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

-8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Mailing Address PO Box 906

City	State	Zip Code
Marietta	OH	45750

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

William L. JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 9DCC6BC98C9BA8059DA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Mailing Address 3061 Edgewater Ln

City	State	Zip Code
La Crosse	WI	54603

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Ronald James KindCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : F63FF120129B3DE10EE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirk for Senate

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Mark Steven KirkCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 40B761D99C8E5CD0234

Amount of Each Disbursement this Period

2500.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kurt Schrader for Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Kurt SchraderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : E3824C78A0828D7A70F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Kyrsten SinemaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 08CB65E5BA6DE50082A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Levin for Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : 14A0472896659DDFD29

Amount of Each Disbursement this Period

2500.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City Bethesda	State MD	Zip Code 20824-0844
------------------	-------------	------------------------

Purpose of Disbursement
2015 Contribution

Candidate Name

Lone Star Leadership PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 4C07D812FE8B3BFB21D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka	State KS	Zip Code 66601-1441
----------------	-------------	------------------------

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Lynn Michelle JenkinsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 7EB5262F1E85C127DF1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville	State KY	Zip Code 40201
--------------------	-------------	-------------------

Purpose of Disbursement
2020 Primary Contribution

Candidate Name

Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : A25C99B5144D15E558E

Amount of Each Disbursement this Period

2500.00

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

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address PO Box 2334

City
DentonState
TXZip Code
76202-2334Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Michael Clifton BurgessCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 495634A395236785A5F

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City
BoiseState
IDZip Code
83701Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Michael Dean CrapoCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: ID

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : 77FC284019F0A01A249

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Michael C. ThompsonCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: CA

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : D049EAE588AEE2BA584

Amount of Each Disbursement this Period

1000.00

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

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for CongressMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Nancy PelosiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : 340A7B5D9B6D66715EB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PACMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

Candidate Name

New Democrat Coalition PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : D6F594045D18C70A3C5

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

Candidate Name

NRCCOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : 428BB2F109382D65B47

Amount of Each Disbursement this Period

15000.00

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

25000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 239 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2nd Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2015 Contribution

011

Candidate Name

NRSC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 0A212F156CEDBABEF2D

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO Box 3986

City
WashingtonState
DCZip Code
20027Purpose of Disbursement
2015 Contribution

011

Candidate Name

ORRINPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 7D3C9AA3E17973AA726

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Frank Pallone Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Transaction ID : 5C5FAA5B2275EF99D40

Amount of Each Disbursement this Period

5000.00

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

22500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City Media	State PA	Zip Code 19063-3531
---------------	-------------	------------------------

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Patrick L. MeehanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : 69DE0AE525989765690

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Enterprise Trade and Economic Growth (PETE PAC)

Mailing Address 7804 Evening Lane

City Alexandria	State VA	Zip Code 22306-2754
--------------------	-------------	------------------------

Purpose of Disbursement
2015 Contribution

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 75933E5DFC70C1C78F5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. People for Patty Murray

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Patricia Lynn MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : 13574500E1E4AED9580

Amount of Each Disbursement this Period

3000.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382-3047

Transaction ID : 7106DA9E39E23E1C93FPurpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Peter Anderson SessionsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 32	

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017-8914

Transaction ID : 0D8DE42CCACF4F40605Purpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rob J. PortmanCategory/
Type

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District:	

Full Name (Last, First, Middle Initial)

C. Price for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address PO Box 425

City	State	Zip Code
Roswell	GA	30077

Transaction ID : E1D64388A9B154835FFPurpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Thomas E. Price M.D.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: GA	District: 06	

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 242 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 735CE5583E2779A55CEPurpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Renee L. EllmersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547-1488

Transaction ID : D81D373213C3CF8DB56Purpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Paul Davis Ryan Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183-3219

Transaction ID : DF1DEB10436341B55EBPurpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Stephen Joseph ScaliseCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tenn Political Action Committee Inc (TENN PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Tenn Political Action Committee Inc (TENN PAC)

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Transaction ID : 0553D3FA9A20D9B294F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 320 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

The Freedom Project

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Transaction ID : 506669373F75AE93817

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Richard M. Burr

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Transaction ID : 873C12BD7E622235677

Amount of Each Disbursement this Period

2500.00

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

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 244 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Transaction ID : 6A180FF7686811AD810Purpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Richard M. BurrCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address PO Box 10847

City	State	Zip Code
Rochester	NY	14610-0847

Transaction ID : 12D2439F2C268FF1FD3Purpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Thomas W. Reed II.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 23

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Transaction ID : 11CC0794046FCE9508BPurpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Fredrick Stephen UptonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 06

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 8D2FE4C98E70A827575

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : 028F1D723D99794419A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031-0037

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Gregory Paul WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2015

Transaction ID : 5BDC4F38A0AA3A16A36

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 246 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Mailing Address PO Box 954

City	State	Zip Code
Mishawaka	IN	46546-0954

Transaction ID : 06C5AEBE3F80C118AFD

Purpose of Disbursement
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Jacqueline Walorski

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

1000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Transaction ID : BC9513698D66D7D0D1A

Purpose of Disbursement
2016 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Ron L. Wyden

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

2500.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

3500.00

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

241000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 247 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : 2DB1127AD9914643E2C

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

B. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su

City	State	Zip Code
Memphis	TN	38163-0001

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2015

Transaction ID : B59CC4B8C690A7FE6BA

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C. Jay Johannigman

Mailing Address 2708 Johnstone Pl

City	State	Zip Code
Cincinnati	OH	45206-1822

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : 45D7B31E4A1904FCE36

Amount of Each Disbursement this Period

100.00

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

260.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 249

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jacob MoalemMailing Address 601 Elmwood Ave
Surg

City Rochester State NY Zip Code 14642-0001

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : 08F53BCA18E61A4BCBF

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

B. Jacob MoalemMailing Address 601 Elmwood Ave
Surg

City Rochester State NY Zip Code 14642-0001

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : 7F652F31FE4F147BDD5

Amount of Each Disbursement this Period

170.00

Full Name (Last, First, Middle Initial)

C. Michael J. SutherlandMailing Address 4301 W Markham St
Uams Department of Surgery, # 520-

City Little Rock State AR Zip Code 72205-7101

Purpose of Disbursement
Refund of Contribution

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : 6D508F33811FE25FDE4

Amount of Each Disbursement this Period

300.00

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

640.00

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