Image#	2015	507239	900040	05836
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07/23/2015 14 : 11

PAGE 1 / 249

	EPORT OF ND DISBUI Other Than An Au	RSEMENT	S	Office Us	e Only
1. NAME OF TYI COMMITTEE (in full)	PE OR PRINT ▼	Example: If typ over the lines.	ing, type 12	FE4M5	
American College of Sur	geons Profession	al Association P			
ADDRESS (number and street)	20 F St NW, Ste 1000				
Check if different	Attn: Sara Morse				
them measured a	Washington			C 20001	
2. FEC IDENTIFICATION NUME	BER▼ C	ITY 🔺	STAT	TE 🔺	ZIP CODE
C C00382424	3.		NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:	eb 20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Aŗ	or 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12 Convention		General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	Elec	tion on	D D / Y	Y Y Y	in the State of
XJuly 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	tion on	D D / Y	Y Y Y	in the State of
5. Covering Period 01	/ D D / Y Y Y Y 01 2015		06/	D D / Y Y 30 201	5
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of Christian Shalgian	of my knowledge and	belief it is true, c	orrect and complet	e.
Signature of Treasurer	Shalgian	[Electronical	ly Filed] Date	07 / D 23	D / Y Y Y Y Y 2015
NOTE: Submission of false, erroneous	s, or incomplete informat	ion may subject the pe	rson signing this R	eport to the penaltie	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X ev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
A	American College of Surgeons F	Professional Association PAC	
R	leport Covering the Period: From:	M M / D D / Y Y Y Y Y 01 01 2015	To: 06 / 0 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2015 To	b: 06 / 0 / 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	260685.89	260685.89
(i) Itemized (use Schedule A)	200005.09	20003.89
Г		5 1070 15
(ii) Unitemized	54972.45	54972.45
(iii) TOTAL (add		045050.04
Lines 11(a)(i) and (ii)	315658.34	315658.34
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7 7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	245659.24	315658.34
Totals to Line 33, page 5)▶	315658.34	313030.34
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
 Refunds of Contributions Made 	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. 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
	7	
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	315658.34	315658.34
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	315658.34	315658.34

I

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
	rating Expenditures: 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	0.00	0.00
Tran	(add 21(a)(i), (a)(ii), and (b))► hsfers to Affiliated/Other Party		
Con	nmittees tributions to	0.00	0.00
and	eral Candidates/Committees Other Political Committees	241000.00	241000.00
	pendent Expenditures	0.00	0.00
Coo (2 U (use	e Schedule E) rdinated Party Expenditures J.S.C. §441a(d)) e Schedule F)	0.00	0.00
Loar	n Repayments Made	0.00	0.00
Loar	ns Made	0.00	0.00
Refu	unds of Contributions To: Individuals/Persons Other Than Political Committees	1340.00	1340.00
(h)	Political Party Committees	0.00	0.00
	Political Party Committees 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
Othe	er Disbursements	0.00	0.00
	eral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
(1.)	(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
	l Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	242340.00	242340.0
			242340.0
	I Federal Disbursements tract Line 21(a)(ii) and Line 30(a)(ii)		
	n Line 31)►	242340.00	242340.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures			
. Total Contributions (other than loans) (from Line 11(d), page 3)	315658.34	315658.34	
. Total Contribution Refunds (from Line 28(d))	1340.00	1340.00	
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	314318.34	314318.34	
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00	
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

FOR LINE NUMBER:

PAGE 6 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) David B. Adams				Date of	Re	· .			
	Mailing Address 25 Courtenay Dr Suite 7100A, MS 290) / Ү	2015	Y
	City Charleston	State SC	Zip Code 29425-8911						7898466 nis Perioc	
	FEC ID number of contributing federal political committee.	С					7	7	500	0.00
	Name of Employer	Occupation	I							
	Medical University of South Carolina	Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
— B	Full Name (Last, First, Middle Initial) Suresh Agarwal				Date of	Re	ceipt			
	Mailing Address University of Wisconsin Hospital a G5/335 Clinical Science Center				05	/	04) / Y	y y 2015	Y
	City Madison	State WI	Zip Code 53792-0001		Transaction ID : BD4D01E1870EAA9 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С					7	7	500).00
	Name of Employer Univ of Wisconsin	Occupation Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
<u> </u>	Full Name (Last, First, Middle Initial) Roxie Mae Albrecht				Date of	Re	ceipt			
•.	Mailing Address Univ of Oklahoma Health Scie Williams Pavilion Building, Ro				M M 03	/	20) / Y	2015	Y
	City Oklahoma City	State OK	Zip Code 73104						CE66672 nis Perioc	
	FEC ID number of contributing federal political committee.	С					7		50	0.00
	Name of Employer	Occupation								
	Univ of Oklahoma Health Sciences Cente	Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		r	- - -			7		1500	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
Any information copied from such Reports and S or for commercial purposes, other than using the		rson for the purpose of soliciting contributions							
American College of Surgeons	Professional Association PAC								
Full Name (Last, First, Middle Initial) A. Andrew J. Aldridge Mailing Address Flagstaff Surgical Associates	rew J. Aldridge								
Suite 201 City	State Zip Code	01 29 2015 Transaction ID : 513E4C895188184104A							
Flagstaff	AZ 86001-1483	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer Flagstaff Surgical Associates	Occupation Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. Edward Lee Alexander III		Date of Receipt							
Mailing Address 724 S New St		06 25 2015							
City	State Zip Code DE 19904-3540	Transaction ID : 816225894C2C35DEEB4							
Dover FEC ID number of contributing federal political committee.	DE 19904-3540	Amount of Each Receipt this Period							
Name of Employer Self Employed	Occupation Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00								
Full Name (Last, First, Middle Initial) C. Louis M. Alpern		Date of Receipt							
Mailing Address 4171 N Mesa St # D100	-	M M / D D / Y Y Y Y 05 20 2015							
City El Paso	StateZip CodeTX79902-1444	Transaction ID : 5D87CE57A91E3C5218C Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer	Occupation	-							
Louis M. Alpern, MD	Surgeon	_							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	r	3500.00							

FOR LINE NUMBER:

PAGE

8 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and a	Ay not be sold or used by any puddress of any political committe	erson for the e to solicit co	purpose of s	15 soliciting om such	contribut committe	ions ee.				
NAME OF COMMITTEE (In Full)											
American College of Surgeons	Professio	onal Association PAC									
Full Name (Last, First, Middle Initial) A. Adnan Ali Alseidi			Date o	f Receipt							
Mailing Address Department of Surgery				M = M / D = D / Y = Y = Y							
Virginia Mason Medical Cente	State	Zip Code	02 Trans	19 saction ID : E	3547DB	2015 66B26FE	AB3857				
Seattle	WA	98101	Amoun	t of Each Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С			7	7	500.	.00				
Name of Employer	Occupation	1									
Virginia Mason Medical Center	HPB & End	locrine surgeron									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00	1								
		A									
Full Name (Last, First, Middle Initial) B. James A. Anderson			Date of	f Receipt							
Mailing Address 419 S Washington St Ste 200	Ste 200					ү ү 2015	Y				
City	State WY	Zip Code 82601-2951		action ID : 3			81F499				
		02001-2931	Amoun	t of Each Re	ceipt th	is Period	_				
FEC ID number of contributing federal political committee.	С			7		2600.	00				
Name of Employer Self Employed	Occupation	1									
Receipt For:	Surgeon	Veer te Dete 🗮									
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)	L	2600.00									
Full Name (Last, First, Middle Initial) C. Peter A. Andreone			Date o	f Receipt							
Mailing Address 4520 W 69th St			05	/ D D 20	/ Y	y y 2015	Y				
City Sioux Falls	State SD	Zip Code 57108-8148		saction ID : E			447986				
FEC ID number of contributing federal political committee.	С		Amoun	t of Each Re	ceipt th	1000.	.00				
Name of Employer	Occupation	1									
North Central Heart - Avera Heart Hosp	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1000.00]								
SUBTOTAL of Receipts This Page (optional)						4100.	00				
TOTAL This Period (last page this line number	only)	······									

FOR LINE NUMBER:

PAGE 9 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
			Detailed Summary Page	X	11a 13		11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				r the		pose of	soliciting	g contribu	tions
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) Constantine T. Andrew Mailing Address 1935 Marlton Pike E			_	ate o		eceipt) / Y	YY	Y
	City Cherry Hill	State NJ	Zip Code 08003-2117						2015 7 F57D8E 7 his Period	718F15
	FEC ID number of contributing federal political committee.	С					7	Ţ	500	.00
	Name of Employer Surgical Group Of South Jersey Receipt For: Primary General	Occupation Surgeon Aggregate	Year-to-Date ▼							
	Other (specify)		500.00]						
в.	Full Name (Last, First, Middle Initial) Robert Mason Arensman Mailing Address 330 S Michigan Ave Apt 2008				M M		eceipt	/ Y	Y Y	Y
	Apt 2008 City Chicago	State IL	Zip Code 60604-4368		05 042015 Transaction ID : DDA6FFA3AB114 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С					,		250	.00
	Name of Employer Children's Memorial Hospital	Occupation Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
C.	Full Name (Last, First, Middle Initial) Amanda Kathleen Arrington			D;	ate o	f Re	eceipt			
	Mailing Address 1400 Hal Greer Blvd Edwards Comprehensive Car City	ncer Cente State	Zip Code	46	04		19	JL	2015	
	Huntington	WV	25701-4114						is Period	IAFE9D9I
	FEC ID number of contributing federal political committee.	С					,	7	250	0.00
	Name of Employer	Occupation								
	University of South Carolina	Surgical Or	ncology							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1						
s	UBTOTAL of Receipts This Page (optional)								1000	.00
Т	OTAL This Period (last page this line number	only)					-			

FOR LINE NUMBER:

PAGE 10 OF

		Use separate schedule(s)	(checl	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b 14	110 15	- F	12 16	Γ	17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for	the		oose of	f solici	ting o	contrib		IS
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC									
Full Name (Last, First, Middle Initial) A. Juan A. Asensio			Da	ite of	Re	ceipt					
Mailing Address Creighton University Medical Department Surgery/Divide Tr			N	04	/	20		Y	у ту 2015	Y	
City Omaha	State NE	Zip Code 68131				on ID : Each F					A393
FEC ID number of contributing federal political committee.	С					7	,		100	0.00	
Name of Employer Univ of Miami Miller School of Med	Occupation Surgeon										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
Full Name (Last, First, Middle Initial) B. John L. D. Atkinson			Da	ite of	Re	ceipt					
Mailing Address Department Neurosurgy Mayo Clinic				02	/	19		Y	y y 2015	Y	
City Rochester	State MN	Zip Code 55905-0001		Transaction ID : 4DD02F34E60060143 Amount of Each Receipt this Period						304	
FEC ID number of contributing federal political committee.	С				7			150	0.00		
Name of Employer Mayo Clinic	Occupation Surgeon										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00									
Full Name (Last, First, Middle Initial) C. John Albert Aucar			Da	ite of	Re	ceipt					
Mailing Address 6578 Furman Ct			N	05	/	01			y y 2015	Y	
City Tyler	State TX	Zip Code 75703-4282				i on ID : Each F	-	BAD	A7035	-	8799
FEC ID number of contributing federal political committee.	С					7	,		25	0.00	
Name of Employer	Occupation		_								
Carle Hospital	Surgeon										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number						y 1			2750	0.00	

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check or	ıly or	ne)						
			for each category of the Detailed Summary Page	X 11a		11b	11c	12	17		
	y information copied from such Reports and for commercial purposes, other than using th			erson for the		pose of	soliciting	g contribu	tions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Ralph Williams Aye			Date of	of Re	eceipt					
	Mailing Address 1101 Madison St Ste 900			05	M /	20	/ Y	у у 2015	Y		
	City Seattle	State WA	Zip Code 98104-1347					DAF1EE	96F5EB		
	FEC ID number of contributing federal political committee.	С				7		250	.00		
	Name of Employer Self-Employed	Occupation Surgeon	l								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]							
	Full Name (Last, First, Middle Initial) Sharon Liebe Bachman					eceipt					
	Mailing Address 3300 Gallows Rd Department of Surgery										
	City Falls Church	State VA	Zip Code 22042-3307	Transaction ID : 97CF8CAA3533E3A9925 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				7		500	.00		
	Name of Employer Self Employed	Occupation Surgeon	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
	Full Name (Last, First, Middle Initial) Robert R. Bahnson			Date of	of Re	eceipt					
	Mailing Address 915 Olentangy River Rd Osu Department of Urology S			01		D D 13	/ Y	у у 2015	Y		
	City Columbus	State OH	Zip Code 43212-3153					DEF744BE	3B2E99		
	FEC ID number of contributing federal political committee.	С			_	1		2500	0.00		
	Name of Employer	Occupation	l								
	Ohio State University Receipt For:	Surgeon									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	1							
s	UBTOTAL of Receipts This Page (optional)							3250.	.00		
т	OTAL This Period (last page this line number	only)				7	,				

SCHEDULE A (FEC Form 3X) -

FOR LINE NUMBER:

PAGE 12 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	ay not be sold or used by any p ddress of any political committed	erson for the e to solicit cor	urpose of s	15 soliciting om such	16 contribut committe	17 ions ee.				
NAME OF COMMITTEE (In Full)	-										
American College of Surgeo	ons Professio	nal Association PAC									
Full Name (Last, First, Middle Initial) A. H. Randolph Bailey			Date of	f Receipt							
Mailing Address 6550 Fannin St Ste 2307			01	/ D D 14	/ Y	2015	Y				
City Houston	State TX	Zip Code 77030-2723		action ID : 4 t of Each Re			C49605				
FEC ID number of contributing federal political committee.	С				- 7	1000.	00				
Name of Employer	Occupation										
Self Employed Receipt For:	Surgeon		_								
Primary General	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		1000.00									
Full Name (Last, First, Middle Initial) B. Patrick Vance Bailey			Date of	f Receipt							
Mailing Address 20 F St NW American College of Sur	geons, Ste		01	/ D D 08	/ Y	y y 2015	Y				
City	State	Zip Code	Trans	action ID: 4	2858829	9D29306E	3EB744				
Washington	DC	20001-6701	Amount	t of Each Re	ceipt thi	is Period					
FEC ID number of contributing federal political committee.	C					250.	00				
Name of Employer Maricopa Integrated Health System	Occupation Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) v		1500.00	1								
Full Name (Last, First, Middle Initial) C. Patrick Vance Bailey			Date of	f Receipt							
Mailing Address 20 F St NW American College of Sur	geons, Ste		м м 02	/ D D 08	/ Y	2015	Y				
City Washington	State DC	Zip Code 20001-6701		action ID : 4			079E346				
FEC ID number of contributing federal political committee.	C					250	.00				
Name of Employer	Occupation										
Maricopa Integrated Health System	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		1500.00]								
SUBTOTAL of Receipts This Page (optiona	al)				- 7	1500.	00				
TOTAL This Period (last page this line nur	nber only)										

FOR LINE NUMBER:

PAGE 13 OF

ITEMIZED RECEIPTS	\$	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
or for commercial purposes, ot NAME OF COMMITTEE (In American College of Full Name (Last, First, Mide A. Patrick Vance Bailey Mailing Address 20 F St NW	her than using the name and a Full) of Surgeons Professio lle Initial)	ay not be sold or used by any poddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee. 17 Date of Receipt 03 08 2015 Transaction ID : 499CA5757047A8B76959 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee. Name of Employer Maricopa Integrated Health S Receipt For:	System Occupation Surgeon Aggregate	Year-to-Date ▼ 1500.00	250.00
Full Name (Last, First, Midd Patrick Vance Bailey Mailing Address 20 F St NW American C City Washington FEC ID number of contribut federal political committee. Name of Employer Maricopa Integrated Health S Receipt For: Primary Gen Other (specify) ▼	College of Surgeons, Ste State DC ing C System System Aggregate	Zip Code 20001-6701 Year-to-Date ▼ 1500.00	Date of Receipt
Full Name (Last, First, Midd Patrick Vance Bailey Mailing Address 20 F St NW	V College of Surgeons, Ste State DC ing C System System Aggregate	Zip Code 20001-6701 Year-to-Date ▼ 1500.00	Date of Receipt
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professional Association PAC	
Full Name (Last, First, Middle Initial) Patrick Vance Bailey Mailing Address 20 F St NW American College of Surgeons, City Washington FEC ID number of contributing federal political committee. Name of Employer Maricopa Integrated Health System Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20001-6701 C Occupation Surgeon Aggregate Year-to-Date ▼ 1500.00 1500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Efthimios Bakalakos Mailing Address 112 Saint Olaf Ave S Sanford Canby Medical Center City Canby FEC ID number of contributing federal political committee. Name of Employer Sanford Canby Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code MN 56220-1433 C C Occupation C Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Annabel Elizabeth Barber Mailing Address Mailing Address Univ of Nevada School of Medi Department of Surgery City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Univeristy of Nevada School Receipt For: Primary General Other (specify)	cine State Zip Code NV 89102 C Occupation Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
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NAME OF COMMITTEE (In Full) American College of Surgeon:	s Professio	nal Association PAC							
Full Name (Last, First, Middle Initial) Nicole Basia Baril Mailing Address 10800 Magnolia Ave Kaiser Permanente City Riverside FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Receipt For: Primary General Other (specify)	State CA C Occupation Surgeon Aggregate	Zip Code 92505-3043 Year-to-Date ▼ 1000.00			/ acti	29		2015 49A307D his Period 100	95ED04
Full Name (Last, First, Middle Initial) Robert M. Barone Mailing Address 3075 Health Center Dr Ste 102 City San Diego FEC ID number of contributing federal political committee. Name of Employer UC San Diego School of Medicine Receipt For: Primary General Other (specify) ▼	State CA C Occupation Surgeon Aggregate	Zip Code 92123-2773 Year-to-Date ▼ 300.00			/ acti	04		2015 3875C576 his Period 300	2976D2
Full Name (Last, First, Middle Initial) C. Erik Sven Barquist Mailing Address 52 Riley Rd Ste 310 City Celebration FEC ID number of contributing federal political committee. Name of Employer Public Health Institute Receipt For: Primary General Other (specify) ▼	State FL C Occupation Surgeon Aggregate	Zip Code 34747-5420 Year-to-Date ▼ 250.00			/ acti	20 ion ID :	69AA73	his Period	D150904
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Full Name (Last, First, Middle Initial) A. Christopher John Bartels			Date o	f Receipt							
Mailing Address 200 Lexington Ave			05	/ D D) / Y	2015	Y				
City Pittsburgh	State PA	Zip Code 15215-3221		saction ID : t of Each R			8EC626				
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Name of Employer University of Pittsburgh	Occupation Surgeon										
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Full Name (Last, First, Middle Initial) B. Amir Loucas Bastawrous			Date o	f Receipt							
Mailing Address 1101 Madison St Ste 510			м – м 06	/ D D 25	/ Y	y y 2015	Y				
City Seattle	State WA	Zip Code 98104-3557		saction ID : t of Each R			1EE0D				
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Name of Employer Swedish Med Center	Occupation Surgeon		_								
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Full Name (Last, First, Middle Initial)		9 9									
C. Robert Daniel Beauchamp Mailing Address Section of Surgical Scier Vanderbilt University Me				f Receipt		2015	Y				
City Nashville	State TN	Zip Code 37232-0001		saction ID : t of Each R			20A783				
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Name of Employer	Occupation										
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Full Name (Last, First, Middle Initial) C. Kevin Eugene Behrns	·		Date o	f Receipt						
Mailing Address 1600 SW Archer Rd, Rm			M			о 4 Г	Y			
University of Florida, Depa City	State	Zip Code	06 Trans	10 saction ID : C		015 -8222C	C705C			
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Α.	Full Name (Last, First, Middle Initial) Teresa D. Bell			Date of Receipt										
	Mailing Address 2522 N Proctor St Ste 42				^M M 02	/	19) / Y	ү ү 2015	Y				
	City Tacoma	State WA	Zip Code 98406-5338				-	ABF047 leceipt th			161			
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	Self Employed Receipt For:	Surgeon		_										
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B R	Full Name (Last, First, Middle Initial) Rodney Biggs				Date o	f Re	eceint							
υ.	Mailing Address 660 Par Dr				05 Date 0		04	/ Y	2015	Y				
	City Gillette	State WY	Transaction ID : 5065FB842488295106A Amount of Each Receipt this Period											
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с.	Full Name (Last, First, Middle Initial) James Harper Bledsoe				Date o	f Re	ceipt							
	Mailing Address 709 Sky Mountain Dr				м м 04	/	11) / Y	2015	Y				
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Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Surgeons I	name and address of any political committee	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Samuel Eugene Bledsoe Mailing Address 3311 Prescott Rd	lists State Zip Code LA 71301-3983 C Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 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 3875 Tc Space 5330 City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer University of Mich Department Ped Urol Receipt For: Primary General Other (specify)	Urol State Zip Code MI 48109-5330 C Occupation Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt 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 FEC ID number of contributing federal political committee. Name of Employer VWHS Receipt For: Primary General Other (specify)	X State Zip Code VA 23229-4942 C Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 / 12 / 2015 Transaction ID : 71EBBFFEA888E8DC590 Amount of Each Receipt this Period 250.00
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only											
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NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	onal Association PAC												
Full Name (Last, First, Middle Initial) A. Balazs Imre Bodai			Date of	Receipt										
Mailing Address 1650 Response Rd Ste 3A		7.0.1	04	/ D D 20		2015								
City Sacramento	State CA	Zip Code 95815-4807		action ID :			1DDA249							
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Name of Employer Self Employed	Occupatior Surgeon	1												
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Full Name (Last, First, Middle Initial) B. John Michael Bosworth Jr.			Date of	Receipt										
Mailing Address 15235 Shady Grove Rd Ste 100			01	/ D D 06	/ Y	2015	Y							
City Rockville	State MD	·			Transaction ID : F88BCAA3-8702-45D1 Amount of Each Receipt this Period									
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Name of Employer Siegel and Bosworth ENT Center	Occupatior Surgeon	1												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
Full Name (Last, First, Middle Initial) C. Albert Bothe Jr.			Date of	Receipt										
Mailing Address Geisinger Health System Mc 22-01	1		05	/ D D 05	/ Y	2015	Y							
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NAME OF COMMITTEE (In Full) American College of Surgeons	Professic	nal Association PAC								
Full Name (Last, First, Middle Initial) Allister Mark Boustred Mailing Address 2315 E Harmony Rd Ste 160 City Fort Collins FEC ID number of contributing federal political committee. Name of Employer Northern CO Plastic and Hand Surgery Receipt For: Primary General Other (specify) ▼	State CO C Occupation Surgeon Aggregate	Zip Code 80528-8620 Year-to-Date ▼ 250.00			/ acti	ion ID	3 : 2		2015 D1C05A4 nis Period 250	
Full Name (Last, First, Middle Initial) Mark William Bowyer Mailing Address 3865 Farrcroft Dr City Fairfax FEC ID number of contributing	State VA	Zip Code 22030-2485			/ acti	2 ion ID	5 : A	0E2384	2015 18CDFB1 iis Period	0271AD
federal political committee. Name of Employer DOD Receipt For: Primary General Other (specify) ▼	C Occupation Surgeon Aggregate	Year-to-Date ▼ 500.00				g1		7	500	.00
Full Name (Last, First, Middle Initial) Karen Jean Brasel Mailing Address Mailing Address Oregon Health and Science Mailcode L223 City Portland FEC ID number of contributing federal political committee. Name of Employer Medical College of Wisconsin Receipt For: Primary General Other (specify) ▼	State OR C Occupation Surgeon	Zip Code 97239 Year-to-Date ▼ 500.00			/ acti	ion ID	0 : 9		2015 6 3B43A4 iis Period 500	69CA681
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC											
Α.	Full Name (Last, First, Middle Initial) Megan Lindsay Brenner Mailing Address 912 Valencia Ct			Date of Receipt										
	City Baltimore	State MD	Zip Code 21230-3966		03 Trans	acti	15 ion ID :	14E7F7		2DF94EB				
	FEC ID number of contributing federal political committee.	C		/	Amount	t of	Each R	eceipt th	nis Perioo 50	d 0.00				
	Name of Employer Self Employed Receipt For:	Occupation Surgeon Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
в.	Full Name (Last, First, Middle Initial) Stephen Lyle Britt				Date of	Re	ceipt							
	Mailing Address 7938 Al Highway 69 Ste 120	Otete	Zin Onde		м м 05	/	05		2015	_				
	City Guntersville	State AL	Zip Code 35976-7135				-		4C3D0CI nis Perior					
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с.	Full Name (Last, First, Middle Initial) Joshua Alan Broghammer				Date of	Re	ceipt							
	Mailing Address University of Kansas Medical Department of Urology - Mails	top 3	7. 0.1		м м 01	1	D D D 13	JL	2015	_				
	City Kansas City	State KS	Zip Code 66160-0001						F679574 nis Perior					
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	University of Kansas Medical Center	Urologist		_										
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NAME OF COMMITTEE (In Full) American College of Surgeor	ns Professio	nal Association PAC												
Full Name (Last, First, Middle Initial) A. David Duane Brusven				Date of	Re	eceipt								
Mailing Address 8690 160th Ct NW			01 19 / Y Y Y Y											
City	State	Zip Code		Trans	acti	ion ID): A	73A843	36-0E9C-	4473-				
Ramsey	MN	55303-8018	A	mount	of	Each	Re	ceipt th	is Period					
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Name of Employer Health Clinic	Occupation Surgeon	1												
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Primary General Other (specify) ▼		250.00												
Full Name (Last, First, Middle Initial) B. Terry Buchmiller				Date of	Re	eceipt								
Mailing Address Boston Children's Hospital Department of Surgery				м м 04	/	2	22	/ Y	2015	Y				
City Boston	State MA	Zip Code 02115							F80D002	3AA83				
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Name of Employer Boston Childrens Hospital	Occupation Pediatric St													
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Full Name (Last, First, Middle Initial) C. Eileen Metzger Bulger				Date of	Re	eceipt								
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University of Washington	Surgeon													
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NAME OF COMMITTEE (In Full)										
American College of Surgeor	ns Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Kelli Bullard Dunn			Date of	Receipt						
Mailing Address 401 E Chestnut St Unit 710			M M 04	/ D D 19		у у 2015	Y			
City Louisville	State KY	Zip Code 40202-5707		action ID : 80			29B32F			
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Name of Employer	Occupation	I								
University of Louisville	Surgeon									
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Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Reginald Arthur Burton			Date of	Receipt						
Mailing Address 2300 S 16th St			03	/ D D		ү ү 2015	Y			
City Lincoln	State NE	Zip Code 68502-3704		Transaction ID : 311780BC723D4157 Amount of Each Receipt this Period						
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Name of Employer Bryan LGH Medical Center	Occupation Surgeon	1	_							
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Full Name (Last, First, Middle Initial) C. David Winfield Butsch			Date of	Receipt						
Mailing Address 3270 Airport Rd			M M 04	/ D D 19		y y 2015	Y			
City Barre	State VT	Zip Code 05641-8631		action ID : C	21910CC	C70B04C	:2090C0			
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Name of Employer	Occupation	1								
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NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professic	nal Association PAC	
Full Name (Last, First, Middle Initial) David Winfield Butsch Mailing Address 3270 Airport Rd City Barre FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VT C Occupation Surgeon Aggregate	Zip Code 05641-8631 Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Andre R. Campbell Mailing Address Department of Surgery W San Francisco General H City San Francisco FEC ID number of contributing federal political committee. Name of Employer		Zip Code 94110	Date of Receipt 03 / 13 / 2015 Transaction ID : ABE5B42FD856491B81A1 Amount of Each Receipt this Period 500.00
San Francisco General Hospital Receipt For: Primary General Other (specify) ▼	Surgeon Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Brendan T. Campbell Mailing Address 282 Washington St Connecticut Children's M City Hartford FEC ID number of contributing federal political committee. Name of Employer Connecticut Children's Specialty Group Receipt For: Primary General Other (specify)	State CT Occupation Surgeon	Zip Code 06106-3322 Year-to-Date ▼ 500.00	Date of Receipt
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\	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC	
A. 1 - 1 1 1	Full Name (Last, First, Middle Initial) David Felix Canal Mailing Address 702 Eskenazi Ave Fob 5th Floor, Executive Suite City Indianapolis FEC ID number of contributing ederal political committee. Name of Employer ndiana University Health Receipt For: Primary General Other (specify)	State IN C Occupation Surgeon Aggregate	Zip Code 46202-5166 Year-to-Date ▼ 500.00	Date of Receipt 04 13 2015 Transaction ID : 5F5077AB-ED42-481C- Amount of Each Receipt this Period 500.00
B. _	Full Name (Last, First, Middle Initial) David J. Carlson Mailing Address 520 Mary St			Date of Receipt
-	Ste 520 City Evansville FEC ID number of contributing ederal political committee.	State IN	05 03 2015 Transaction ID : 485C96872BEC989A3657 Amount of Each Receipt this Period 50.00	
E	Name of Employer Evansville Surgical Assoc. Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 300.00	
C. 1 - 1 1	Full Name (Last, First, Middle Initial) David J. Carlson Mailing Address 520 Mary St Ste 520 Dity Evansville FEC ID number of contributing ederal political committee. Name of Employer Evansville Surgical Assoc. Receipt For: Primary General Other (specify) ▼	State IN C Occupation Surgeon Aggregate	Zip Code 47710-1682 Year-to-Date ▼ 300.00	Date of Receipt
sı	BTOTAL of Receipts This Page (optional)		······	600.00
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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ITEMIZED RECEIPTS		Use separate schedule(s) (che for each category of the			check only one)						
			Detailed Summary Page		11a 13		11b 14	11c	12 16	17	
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose of	soliciting	g contribu	utions	
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
A.	Full Name (Last, First, Middle Initial) Ronald M. Caronia				Date of	f Re	ceipt				
	Mailing Address 360 Merrick Rd FI 3				м м 02	/	05	/ Y	2015	Y	
	City Lynbrook	State NY	Zip Code 11563-2526						BOAFFF		
	FEC ID number of contributing federal political committee.	С					7		25	0.00	
	Name of Employer Self Employed	Occupation Surgeon									
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00								
<u> </u>	Full Name (Last, First, Middle Initial) Adela Teresa Casas-Melley				Date of	f Re	ceipt				
	Mailing Address 1600 W 22nd St PO Box 5039			03 12 2015						Y	
	City Sioux Falls	State SD	Zip Code 57105-1521						1419EA nis Period	A0D7C93	
	FEC ID number of contributing federal political committee.	С		7 7					100	0.00	
	Name of Employer A I Dupont Hospital for Children	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
<u> </u>	Full Name (Last, First, Middle Initial) Adela Teresa Casas-Melley				Date of	f Re	ceipt				
	Mailing Address 1600 W 22nd St PO Box 5039				^M M 04	/	12	/ Y	ү ү 2015	Y	
	City Sioux Falls	State SD	Zip Code 57105-1521						AOF4AD	CA262CF	
	FEC ID number of contributing federal political committee.	С					,			0.00	
	Name of Employer	Occupation	1								
	A I Dupont Hospital for Children	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1							
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			Detailed Summary Pag	ge	_	1a 3	\vdash	14	15	16	17
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	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association P	AC							
A .	Full Name (Last, First, Middle Initial) Adela Teresa Casas-Melley Mailing Address 1600 W 22nd St PO Box 5039 City Sioux Falls FEC ID number of contributing rederal political committee. Name of Employer A I Dupont Hospital for Children Receipt For: Primary General	State SD C Occupation Surgeon Aggregate	Zip Code 57105-1521 Year-to-Date ▼		T		/ actio	12 0n ID	4EA082	2015 28DA4B38 his Perioc 100	3641CEA
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Adela Teresa Casas-Melley		600	.00	Da	te of	Red	ceipt			
	Mailing Address 1600 W 22nd St PO Box 5039 City Sioux Falls								44F5A2	2015 BOF0BBC	C4F9F78
	FEC ID number of contributing rederal political committee. Name of Employer A I Dupont Hospital for Children	C Occupation Surgeon						y		100).00
	Receipt For: Primary General Other (specify) ▼	Ū	Year-to-Date ▼ 600	.00							
C.	Full Name (Last, First, Middle Initial) Candice Lee Castro Mailing Address 90 Granburg Cir				М	te of	Red	D		2045	Y
	City San Antonio	State TX	Zip Code 78218-3012		Т				: 9672AE	2015 E26C936E his Perioc	
	FEC ID number of contributing rederal political committee.	С						,		250	0.00
	Name of Employer	Occupation									
	US Army Receipt For:	Surgeon									
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Any information copied from such Reports and or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full) American College of Surgeon	s Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Santiago Chahwan			Date o	f Receipt			
Mailing Address 6818 Trail Blvd			05	/ D 04		2015	Y
City Naples	State FL	Zip Code 34108-2654	Trans	saction ID	0F42500	55A3827	C1137
FEC ID number of contributing federal political committee.	С				7	250.	.00
Name of Employer Vascular Access Center	Occupation Surgeon						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1				
Full Name (Last, First, Middle Initial) B. Ronald Scott Chamberlain			Date o	f Receipt			
Mailing Address St. Barnabas Med Center Department of Surgery			04	/ D 20		2015	Y
City Livingston	State NJ	Zip Code 07039		C0C844B	0EBD90		
FEC ID number of contributing federal political committee.	С				- 7	450.	00
Name of Employer St. Barnabas Med Center	Occupation Surgeon		_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) c. Ronald Scott Chamberlain			Date o	f Receipt			
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City Livingston	State NJ	Zip Code 07039		saction ID It of Each F			C8877C
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Name of Employer	Occupation		_				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_ _
Any information copied from such Reports or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
American College of Surgeo	ons Professio	onal Association PAC					
Full Name (Last, First, Middle Initial) A. Edie Y. Chan			Date of	Receipt			
Mailing Address 1750 W Harrison St 773 Jelke			M M M	/ D D 19	/ Y	y y 2015	Y
City	State	Zip Code	Transa	action ID : 4	5E18167		0AFF7
Chicago	IL	60612-3825	Amount	of Each Red	ceipt this	s Period	
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Name of Employer	Occupation	1					
Rush Univ Med Center	Surgeon						
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		500.00]				
Full Name (Last, First, Middle Initial)							
B. Michael Chi-Ming Chang			Date of	Receipt			
Mailing Address Wake Forest University Department of Surgery	Health Scie		03	/ D D 03	/ Y	y y 2015	Y
City	State	Zip Code	Transa	ction ID: 48	36294F8	DECA72	4A14D2
Winston Salem	NC	27157-0001	Amount	of Each Red	ceipt this	s Period	
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Name of Employer Wake Forest	Occupation Surgeon	I					
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼		600.00]				
Full Name (Last, First, Middle Initial) C. Michael Chi-Ming Chang			Date of	Receipt			
Mailing Address Wake Forest University Department of Surgery	Health Scie		м м 04	/ D D 03	/ Y	ү ү 2015	Y
City	State NC	Zip Code		action ID: 47			DBA14E
Winston Salem	NC	27157-0001	Amount	of Each Red	ceipt this	s Period	
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Name of Employer	Occupation	1					
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	American College of Surgeon	s Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) Michael Chi-Ming Chang				Date of	Re	eceipt								
	Mailing Address Wake Forest University Hea Department of Surgery				м м 05	1	03	/ Y	у у 2015	Y					
	City Winston Salem	State NC	Zip Code 27157-0001	_							DA56				
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				11.											
в.	Full Name (Last, First, Middle Initial) Michael Chi-Ming Chang				Date of	Re	eceipt								
	Mailing Address Wake Forest University Hea				м м 06	/	03	/ Y	16 1 ting contributions such committee.						
	City	State	Zip Code								7DE				
	Winston Salem	NC	27157-0001	_	Amount	of	Each R	eceipt th	is Perio	d					
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	Name of Employer Wake Forest	Occupation Surgeon													
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		600.00]											
с.	Full Name (Last, First, Middle Initial) Steven Li-Wen Chen				Date of	Re	eceipt								
	Mailing Address 5473 Colt Ter				м м 04	1	22	/ Y		Y					
	City	State CA	Zip Code		Trans	act	ion ID :	CBEF16	E34309	B0C2	F3A				
	San Diego	CA	92130-3727	_	Amount	of	Each R	eceipt th	is Perior	d					
	FEC ID number of contributing federal political committee.	С					7	3	25	0.00					
	Name of Employer	Occupation													
	City of Hope National Medical Center	Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
	UBTOTAL of Receipts This Page (optional).			▶ ▶			7		450	0.00					

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	-	Use separate schedule(s)	(cheo	k only	y or	ne)			
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma	ay not be sold or used by any put	erson fo	13 r the	purp	14 pose of s	15 soliciting	d contribu	tions
NAME OF COMMITTEE (In Full)							UIII SUCI	Commu	lee.
American College of Surgeon	s Professic	nal Association PAC							
Full Name (Last, First, Middle Initial) A. Gregory Spicer Cherr			D	ate of	Re	ceipt			
Mailing Address Suny-Buffalo			1.0	M M	/	D D	/ Y	Y Y	Y
Department of Surgery City	State	Zip Code	- 5	04 Trono		20	0470745	2015	200599
Buffalo	NY	14203						440FA43	
FEC ID number of contributing federal political committee.	С					7	- 7	250	_
Name of Employer	Occupation	1							
SUNY Buffalo	Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		050.00	11						
Other (specify)		250.00							
Full Name (Last, First, Middle Initial) B. William G. Cioffi Jr.			D	ate of	Re	ceipt			
Mailing Address 593 Eddy St				M M	/	DD	/ Y	Y Y	Y
Chairmans Office Apc 431,	Ste 431			02		19		2015	
City	State	'					DE0F748	BFC8077E	BEEF0C
Providence	RI	02903-4923	A	mount	t of	Each Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С						7	1000	.00
Name of Employer Rhode Island Hospital	Occupation	I							
I	Surgeon		_						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00							
Full Name (Last, First, Middle Initial) C. Mark David Cipolle			D	ate of	Re	ceipt			
Mailing Address 4755 Ogletown Stanton Ro				м м 03	/	D D 25	/ Y	2015	Y
Christiana Care Health Sys	Stem, Ste State	Zip Code	- 5		acti		462034	2015 179214CF	BB452
Newark	DE	19718-2200						nis Period	
FEC ID number of contributing federal political committee.	C					7			0.00
Name of Employer	Occupation	l	_						
Christiana Care Health System	Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	11						
Other (specify)		500.00							
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т	EMIZED RECEIPTS		Use separate schedule(s)				(check only one)							
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	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC											
Α.	Full Name (Last, First, Middle Initial) Patrick Alan Cleary Mailing Address 1812 W Royale Dr			_	Date of		D D	/ Y	- Y - Y	Y				
	City Muncie	State IN	Zip Code 47304-2243						2015 5216759D nis Period					
	FEC ID number of contributing federal political committee.	С				_	5	7	250	0.00				
	Name of Employer Assoc in Surgery of Muncie Receipt For:	Occupation Surgeon												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
В.	Full Name (Last, First, Middle Initial) Norris Eugene Cleek				Date of	f Re	eceipt							
	Mailing Address PO Box 944	Otata	Zie Ocale		Y									
	City Orland	State CA	Zip Code 95963-0944						3321BA4F nis Period					
	FEC ID number of contributing federal political committee.	С				_	7		250	.00				
	Name of Employer Self Employed	Occupation Surgeon												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) David W. Cloyd				Date of	f Re	eceipt							
	Mailing Address 2067 Wineridge PI Ste A	-			м м 05	1	04	/ Y	2015	Y				
	City Escondido	State CA	Zip Code 92029-1952						AC93231 nis Period					
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	Name of Employer	Occupation												
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surgeo	ons Professio	nal Association PAC	
Full Name (Last, First, Middle Initial) A. Michael Coburn			Date of Receipt
Mailing Address 7200 Cambridge St			M = M / D = D / Y = Y = Y
Baylor College of Medicin City	ne State	Zip Code	03 13 2015 Transaction ID : 57C773A20D9B421981
Houston	TX	77030-4202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		
Baylor College of Medicine	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) B. Amalia Lenora Cochran			Date of Receipt
Mailing Address University of Utah Department of Surgery			01 25 2015
City	State	Zip Code	Transaction ID : 446EA6347BA1A6BA69
Salt Lake City	UT	84132-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer University of Utah	Occupation Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) C. Amalia Lenora Cochran			Date of Receipt
Mailing Address University of Utah Department of Surgery			02 / D D / Y Y Y Y 25 2015
City Salt Lake City	State UT	Zip Code 84132-0001	Transaction ID : 4F1394290BEEEFAC12
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		_
University of Utah	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1500.00	
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ITC	MIZED RECEIPTS	Use separate schedule(s) (che				check only one)						
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	IAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC									
A	ull Name (Last, First, Middle Initial) Amalia Lenora Cochran				Date of	f Re	ceipt					
_	failing Address University of Utah Department of Surgery				м м 03	/	25	/ Y	у у 2015	Y		
	Sity Salt Lake City	State UT	Zip Code 84132-0001						EB32C9I	F EE81618 d		
	EC ID number of contributing ederal political committee.	С					7		25	0.00		
	lame of Employer	Occupation										
	Iniversity of Utah Receipt For:	Surgeon	Veer te Dete 🗮	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00									
	ull Name (Last, First, Middle Initial) Amalia Lenora Cochran				Date of	f Re	ceipt					
-	Aailing Address University of Utah Department of Surgery				04		25	/ Y	2015	Y		
	City Salt Lake City	State UT	Zip Code 84132-0001	Transaction ID : 44FEA9C156D44 Amount of Each Receipt this Period								
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	lame of Employer Iniversity of Utah	Occupation Surgeon										
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1500.00									
	ull Name (Last, First, Middle Initial) Amalia Lenora Cochran				Date of	f Re	ceipt					
Ν	Aailing Address University of Utah Department of Surgery				^M 05	/	25	/ Y	2015	Y		
	City Salt Lake City	State UT	Zip Code 84132-0001						B3DA29 nis Perio	567E301E d		
	EC ID number of contributing ederal political committee.	С					y			50.00		
Ī	lame of Employer	Occupation										
	Jniversity of Utah	Surgeon		_								
г	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Full Name (Last, First, Middle Initial)	Detailed Summary Page and Statements may not be sold or used by any sing the name and address of any political committee cons Professional Association PAC	
Full Name (Last, First, Middle Initial)	sing the name and address of any political committ	
Full Name (Last, First, Middle Initial)	ons Professional Association PAC	
Full Name (Last, First, Middle Initial)	eons Professional Association PAC	
Amalia Lenora Cochran Mailing Address University of Utah		Date of Receipt
Salt Lake City	UT 84132-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Utah	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1500.00	
Full Name (Last, First, Middle Initial) 3. Costanza Cocilovo		Date of Receipt
Mailing Address 6101 31st St N		05 01 2015
City	State Zip Code	Transaction ID : 7995CA90C408A79DBD4
Arlington	VA 22207-1158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Inova	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Raul Coimbra		Date of Receipt
Mailing Address 200 W Arbor Dr Mail Code 8896		03 13 2015
City San Diego	StateZip CodeCA92103-1911	Transaction ID : 44772B913E2C40B7A1E Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Univ of CA San Diego	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optic	nal)	1250.00
SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X	11a 13		11b		11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the		pose	e of so	liciting	contribu	itions
American College of Surgeon	s Professio	onal Association PAC								
Full Name (Last, First, Middle Initial) Frederic J. Cole Jr. Mailing Address 501 N Graham St Pacific Surgical, Pc, Ste 58 City Portland FEC ID number of contributing federal political committee. Name of Employer Pacific Surgical PC Receipt For: Primary General Other (specify)	State OR C Occupation Surgeon	Zip Code 97227-2003 Year-to-Date ▼ 1000.00			/ acti	ion	14 ID : 5E	BD5CD	2015 746EB9 4 is Period	4D489888
Full Name (Last, First, Middle Initial) B. Jerome S. Collins Mailing Address 1900 Boise Ave City Loveland FEC ID number of contributing federal political committee. Name of Employer Loveland Surgical Associates Receipt For: Primary General Other (specify)	State CO C Occupation Surgeon Aggregate	Zip Code 80538-5004 Year-to-Date ▼ 250.00			/ actie	on I	13 ID : 28	37E0F	2015 E1C9203 is Period 250	382726
Full Name (Last, First, Middle Initial) Julie Anne Conyers Mailing Address 10978 Donner Pass Rd City Truckee FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Surgeon Aggregate	Zip Code 96161-0433			/ acti	ion	20 ID : 60	054840	is Period	BA383AI
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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p	erson for the	purpose	of soliciting	16 g contribut	ions		
NAME OF COMMITTEE (In Full)						Commu			
American College of Surgeons	s Professio	nal Association PAC							
Full Name (Last, First, Middle Initial) Annesley Williamson Copeland			Date o	f Receipt					
Mailing Address 725 5th St SE Unit 11			05		9 / Y	2015	Y		
City Washington	State DC	Zip Code 20003-4258	Trans	saction ID) : 6ADA00	96-04BB-	48BE-		
FEC ID number of contributing federal political committee.	С			it of Each	Receipt th	250.	00		
Name of Employer none	Occupation Surgeon		_						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) B. John Morgan Cosgrove			Date o	f Receipt					
Mailing Address 201 Manor Pl Eastern Long Island Hospita			04		D / Y 2	2015	Y		
City Greenport	State NY	Zip Code 11944-1222			: A9AEB7 Receipt th		F037C8		
FEC ID number of contributing federal political committee.	С				-	250.	00		
Name of Employer Trauma/General Surgery	Occupation Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) C. Chris Cribari			Date o	f Receipt					
Mailing Address 2500 Rocky Mountain Ave North Medical Office Buildin			03	/ D	25 / Y	2015	Y		
City Loveland	State CO	Zip Code 80538-9004			D: 02DCE5 Receipt th		D029F4		
FEC ID number of contributing federal political committee.	С					500	.00		
Name of Employer	Occupation								
Surgical Specialists of the Rockies	Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1						
SUBTOTAL of Receipts This Page (optional)					7	1000.	00		

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т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	eck only	y or	ne)			
			Detailed Summary Page		< 11a 13		11b	11c	12	17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pound any pound by any pound by any political committee	erson e to so	for the	purp ntrib	pose of s	soliciting	g contribu	utions
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC							
A.	Full Name (Last, First, Middle Initial) Martin Alexander Croce				Date of	Re	ceipt			
	Mailing Address Univ of Tennessee Departmen	t of Su			м м 02	/	20	/ Y	2015	Y
	City Memphis	State TN	Zip Code 38163-0001	_			i on ID : 4 Each Re			936795C
	FEC ID number of contributing federal political committee.	С					,	7	80	0.00
	Name of Employer	Occupation								
	UTHSC Receipt For:	Surgeon	Year-to-Date ▼	_						
	Primary General Other (specify) ▼	Aggregate	480.00	1						
B	Full Name (Last, First, Middle Initial) Martin Alexander Croce				Date of	Re	ceipt			
	Mailing Address Univ of Tennessee Department	t of Su			03	/	03	/ Y	2015	Y
	City Memphis	State TN	Zip Code 38163-0001		Trans				FE66141	18545DB
	FEC ID number of contributing federal political committee.	С					5	- 7	80	0.00
	Name of Employer UTHSC	Occupation Surgeon	1							
	Receipt For:	Ŭ	Year-to-Date ▼							
	Primary General Other (specify) ▼		480.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Martin Alexander Croce				Date of	Re	ceipt			
	Mailing Address Univ of Tennessee Departmen	t of Su			м м 03	/	20	/ Y	2015	Y
	City Memphis	State TN	Zip Code 38163-0001	_					E38D4B2	
	FEC ID number of contributing federal political committee.	С			Amount	: 01	Each Re	ceipt th		0.00
	Name of Employer	Occupation	1							
	UTHSC	Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00							
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Martin Alexander Croce Mailing Address Univ of Tennessee Department	t of Su			Date of		ceipt	/ Y	Y Y	¥.	_		
					04	Ĺ	03	/ T	2015				
	City Memphis	State TN	Zip Code 38163-0001	_					F2D6756		<u>}</u>		
	FEC ID number of contributing federal political committee.	С					,		8	0.00			
	Name of Employer	Occupation											
	UTHSC	Surgeon											
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в.	Full Name (Last, First, Middle Initial) Martin Alexander Croce				Date of	Re	ceipt				-		
	Mailing Address Univ of Tennessee Department	of Su			04	/	20	/ Y	2015	Y			
	City Memphis	State TN	Zip Code 38163-0001						337F9E6 nis Period)		
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	Name of Employer UTHSC	Occupation Surgeon											
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	Other (specify) ▼		480.00										
<u></u> с.	Full Name (Last, First, Middle Initial) Martin Alexander Croce				Date of	Re	ceipt				-		
	Mailing Address Univ of Tennessee Departmen	t of Su			м м 05	/	20	/ Y	y y 2015	Y			
	City Memphis	State TN	Zip Code 38163-0001						EA55F00		С		
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	Name of Employer	Occupation											
	UTHSC	Surgeon											
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	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) Martin Alexander Croce			D	ate of	f Re	eceipt			
	Mailing Address Univ of Tennessee Departmen	t of Su			м м 06	/	20	/ Y	ү ү 2015	Y
	City Memphis	State TN	Zip Code 38163-0001						F5F913C	640DEC6
	FEC ID number of contributing federal political committee.	С					7		80	0.00
	Name of Employer	Occupation								
	UTHSC Receipt For:	Surgeon	Voor to Data							
	Primary General Other (specify) V	Aggregale	Year-to-Date ▼ 480.00							
<u> </u>	Full Name (Last, First, Middle Initial) Armando Cruzado-Ramos			D	ate of	f Re	ceipt			
	Mailing Address 1420 Calle Marbella Mansiones Vistamar Marina			_	м м 01		D D D 14	/ Y	2015	Y
	City Carolina	State PR	Zip Code 00983-1591						31629AI	
	FEC ID number of contributing federal political committee.	С			linoun		,).00
	Name of Employer Self Employed	Occupation Surgeon		_						
	Receipt For:	Ū	Year-to-Date ▼	_						
	Other (specify) ▼		, 500.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) John K. Cumming			D	ate of	f Re	eceipt			
	Mailing Address 701 Park Ave Department of Surgery				м м 03	/	D D 14	/ Y	2015	Y
	City Minneapolis	State MN	Zip Code 55415-1623						C6E48D	48FFBE83
	FEC ID number of contributing federal political committee.	С			inoun		,	,		0.00
	Name of Employer	Occupation	I							
	Self Employed	Surgeon		_						
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00							
	UBTOTAL of Receipts This Page (optional)						7	7	1080	.00

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IТ.	EMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly o	ne)			
11			for each category of the Detailed Summary Page	X 11a		11b 14	11c	12	17
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\setminus	NAME OF COMMITTEE (In Full)								
	American College of Surgeon	is Professio	nal Association PAC						
Α.	Full Name (Last, First, Middle Initial) Michael Joseph Cunningham			Date	of Re	eceipt			
	Mailing Address 300 Longwood Ave Boston Children's Hospital.	# BCH3		05		29	/ Y	2015	Y
	City	State	Zip Code				1CB91D	2790F71	62E01E
	Boston	MA	02115-5724	Amou	nt of	Each R	eceipt th	nis Period	I
	FEC ID number of contributing federal political committee.	С				,	7	250	0.00
	Name of Employer	Occupation	l						
	Children's Hospital Otolaryngologic Fo	Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		250.00	1					
	Other (specify)		250.00						
в.	Full Name (Last, First, Middle Initial) Anthony Lawrence Cuppari			Date	of Re	eceipt			
	Mailing Address 29 Columbia Tpke Ste 202			01	M /	13	/ Y	ү ү 2015	Y
	City	State	Zip Code	Tran	sact	tion ID:4	4CDA4D	106001E	CDC436
	Florham Park	NJ	07932-2240	Amou	nt of	Each R	eceipt th	nis Period	1
	FEC ID number of contributing federal political committee.	С				7	7	250	0.00
	Name of Employer Self Employed	Occupation Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		250.00]					
<u>с</u> .	Full Name (Last, First, Middle Initial) Terrence Curran			Date	of Re	eceipt			
	Mailing Address 100 Madison Ave Department of Surgery			03		23	/ Y	2015	Y
	City	State	Zip Code				D415FB	59-CCBC	C-4281-
	Morristown	NJ	07960-6136					nis Period	
	FEC ID number of contributing federal political committee.	С				7		500	0.00
	Name of Employer	Occupation	l						
	Morristown Memorial Hospital	Trauma Su	rgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		500.00	1					
	Other (specify)			4					
s	UBTOTAL of Receipts This Page (optional)				-	7	7	1000	.00
т	OTAL This Period (last page this line numb	per only)				7			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	one)		
		for each category of the Detailed Summary Page	X 11a	11b 11c	12	□
Any information copied from such Reports or for commercial purposes, other than us						
NAME OF COMMITTEE (In Full)						
American College of Surge	ons Professio	nal Association PAC				
Full Name (Last, First, Middle Initial) A. Brian Daley			Date of F	Receipt		
Mailing Address 1924 Alcoa Hwy			M – M	/ D D / Y	YY	Y
# U-11 City	State	Zip Code	05 Transa	20 ction ID : A57B4D	2015 60629593	51DD5
Knoxville	TN	37920-1511		of Each Receipt th		<u></u>
FEC ID number of contributing federal political committee.	C			<u>т. і. т</u>	500.	00
Name of Employer	Occupation					
University General Surgeons	Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		500.00]			
Full Name (Last, First, Middle Initial) B. Michael Cletus Dalsing			Date of F	Receipt		
Mailing Address 1801 Senate Blvd Mpc-2, Suite 3500			05	/ D D / Y 05	2015	Y
City	State IN	Zip Code 46202-1228		ction ID : E68AB1		7A42
Indianapolis		40202-1220	Amount o	of Each Receipt th	iis Period	_
FEC ID number of contributing federal political committee.	C			7 7	500.0	00
Name of Employer Indiana University School of Medicine	Occupation					
Receipt For:	Surgeon	Veer to Dete 💌				
Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		, 500.00				
Full Name (Last, First, Middle Initial) C. James W. Davis			Date of F	Receipt		
Mailing Address Department of Orthopa University of Missouri	edic Surgery		м м 03	/ D D / Y 14	2015	Y
City Columbia	State MO	Zip Code 65212-0001		ction ID : 5B8A30		A09DED
FEC ID number of contributing		00212 0001	Amount o	of Each Receipt th	iis Period	_
federal political committee.	C			7 7	500.	00
Name of Employer	Occupation					
Ucsf/Fresno University Medical Center Receipt For:	Surgeon	Veer to Date T				
Primary General	Aggregate	Year-to-Date ▼				
Other (specify) ▼		500.00				
SUBTOTAL of Receipts This Page (optic	nal)			4	1500.0	00
TOTAL This Period (last page this line n	umber only)			7 7		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b		11c	12			
					13		14		15	16	17
or	y information copied from such Reports and Sta for commercial purposes, other than using the										
\	NAME OF COMMITTEE (In Full) American College of Surgeons P	Professio	nal Association PAC			_					
Α.	Full Name (Last, First, Middle Initial) Kimberly Anne Davis				Date of	Re	ceipt				
	Mailing Address 330 Cedar St <u>Yale University Department of S</u> City	Surg State	Zip Code	[M M M 03 Trans) /	1 I	4		2015 BC61094	839BC3[
	New Haven	CT	06510-3218				-			is Period	
	FEC ID number of contributing federal political committee.	С					7		7).00
	Name of Employer Yale University	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name (Last, First, Middle Initial) Matthew Lowell Davis				Date of	Re	ceipt				
	Mailing Address 11122 Overlook Cv				M M 04] ′	D	D 0	/ Y	y y 2015	Y
	City Belton	State TX	Zip Code 76513-6528	Transaction ID : 41 Amount of Each Rec							
	FEC ID number of contributing federal political committee.	С] [,		Ţ	50	.00
	Name of Employer Scott and White Hospital	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00								
с.	Full Name (Last, First, Middle Initial) Matthew Lowell Davis				Date of	Re	ceipt				
	Mailing Address 11122 Overlook Cv				м м 05	1	D 2	D 20	/ Y	2015	Y
-	City Belton	State TX	Zip Code 76513-6528							22EB784 is Period	445E96A
	FEC ID number of contributing federal political committee.	С			_		7		,	50	0.00
	Name of Employer	Occupation		\neg							
	Scott and White Hospital	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00								
SI	UBTOTAL of Receipts This Page (optional)			<u>.</u>	_	_	,		7	600	.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 45 OF

ITEMIZED RECEIPTS		Detailed Summary Page	X	11a] 11b	> [11c	12	_	
				13		14		15	16	17	
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
American College of Surgeon	ns Professio	nal Association PAC									
Full Name (Last, First, Middle Initial) A. Matthew Lowell Davis			Date of Receipt								
Mailing Address 11122 Overlook Cv				м м	/	D	20	/ Y	2015	Y	
City	State	Zip Code		Trans	acti	ion l	ID : 44	4F68A5	5A41A4C	FF01AF3	
Belton	ТХ	76513-6528	A	mount	of	Eac	h Red	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С					7		7	50	0.00	
Name of Employer	Occupation	l									
Scott and White Hospital Receipt For:	Surgeon										
Primary General	Aggregate	Year-to-Date ▼									
Other (specify) ▼		280.00									
Full Name (Last, First, Middle Initial) B. Rodney Davis			D	ate of	Re	ceip	ot				
Mailing Address 4301 W Markham St University of Arkansas for	05 / D / Y Y Y Y Y Y 11 _2015										
City	State	Zip Code	-	Trans	acti	on I	D:49	4FAD7	7ED43F3	CE860D3	
Little Rock	AR	72205-7101	A	mount	of	Eac	h Red	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С					7		7	50	.00	
Name of Employer Vanderbilt Univ Med Ctr	Occupation Surgeon										
Receipt For:		Year-to-Date ▼	_								
Primary General Other (specify) ▼		300.00	1								
Full Name (Last, First, Middle Initial) C. Rodney Davis			D	ate of	Re	ceip	ot				
Mailing Address 4301 W Markham St				м м 06	/	D	D 11	/ Y	ү 2015	Y	
City Little Rock	State AR	Zip Code 72205-7101							6A589BA		
	/	12200 1101	A	mount	to t	⊨ac	n Red	ceipt th	is Period		
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Name of Employer	Occupation	l									
Vanderbilt Univ Med Ctr	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		300.00									
SUBTOTAL of Receipts This Page (optiona)								150	.00	
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	. <u></u>		
American College of Surgeo	ons Professio	nal Association PAC	
Full Name (Last, First, Middle Initial) A. Samuel DeJesus			Date of Receipt
Mailing Address 110 W Underwood St Ste A			M M / D D / Y Y Y Y Y 04 20 2015
City	State	Zip Code	Transaction ID : 8357533E569F4AEA8
Orlando	FL	32806-1139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	l	_
Self Employed	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00]
Full Name (Last, First, Middle Initial) B. John M. DeLoach Jr.			Date of Receipt
Mailing Address 3401 Springhill Dr Ste 400			05 01 / Y Y Y Y Y
City	State AR	Zip Code	Transaction ID : A202760A33806E00F0
North Little Rock		72117-2928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Pulaski Surgical	Occupation	I	
Receipt For:	Surgeon	Veer to Dete 💌	
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) C. James Clinton Denneny III			Date of Receipt
Mailing Address 1 Hospital Dr Department of Oto-Hns,			01 / Y Y Y Y 2015
City Columbia	State MO	Zip Code 65212-1000	Transaction ID : 30F53EE025F4D68DB
	WO	05212-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
University of Missouri Receipt For:	Surgeon		
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00]
SUBTOTAL of Receipts This Page (option	al)		1000.00
TOTAL This Period (last page this line nu	mber only)		

SCHEDULE A (FEC Form 3X) -

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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Any information copied from such Reports an or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) American College of Surgeon	s Professio	onal Association PAC							
Full Name (Last, First, Middle Initial) A. Corey L. Detlefs			Date o	f Receipt					
Mailing Address 925 E McDowell Rd Fl 2			05		/ Y	2015	Y		
City Phoenix	State AZ	Zip Code 85006-2502	Trans	saction ID : t of Each R		5406B001	2775C7		
FEC ID number of contributing federal political committee.	C				7	50.	.00		
Name of Employer Self Employed	Occupation Surgeon	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1						
Full Name (Last, First, Middle Initial) B. Corey L. Detlefs			Date o	f Receipt					
Mailing Address 925 E McDowell Rd FI 2 City	State	Zip Code	06	02		2015			
Phoenix	AZ	85006-2502		saction ID : t of Each R			EBD11		
FEC ID number of contributing federal political committee.	С					50.	00		
Name of Employer Self Employed	Occupation Surgeon	1	_						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name (Last, First, Middle Initial) C. Clifford W. Deveney			Date o	f Receipt					
Mailing Address Professor, Department of Suite L223A			05		/ Y	y y 2015	Y		
City Portland	State OR	Zip Code 97239		saction ID : t of Each R			F5E93D		
FEC ID number of contributing federal political committee.	С				7	250	.00		
Name of Employer	Occupation	1							
Ohsa Oregon Health & Sciences Receipt For:	Surgeon								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb				7	· · ·	350.	00		

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
······································		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	nal Association PAC	
Full Name (Last, First, Middle Initial) A. Karen E. Deveney			Date of Receipt
Mailing Address Ohsu Department of Su Mailcode L-223	rgery		M M / D D / Y Y Y Y Y Y 05 20 2015
City Portland	State OR	Zip Code 97239	Transaction ID : C0CFECBEBE4F1AA5621 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Oregon Health Sciences Univ Hospital Receipt For:	Occupation Surgeon Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) B. Sandra Dee Dickerson			Date of Receipt
Mailing Address 2602 50th St Ste 200			03 12 2015
City Lubbock	State TX	Zip Code 79413-4535	Transaction ID : 902AD551CD8CFAE3B34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Lubbock Vein Specialists	Occupatior Surgeon	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Anthony Dominic Dippolito			Date of Receipt
Mailing Address 201 Drift Ct			01 13 2015
City Bethlehem	State PA	Zip Code 18020-7500	Transaction ID : 8B3C602F254E4865777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation	l	
Valley Colon and Rectal Center	Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (option	ial)		750.00
TOTAL This Period (last page this line nu	mber only)		

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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the			(check only one)						
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g contribu	utions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC									
A .	Full Name (Last, First, Middle Initial) Robert Mark Dixon Mailing Address PO Box 80347			_	ate of		eceipt) / Y	- Y - Y	Y		
	City Phoenix	State AZ	Zip Code 85060-0347						2015 3A88B2F	E254644		
	FEC ID number of contributing federal political committee.	С					7		100	0.00		
	Name of Employer DMGAZ Receipt For:	Occupation Surgeon										
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1000.00									
В.	Full Name (Last, First, Middle Initial) Wade Edward Dosch			D	ate of	f Re	eceipt					
	Mailing Address 4701 S Lewis Ave	State	Zip Code	46	м м 05		01		2015	_		
	Sioux Falls	SD				-	-	11-7B89 nis Period	-			
	FEC ID number of contributing federal political committee.	С					,		500	0.00		
	Name of Employer McGreevy Clinic	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
с.	Full Name (Last, First, Middle Initial) Jay Joseph Doucet			D	ate of	f Re	eceipt					
	Mailing Address 200 W Arbor Dr				м м 03	/	13) / Y	у у 2015	Y		
	City San Diego	State CA	Zip Code 92103-1911						C841614 his Period	12D9EFA		
	FEC ID number of contributing federal political committee.	С					5		50	0.00		
	Name of Employer	Occupation	I									
	Univ of CA Receipt For:	Surgeon										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a		11b	11c	12	<u> </u>
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	for commercial purposes, other than using th									
\	NAME OF COMMITTEE (In Full)					-				
	American College of Surgeons	Professio	nal Association PAC			-				
	Full Name (Last, First, Middle Initial) William Edward Dougherty			D	Date of	Red	ceipt			
	Mailing Address 1801 Maine St				м м 01	/	D D D 13	/ Y	ү ү 2015	Y
	City	State	Zip Code						3E47A61	
-	Quincy	IL	62301-4231	A	mount	of	Each Re	ceipt thi	is Period	1
	FEC ID number of contributing federal political committee.	С			_	-	5		250	
	Name of Employer Self Employed	Occupation Surgeon								
	Receipt For:		Vear-to-Data =	—						
1	Primary General	Aggregate	Year-to-Date ▼	, I						
	Other (specify) ▼		250.00							
	Full Name (Last, First, Middle Initial) Cynthia Denise Downard			D	Date of	Red	ceipt			
-	Mailing Address 315 E Broadway Ste 565			_	м м 02	1	03	/ Y	2015	Y
	City	State	Zip Code			actic		C364EA	AB-D541-	4827-
-	Louisville	KY	40202-3702	A	mount	of	Each Re	ceipt thi	is Period	
	FEC ID number of contributing federal political committee.	С			_		,		250	.00
	Name of Employer Univ of Louisville	Occupation Surgeon								
Ī	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00	1						
	Full Name (Last, First, Middle Initial) Gary Allan Drascher	<u> </u>			Date of	Rec	ceipt			
-	Mailing Address 1253 Dogwood Dr			_	м м 05	/	20	/ Y	2015	Y
ļ	City	State	Zip Code			acti		751AD56	614C742	DAD4F7
-	Bridgewater	NJ	08807-1223						is Period	
	FEC ID number of contributing federal political committee.	С			_		9		500	0.00
l	Name of Employer	Occupation		\neg						
	Surgical Associates of Central NJ	Surgeon								
	Receipt For:		Year-to-Date ▼							
	Primary General	00 - 94.0		1						
	Other (specify)		500.00	1						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and or for commercial purposes, other than using the										
American College of Surgeons	s Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Therese M. Duane			D	ate of	Re	cei	ipt			
Mailing Address Jps Health Network Department of Surgery City Fort Worth FEC ID number of contributing federal political committee	State TX	Zip Code 76104				ion		8BDA2	2015 C809B2 is Perioc 500	IC9D96/
federal political committee. Name of Employer VCU Med Center Receipt For: Primary General Other (specify) ▼	Occupation Surgeon	Year-to-Date ▼ 500.00				5				0
Full Name (Last, First, Middle Initial) B. Joseph Jeremy Dubose Mailing Address 3514 N Ripples Ct			_	ate of	Re /	_	D D	/ Y	YY	Y
City Missouri City FEC ID number of contributing federal political committee.	State TX	Zip Code 77459-6583							2015 32A9195 is Perioc 300	
Name of Employer Self Employed	Occupation Surgeon					,		,		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00								
Full Name (Last, First, Middle Initial) C. Joseph Jeremy Dubose				ate of	Re	cei	ipt			
Mailing Address 3514 N Ripples Ct				м м 03	/	Γ	13	/ Y	у у 2015	Y
City Missouri City	State TX	Zip Code 77459-6583	A						6 DF7754 iis Period	
FEC ID number of contributing federal political committee.	C					7		7	50	0.00
Name of Employer	Occupation		_							
Self Employed	Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00								
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	-	Use separate schedule(s)	(check on				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may and a	l ay not be sold or used by any p ddress of any political committe	erson for the e to solicit co	urpose o ntributions	15 of soliciting from such	16 g contributi h committe	ions ee.
NAME OF COMMITTEE (In Full)							
American College of Surgeo	ns Protessic	onal Association PAC					
Full Name (Last, First, Middle Initial) A. Juan Duchesne			Date o	f Receipt			
Mailing Address Trauma Program			M			Y Y	Y
North Oaks Medical Cente	er State	Zip Code	05	02 saction ID		2015 57B99694	
Hammond	LA	70403		t of Each			
FEC ID number of contributing federal political committee.	С				- 7	50.	.00
Name of Employer	Occupation	1					
North Oaks Medical Center	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		300.00	1				
Full Name (Last, First, Middle Initial) B. Juan Duchesne	I		Date o	f Receipt			
Mailing Address Trauma Program North Oaks Medical Cent	er					2015	Y
City	State	Zip Code	Trans	action ID	: 44C0BE	8828D11E	A01718
Hammond	LA	70403	Amoun	t of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				3	50.	00
Name of Employer North Oaks Medical Center	Occupation Surgeon	1					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		300.00	1				
Full Name (Last, First, Middle Initial) C. Brian James Dunkin			Date o	f Receipt			
Mailing Address Methodist Hospital Depar Suite Sm 1661	tment of S		06	/ D		2015	Y
City Houston	State TX	Zip Code 77030		saction ID			8777803
		11050	Amoun	t of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7	50.	.00
Name of Employer	Occupation	1					
Methodist Hospital Receipt For:	Surgeon						
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		250.00					
SUBTOTAL of Receipts This Page (optiona	l)				- 7	150.0	00
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surge	ons Professio	nal Association PAC	
Full Name (Last, First, Middle Initial) A. Margaret M. Dunn			Date of Receipt
Mailing Address 128 E Apple St			M = M / D = D / Y = Y = Y = Y
Wright State Univ Depa City	rtment of Su State	Zip Code	03 15 2015 Transaction ID : 4B5690BECAFC98B4BF
Dayton	ОН	45409-2902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation	1	—
Wright State University School of Medi	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		600.00	
Full Name (Last, First, Middle Initial) B. Margaret M. Dunn			Date of Receipt
Mailing Address 3640 Colonel Glenn Hw	v		
Wright State Univ Boor	-	Zip Code	04 15 2015
City	State	Transaction ID : 45D09306DC913771DBA	
	OH	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Wright State University School of Medi	Occupation	1	
Receipt For:	Surgeon		_
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		, , 600.00	
Full Name (Last, First, Middle Initial) C. Margaret M. Dunn			Date of Receipt
Mailing Address 3640 Colonel Glenn Hu			M = M / D = D / Y = Y = Y
Wright State Univ Boor City	shoft School State	Zip Code	05 15 2015 Transaction ID : 4DA387971A7F1C17BFI
Dayton	OH	45435-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation	1	—
Wright State University School of Medi	Surgeon		
	Aggregate	Year-to-Date ▼	
Other (specify)		600.00	1
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a 13		11 14		11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pos	se of s	oliciting		ntributio	ons
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC									
A.	Full Name (Last, First, Middle Initial) Margaret M. Dunn			C	ate of	Re	ecei	ipt				
	Mailing Address 3640 Colonel Glenn Hwy Wright State Univ Boonshoft Sc City	State	Zip Code		M M 06 Trans		L	15 1 D : 4	/ Y 080996	2	015 2 A1E44	
	Dayton FEC ID number of contributing federal political committee.	С	45435-0001	A	mount	t of	Ea	ich Re	ceipt th	iis F	Period 100.0	00
	Name of Employer Wright State University School of Medi Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 600.00									
В.	Full Name (Last, First, Middle Initial) David Eddleman				ate of	Re	ecei	ipt				
	Mailing Address 2800 Blue Ridge Rd Ste 300 City	State	Zip Code		M M 05 Trans	acti	L	05 ID : D	/ Y 870624	20	015 5 FACA I	BA699
	Raleigh FEC ID number of contributing federal political committee.	NC C	27607-6476	A	mount	t of	Ea	ich Re	ceipt th	iis F	Period 250.0	0
	Name of Employer Self Employed	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
	Full Name (Last, First, Middle Initial) Stephen B. Edge				ate of	Re	ecei	ipt				
	Mailing Address Baptist Cancer Center Baptist Memorial Health Care C	Corpo State	Zip Code		05		L	04		20	015	
	City Memphis	TN	38120	A					ceipt th		26576F	D0C85
	FEC ID number of contributing federal political committee.	С					,				500.0	00
	Name of Employer	Occupation										
	Roswell Park Cancer Institute Receipt For:	Surgeon		_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)		••••••				-				850.0	0
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171	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)				
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	y information copied from such Reports and S for commercial purposes, other than using the				the p			iting		
	NAME OF COMMITTEE (In Full)		,,							
\rangle	American College of Surgeons I	Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) Paul Andrew Edwards			Dat	e of	Receip	ot			
	Mailing Address 2799 W Grand Blvd				М	/ D	D /	Y	ΥΥΥ	Y
	Department of Ophthalmology City	State	Zip Code		01 Canea	ction	23 ID : E0B	ED30	2015	4155-
	Detroit	MI	48202-2608				h Receip			4100-
	FEC ID number of contributing federal political committee.	С				9		7	250	.00
	Name of Employer	Occupation	I							
	Henry Ford Health System	Surgeon								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		250.00]						
В.	Full Name (Last, First, Middle Initial) E. Christopher Ellison			Dat	e of	Receip	ot			
	Mailing Address 700 Ackerman Rd Ste 600			M	04		20 /	Y	y y 2015	Y
	City	State	Zip Code				D : 2E7/			889660
	Columbus	OH	43202-1559	Am	ount	of Eac	h Receip	ot this	s Period	
	FEC ID number of contributing federal political committee.	С				3		9	1000	.00
	Name of Employer Ohio State Medical Center	Occupation Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		1000.00]						
с.	Full Name (Last, First, Middle Initial) James K. Elsey			Dat	e of	Receip	ot			
	Mailing Address 631 Professional Dr Ste 300				01 [™]		D / 13	L	y y 2015	
	City Lawrenceville	State GA	Zip Code 30046-3371				ID:0AA			491A29
	FEC ID number of contributing federal political committee.	С		Am	ount	or Eac	h Receip		500 s	.00
	Name of Employer	Occupation		_						
	Self Employed	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00	1						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC									
A.	Full Name (Last, First, Middle Initial) Blaine L. Enderson				Date o	f Re	ceipt					
	Mailing Address 1924 Alcoa Hwy Ste U-11				м м 05	/	03	/ Y	ү ү 2015	Y		
	City Knoxville	State TN	Zip Code 37920-1511					49E1873 eceipt th		6C43554		
	FEC ID number of contributing federal political committee.	С					3		5	0.00		
	Name of Employer	Occupation										
	University General Surgeons Receipt For:	Surgeon		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1								
В.	Full Name (Last, First, Middle Initial) Blaine L. Enderson				Date o	f Re	ceipt					
	Mailing Address 1924 Alcoa Hwy Ste U-11				м м 06		03	/ Y	2015	Y		
	City Knoxville	State TN	Zip Code 37920-1511					4C83BE		I F08D101		
	FEC ID number of contributing federal political committee.	С					7		50	0.00		
	Name of Employer University General Surgeons	Occupation Surgeon										
	Receipt For: Primary General	•	Year-to-Date ▼									
	Other (specify)		300.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Heather Leigh Evans				Date o	f Re	ceipt					
	Mailing Address PO Box 359796 325 Ninth Avenue				м м 06	/	25	/ Y	ү ү 2015	Y		
	City Seattle	State WA	Zip Code 98195-9796					ABFA0E		BBF96B8		
	FEC ID number of contributing federal political committee.	С					3			0.00		
	Name of Employer	Occupation										
	University of Washington	Surgeon		_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼		250.00									
s	UBTOTAL of Receipts This Page (optional)			•			,		350	0.00		
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Lindsay Fairfax Mailing Address PO Box 3201				Date of		ceipt	/ Y	2015	Y			
	City Pinehurst	State NC	Zip Code 28374-3201	_	Trans		ion ID : 4			7BCEECA			
	FEC ID number of contributing federal political committee.	С				_	7	7	42	2.00			
	Name of Employer Auckland City Hospital Receipt For: Primary General	Occupation Surgeon Aggregate	Year-to-Date ▼										
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	252.00										
В.	Lindsay Fairfax Mailing Address PO Box 3201				Date of	FRe	ceipt	/ Y	2015	Y			
	City Pinehurst	State NC	Transaction ID : 4B9F8B3C6A710C Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				_	9	7	42	2.00			
	Name of Employer Auckland City Hospital Receipt For:	Occupation Surgeon											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00										
C.	Full Name (Last, First, Middle Initial) Mary Elizabeth Fallat				Date of	Re	ceipt						
	Mailing Address 315 E Broadway Ste 565 City	State	Zip Code		03		20	L	2015				
	Louisville	KY	40202-3702						C78443AI nis Period				
	FEC ID number of contributing federal political committee.	С				_	· ·	7	250	0.00			
	Name of Employer	Occupation											
	University of Louisville	Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
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	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC											
	Full Name (Last, First, Middle Initial) Stephen Austin Fann				Date of	Re	ceipt							
	Mailing Address Musc Department of Surg 426 Csb:Msc 613				м м 05	/	D D 22	/ Y	ү ү 2015	Y				
	City Charleston	State SC	Zip Code 29425-6130						7304540	F08ED14				
	FEC ID number of contributing federal political committee.	С					7		50	0.00				
	Name of Employer Univ of South Carolina School of Med	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address Musc Department of Surg 420 Csb:Msc 613		Zip Code		м м 06	/	22	/ Y	2015	Y				
	City Charleston	State SC	Transaction ID : 48A9933018D7B2752 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7	7	50	0.00				
	Name of Employer Univ of South Carolina School of Med	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
	Full Name (Last, First, Middle Initial) Richard J. Fantus				Date of	Re	ceipt							
	Mailing Address Advocate Illinois Masonic Med Trauma Service	lical			м м 03	1	D D 13	/ Y	2015	Y				
	City Chicago	State IL	Zip Code 60657						E90F204(nis Perioc					
	FEC ID number of contributing federal political committee.	С					7		50	0.00				
	Name of Employer	Occupation												
	Advocate Illinois Masonic Medical Cent	Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
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	ny information copied from such Reports and Sta for commercial purposes, other than using the				for the		oose of	soliciting	g contrik	oution	IS
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American College of Surgeons F	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Francis D. Ferdinand				Date of	f Re	ceipt				
	Mailing Address Divide Thoracic/Cardiovascular				м м 06	/		/ Y	201F		1
	Lankenau Medical Center - 280 City	State	Zip Code	- '		acti	25 ion ID :	B42ABE	2015 3DF3FB		6830
	Wynnewood	PA	19096-3413				Each R				
	FEC ID number of contributing federal political committee.	С					7		7	50.00	
	Name of Employer	Occupation									
	The Lankerau Hospital	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		750.00								
			7.00.00								
в.	Full Name (Last, First, Middle Initial) John Fildes				Date of	f Re	ceipt				
	Mailing Address Univ of Nevada School of Media Department of Surgery Suite 30				м м 05	/	02	/ Y	2015	Y	1
	City	State	Zip Code		Trans	acti	on ID : 4	4281A1	AD386A	43E9	5CB3
	Las Vegas	NV	89102	/	Amount	t of	Each R	eceipt th	nis Perio	bc	
	FEC ID number of contributing federal political committee.	С					7	. ,	Ę	50.00	
	Name of Employer	Occupation		_							
	University of Nevada School of Medicin	Surgeon									
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		300.00								
с.	Full Name (Last, First, Middle Initial) John Fildes				Date of	f Re	ceipt				
	Mailing Address Univ of Nevada School of Medi Department of Surgery Suite 30				м – м 06	1	D D 02	/ Y	y y 2015	Y	
	City Las Vegas	State NV	Zip Code 89102				ion ID :				006F8
			09102	- '	Amount	t of	Each R	eceipt th	nis Perio	bc	_
	FEC ID number of contributing federal political committee.	С					, .			50.00	
	Name of Employer	Occupation									
	University of Nevada School of Medicin	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
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s	UBTOTAL of Receipts This Page (optional)			.					85	50.00	
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	`	ck only	y on			 , г				
			Detailed Summary Page		11a 13		11b 14	11c		12 16		17	
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) John A. Fink Mailing Address 95 Arch St				Date of		ceipt		V	Y Y	V		
	Ste 215				05	Ĺ	20			2015			
	City Akron	State OH	Zip Code 44304-1467	A				Receipt				46	
	FEC ID number of contributing federal political committee.	С					7	,		250	0.00		
	Name of Employer	Occupation											
	Hospital employed	Surgeon		_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
в.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt						
	Mailing Address 17030 Lakeside Hills Plz Ste 200		Zip Code		м м 01	/	14		Y	y y 2015	Y		
	City Omaha	State NE	Transaction ID : B33C5FCB466F1E67 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	,		250	0.00		
	Name of Employer Self Employed	Occupation Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼										
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<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt						
	Mailing Address 108 Camino Penasco				м м 03	/	D 14			у у 2015	Y		
	City El Paso	State TX	Zip Code 79912-3438					: 637D ' Receipt				4DC	
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	Name of Employer	Occupation		_									
	Stephen F. Flaherty, MD	Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼										
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)										
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any pa address of any political committee	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
American College of Surgeon	s Professic	onal Association PAC											
Full Name (Last, First, Middle Initial) A. Stephen Francis Flaherty			Date of Receipt										
Mailing Address 108 Camino Penasco			04 05 / Y Y Y Y 2015										
City El Paso	State TX	Zip Code 79912-3438	Transaction ID : 460C8B0D1FEBEDC10 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation	1											
Stephen F. Flaherty, MD	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		650.00											
Full Name (Last, First, Middle Initial) B. Stephen Francis Flaherty			Date of Receipt										
Mailing Address 108 Camino Penasco			05 05 _2015 _										
City	State	Zip Code	Transaction ID : 4BA3B6C7FF899AA3F										
El Paso	ТХ	79912-3438	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		25.00										
Name of Employer	Occupation	1											
Stephen F. Flaherty, MD	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		, 650.00											
Full Name (Last, First, Middle Initial) C. Stephen Francis Flaherty			Date of Receipt										
Mailing Address 108 Camino Penasco			06 05 _2015 _										
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El Paso	TX	79912-3438	Amount of Each Receipt this Period										
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Name of Employer	Occupation	1											
Stephen F. Flaherty, MD	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		650.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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PAGE 62 OF

ITEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
or for commercial purposes, other than using the		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
American College of Surgeons	Professional Association Pr	AC
Full Name (Last, First, Middle Initial) A. James W. Fleshman Jr. Mailing Address Department of Surg. Baylor Univ. Med. Center City Dallas FEC ID number of contributing federal political committee. Name of Employer Baylor University Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75246 C Occupation Surgeon Aggregate Year-to-Date ▼ 1000.	Date of Receipt Date of Receipt Od 19 2015 Transaction ID : 10961E5883A14268B4B2 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) B. Lewis Matthew Flint Jr.		Date of Receipt
Mailing Address American College of Surgeon Division of Education City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60611	M M
Name of Employer American College of Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Henri Ford Mailing Address Children's Hospital of Los Ar Mailstop 72 City	ngeles State Zip Code	Date of Receipt 02 07 2015 Transaction ID : 8393CBCB-087F-44E1-
Los Angeles FEC ID number of contributing federal political committee. Name of Employer Children''s Hospital of Pittsburgh Receipt For: Primary General Other (specify) ▼	CA 90027 C Occupation Surgeon Aggregate Year-to-Date ▼ 1000.	Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X) _ _ _ _ .

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	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC											
A.	Full Name (Last, First, Middle Initial) Lee Andrew Forestiere				Date of	f Re	ceipt							
	Mailing Address 1609 W 40th Ave Ste 403			04 22 2015 Transaction ID : 0C13B28B28306D57A3 ²										
	City Pine Bluff	State AR	Zip Code 71603-6365	,	Trans Amoun							7A31		
	FEC ID number of contributing federal political committee.	С					9		, _	10	00.00)		
	Name of Employer Self	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial) Gerald R. Fortuna				Date of	f Re	ceipt							
	Mailing Address 2809 Rocky Springs Dr						06		Y	y y 2015	Y]		
	City Pearland	State TX	Zip Code 77584-6777		Trans Amoun		on ID : Each I)3-		
	FEC ID number of contributing federal political committee.	С				250.00								
	Name of Employer US Air Force	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
С.	Full Name (Last, First, Middle Initial) James E. Foster II				Date of	f Re	ceipt							
	Mailing Address 1906 Belleview Ave SE Carilion Roanoke Memorial Ho	spital			м м 04	/	D 22		Y	y y 2015	Y]		
	City Roanoke	State VA	Zip Code 24014-1838		Trans Amoun		i on ID Each I					7224		
	FEC ID number of contributing federal political committee.	С					7		,	5	00.00)		
	Name of Employer	Occupation												
	Roanoke Memorial Hospital	Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
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	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
	American College of Surgeons	Professio	nal Association PAC											
A.	Full Name (Last, First, Middle Initial) George Richard Fournier Jr.				Date of	Re	ceipt							
	Mailing Address PO Box 566			01 13 2015										
	City	State	Zip Code			acti		331117F		51DF91				
	Yankton	SD	57078-0566		Amount	of	Each F	Receipt th	is Period	b				
	FEC ID number of contributing federal political committee.	С					7		25	0.00				
	Name of Employer	Occupation												
	Self Employed	Surgeon												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
B.	Full Name (Last, First, Middle Initial) Adam Fox				Date of	Re	ceipt							
	Mailing Address 25 Hudson St Apt 405						24		y y 2015	Y				
	City	State NJ	Zip Code							EC7A3D3				
	Jersey City		07302-7507		Amount	of	Each F	Receipt th	iis Period	3				
	FEC ID number of contributing federal political committee.	С			L	-	9	- T-	500	0.00				
	Name of Employer Rutgers New Jersey Med School	Occupation												
	Receipt For:	Surgeon	Year-to-Date ▼											
	Primary General	Aggregate		11.										
	Other (specify)	L	, 500.00											
с.	Full Name (Last, First, Middle Initial) James Clyde Foxworthy				Date of	Re	ceipt							
	Mailing Address 3220 Banberry Dr				м м 05	/	D 05		2015	Y				
	City Statesville	State NC	Zip Code 28625-4569					D1CC14						
	FEC ID number of contributing	_			Amount	OT	Each F	Receipt th	lis Period	1				
	federal political committee.	С					7	7	25	0.00				
	Name of Employer	Occupation												
	Piedmont Health Care Receipt For:	Surgeon	Year-to-Date ▼	_										
	Primary General	Aggregate		11										
	Other (specify)	L	250.00											
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Hugh Martin Foy Mailing Address PO Box 359796				у у 15							
	City Seattle	State WA	Zip Code 98195-9796					C41EFI			74C2C	
	FEC ID number of contributing federal political committee.	С					, .	7		250.0	0	
	Name of Employer University of Washington Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Glen Allen Franklin Mailing Address Department of Surgery University of Louisville				Date of		ceipt 19		_ 201	Y = Y 5	1	
	City Louisville	State KY	Zip Code 40202		Trans		on ID :	AED220 Receipt t	022AC	5249A	5A63F	
	FEC ID number of contributing federal political committee.	С								500.00	0	
	Name of Employer Univ of Louisville	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
С.	Full Name (Last, First, Middle Initial) Julie A. Freischlag				Date of	f Re	ceipt					
	Mailing Address 4610 X St Uc Davis Health System, Ste 3				м м 02		19		201	5		
	City Sacramento	State CA	Zip Code 95817-2200				-	: C9764 9 Receipt t		-	FF91	
	FEC ID number of contributing federal political committee.	С					7			500.0	0	
	Name of Employer	Occupation										
	Johns Hopkins Hospital	Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
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NAME OF COMMITTEE (In Full)													
American College of Surgeon	s Professio	nal Association PAC											
Full Name (Last, First, Middle Initial) A. Neil Barry Friedman			Date of	Receipt									
Mailing Address 301 Saint Paul Pl													
the Breast Center at Mercy City	State	Zip Code		05 04 2015 Transaction ID : BE73C4024899000F5A0									
Baltimore	MD	21202-2147		t of Each Red									
FEC ID number of contributing federal political committee.	С				7	250.	00						
Name of Employer	Occupation	1											
Mercy Medical Center	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00	1										
Full Name (Last, First, Middle Initial) B. Luther L. Fry			Date of	Receipt									
Mailing Address 310 E Walnut St							Y						
City	State	Zip Code	Trans	action ID : 86	67A8620	C44D7F4	0EF66						
Garden City	KS	67846-5572	Amount	t of Each Red	ceipt this	s Period							
FEC ID number of contributing federal political committee.	С				9	300.	00						
Name of Employer Self Employed	Occupation Surgeon	1											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		300.00	1										
Full Name (Last, First, Middle Initial) C. Spencer W. Galt			Date of	Receipt									
Mailing Address 5323 S Woodrow St Ste 102			м м 04	/ D D 20	/ Y	ү ү 2015	Ŷ						
City Murray	State UT	Zip Code 84107-5853		action ID : 2			B1BAC94						
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FEC ID number of contributing federal political committee.	C				7	600.	00						
Name of Employer	Occupation	1											
Mountain Medical Physician Specialists	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		600.00]										
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NAME OF COMMITTEE (In Full)													
American College of Surgeor	ns Professio	onal Association PAC											
Full Name (Last, First, Middle Initial) A. Sabha Ganai			Date of Receipt										
Mailing Address 315 W Carpenter St													
Simmons Cancer Institute City	at Siu State	Zip Code	04 10 2015 Transaction ID : E12AE1E3-E635-4DCE-										
Springfield	IL	62702-4901	Amount of Each Receipt this Period	DOL-									
FEC ID number of contributing federal political committee.	С		250.	00									
Name of Employer	Occupation	1											
Southern Illinois Univ	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		250.00	1										
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Full Name (Last, First, Middle Initial) B. Rajesh Ramesh Gandhi			Date of Receipt										
Mailing Address 1500 S Main St John Peter Smith, Opc 30	04 16 Y Y Y Y Y	Y											
City	State	Zip Code	Transaction ID : 08C04E14B2F194	A33BC									
Fort Worth	ТХ	76104-4917	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.	00									
Name of Employer Self Employed	Occupatior	1											
Receipt For:	Surgeon												
Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
Full Name (Last, First, Middle Initial) C. Nancy Gantt			Date of Receipt										
Mailing Address 1044 Belmont Ave St. Elizabeth Health Center	er		M M / D D / Y Y Y 05 04 2015	Y									
City Youngstown	State OH	Zip Code 44504-1006	Transaction ID : 5A661D24B0E74F Amount of Each Receipt this Period	[:] 865B6									
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Name of Employer	Occupation	1											
Humility of Mary Health Partners	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		500.00]										
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NAME OF COMMITTEE (In Full) American College of Sur	geons Professio	nal Association PAC						
Full Name (Last, First, Middle Initial) A. Brian Howard Garber			Date	of R	eceipt			
Mailing Address 7557 Dannaher Wa Ste 110	-		M 01		D D 13	/ Y	y y 2015	Y
City Powell	State TN	Zip Code 37849-1500					66AE7B9 is Period	507E79
FEC ID number of contributing federal political committee.	C				7	7	283	.63
Name of Employer Self Employed	Occupation Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 508.66]					
Full Name (Last, First, Middle Initial) B. Brian Howard Garber			Date	of R	eceipt			
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City Powell	State TN	Zip Code 37849-1500					B5038B6 is Period	60D74A
FEC ID number of contributing federal political committee.	С						225.	.03
Name of Employer Self Employed	Occupation Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 508.66]					
Full Name (Last, First, Middle Initial, C. Fernando Garcia)		Date	of R	eceipt			
Mailing Address 4305 Kirkland Dr			03		18	/ Y	2015	Y
City Fort Worth	State TX	Zip Code 76109-4902					00109302 is Period	2028D1
FEC ID number of contributing federal political committee.	C				7		100	.00
Name of Employer	Occupation							
Self Employed Receipt For:	Surgeon		_					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1					
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) Fernando Garcia Mailing Address 4305 Kirkland Dr			Date of Receipt											
	City Fort Worth	State TX	Zip Code 76109-4902												
	FEC ID number of contributing federal political committee.	С					,		10	0.00					
	Name of Employer Self Employed Receipt For:	Occupation Surgeon													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
B.	Full Name (Last, First, Middle Initial) Fernando Garcia				Date o	f Re	eceipt								
	Mailing Address 4305 Kirkland Dr			м м 05	/	18		ү ү 2015	Y						
	City Fort Worth	State TX	Zip Code 76109-4902						F8D2123	D17BEFF					
	FEC ID number of contributing federal political committee.	С				7		100	0.00						
	Name of Employer Self Employed	Occupation Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
<u>с.</u>	Full Name (Last, First, Middle Initial) Fernando Garcia				Date o	f Re	eceipt								
	Mailing Address 4305 Kirkland Dr				м м 06	/	D 18		y y 2015	Y					
	City Fort Worth	State TX	Zip Code 76109-4902	A					1519F020 nis Period						
	FEC ID number of contributing federal political committee.	С					,		10	0.00					
	Name of Employer	Occupation													
	Self Employed	Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	information copied from such Reports and for commercial purposes, other than using the second sec													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
	American College of Surgeons	Professio	nal Association PAC											
A. .	Full Name (Last, First, Middle Initial) Michael Joseph Garren			Date of Receipt										
-	Mailing Address 1 S Park St													
	City	State	Zip Code	Transaction ID : 498073D2F9834D5FB576										
-	Madison	WI	53715-1375	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		7		500.	00		
I	Name of Employer	Occupation		\neg										
	Self Employed	Surgeon												
I	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
	Full Name (Last, First, Middle Initial) Lloyd B. Gayle	1			Date o	f Re	eceip	ot						
-	Mailing Address 50 E 69th St				05 20 / Y Y Y Y Y 05 20 2015									
	City	State	Zip Code		Trans	acti	ion I	ID : FI	F37949	0B9	CEAO	D6221		
-	New York	NY	10021-5002	A	Amoun	t of	Eac	ch Red	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С									250.	00		
	Name of Employer NY Presbyterian Hospital	Occupation Surgeon												
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
	Full Name (Last, First, Middle Initial) Douglas Michael Geehan				Date o	f Re	eceip	ot						
-	Mailing Address Umkc Department of Surgery				м м 03	/	D	25	/ Y) 15	Y		
	City Kansas City	State MO	Zip Code 64108	<u> </u>								46EE5		
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	FEC ID number of contributing federal political committee.	С					7	_	7	_	500	00		
1	Name of Employer	Occupation												
	UMKC	Surgeon												
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	Primary General Other (specify) ▼		500.00											
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or	for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)	Drofocala	nol Approxiption DAC											
	American College of Surgeons													
	Full Name (Last, First, Middle Initial) Evan R. Geller			D	Date of Receipt									
	Mailing Address 625 Belle Terre Rd				M M	/	D	D	/ Y	Y Y	Y			
	Ste 201	Ctoto	Zin Codo	04202015										
	City Port Jefferson	State NY	Zip Code 11777-2318	Transaction ID : 732FBCB2C66F47DB96 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation	1											
	N. Suffolk Surgical Associates	Surgeon												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
	Full Name (Last, First, Middle Initial) Edwin Shewman Gerrish				ate of	Re	eceipt	t						
	Mailing Address 506 1st Ave SE Brown Clinic			05 20 2015										
	City	State	Zip Code			acti			A1AE	E88CB8E	F2F0A			
	Watertown	SD	57201-4402	A	mount	of	Each	h Rec	eipt th	is Period				
	FEC ID number of contributing federal political committee.	С								500	.00			
	Name of Employer Brown Clinic	ployer Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
с.	Full Name (Last, First, Middle Initial) Mitchell James Giangobbe				ate of	Re	eceipt	t						
	Mailing Address 13629 W Camino Del Sol Ste 180				м м 05	/		20	/ Y	y y 2015	Y			
	City Sun City West	State AZ	Zip Code 85375-1401							55D83684 is Period				
	FEC ID number of contributing federal political committee.	С					7		7	800	0.00			
	Name of Employer	Occupation		_										
	Self Employed	Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		800.00											
s	UBTOTAL of Receipts This Page (optional)						7		7	1550	.00			
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SCHEDULE A (FEC Form 3X) DEAFIDT

FOR LINE NUMBER:

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ITEMIZED DECEIDTO		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions the to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American College of Surge	ons Professio	onal Association PAC								
Full Name (Last, First, Middle Initial) A. James W. Gigantelli			Date of Receipt							
Mailing Address University of Nebraska			M = M / D = D / Y = Y = Y = Y							
Department of Ophthal City	mology State	Zip Code	02 19 2015							
Omaha	NE	68198-5540	Transaction ID : 27177B46F46B88AAE65 Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	C		500.00							
Name of Employer	Occupatior	1								
University of Nebraska	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		500.00								
		7 7								
Full Name (Last, First, Middle Initial)										
B. Andrew James Gillies			Date of Receipt							
Mailing Address 31 Devon Rd			01 13 2015							
City	State	Zip Code	Transaction ID : 08C23FA8DA17EF4763C							
Newton	MA	02459-1647	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer Needham Medical Associates	Occupation Surgeon	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.00]							
Full Name (Last, First, Middle Initial) C. James M. Goff Jr.			Date of Receipt							
Mailing Address 5409 Canyon Bluff Trl	NE		05 14 2015							
City	State	Zip Code	Transaction ID : 4215A79CB4DAE84FEDC							
Albuquerque	NM	87111-8240	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer	Occupation	1								
Self Employed	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		000.00								
Other (specify)		300.00	1							
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Surgeons	e name and a	ddress of any political committee				f sol			
	Professio	nal Association PAC							
Full Name (Last, First, Middle Initial) James M. Goff Jr. Mailing Address 5409 Canyon Bluff Trl NE City	M. Goff Jr. Idress 5409 Canyon Bluff Trl NE State Zip Code						96B0A	2015 A469B	900C8FC7
Albuquerque FEC ID number of contributing federal political committee.	C	87111-8240	Amoun	t of	Each I	Rece	eipt thi	is Perio 5	d 0.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 300.00							
Full Name (Last, First, Middle Initial) B. Ross Frederick Goldberg Mailing Address 6895 E Camelback Rd	I			f Re	D		/ Y	Y Y	Y
Apt 2026 City Scottsdale FEC ID number of contributing federal political committee.	State AZ	Zip Code 85251-2478				4F6		is Perio	5EA4B0E d
Name of Employer Maricopa Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 1500.00			7				
Full Name (Last, First, Middle Initial) C. Ross Frederick Goldberg Mailing Address Maricopa Medical Center Department of Surgery			Date or	_	ceipt		/ Y	_2015	Y
City Phoenix FEC ID number of contributing federal political committee.	State AZ	Zip Code 85008	Trans					C278B5	F CD04ED d
Name of Employer Maricopa Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 1500.00	-						
SUBTOTAL of Receipts This Page (optional)		······			5	-	3	550).00

SCHEDULE A (FEC Form 3X) _ _ _ _ _

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т	EMIZED RECEIPTS		Use separate schedule(s)	(check c	only o	ne)					
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	ny information copied from such Reports and S for commercial purposes, other than using the			erson for th		pose of :					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Ross Frederick Goldberg Mailing Address 6895 E Camelback Rd			M	Date of Receipt 03 12 2015 Transaction ID : 49F8B100D7098BBA						
	City Scottsdale	State AZ	Zip Code 85251-2478					00D7098E nis Period	BA713A		
	FEC ID number of contributing federal political committee.	С				3	- 7	250	.00		
	Name of Employer Maricopa Medical Center	Occupation Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	1							
в.	Full Name (Last, First, Middle Initial) Ross Frederick Goldberg			Date	of Re	eceipt					
	Mailing Address Maricopa Medical Center Department of Surgery	State Zip Code AZ 85008			™ / 4	12	/ Y	у у 2015	Y		
	City Phoenix							F9824082	2FD304		
	FEC ID number of contributing federal political committee.	С				7	- 1	250	.00		
	Name of Employer Maricopa Medical Center	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]							
с.	Full Name (Last, First, Middle Initial) Ross Frederick Goldberg			Date	of Re	eceipt					
	Mailing Address Maricopa Medical Center Department of Surgery			0		12	/ Y	y y 2015	Y		
	City Phoenix	State AZ	Zip Code 85008					0185FFA9	979BFD7		
	FEC ID number of contributing federal political committee.	С				7	- 7	250	.00		
	Name of Employer	Occupation									
	Maricopa Medical Center	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	1							
s	UBTOTAL of Receipts This Page (optional)				-	3	- 7	750.	00		
т	OTAL This Period (last page this line number	only)		· L		7					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeon	s Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. Ross Frederick Goldberg			Date of Receipt
Mailing Address 2601 E Roosevelt St			
Maricopa Medical Center City	State	Zip Code	06 12 2015 Transaction ID : 4AE08BC6B4DD172A
Phoenix	AZ	85008-4973	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Maricopa Medical Center	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1500.00	1
Full Name (Last, First, Middle Initial) B. Michael Arthur Golden			Date of Receipt
Mailing Address Wright-Saunders 266 Penn Presbyterian Medical			04 19 2015
City	State PA	Zip Code	Transaction ID : 0786CA0460064C008
Philadelphia	FA	19104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Hospital of the Univ of Pennsylvania	Occupation	1	
Receipt For:	Surgeon	Veer te Dete 🗮	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	1
Full Name (Last, First, Middle Initial) C. James Franklin Goldszer			Date of Receipt
Mailing Address 10 Mayfield St			04 20 2015
City	State NY	Zip Code	Transaction ID : DA03A2B7EC3544FA
Rye		10580-2733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Self Employed Receipt For:	Surgeon		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional).			750.00
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IT.			Use separate schedule(s)	(check o	only c	one)	L					
			for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	<u> </u>			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the to solicit	ne pu contri	14 rpose o butions	15 of soliciting from sucl	16 contribu n committ	tions tee.			
	NAME OF COMMITTEE (In Full)											
\rangle	American College of Surgeons F	Professio	nal Association PAC									
A.	Full Name (Last, First, Middle Initial) Dinakar Golla			Date	of R	eceipt						
	Mailing Address 67 Long Meadow Dr			0		/ D		2015	Y			
	City	State	Zip Code				: A60E21		707E40			
	Pittsburgh	PA	15238-1863	Amo	unt of	f Each	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С				7		300	0.00			
	Name of Employer	Occupation										
	UPMC	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		300.00									
_	Full Name (Last, First, Middle Initial) Richard S. Greene			Data								
в.	Mailing Address 910 Wayne Rd					eceipt	D / Y	Y Y	Y			
				0		1		2015				
	City	State TN	Zip Code				: 1C64157		43FA30			
	Savannah	IIN	38372-1981	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				 J		250	.00			
	Name of Employer Self Employed	Occupation										
	Receipt For:	Surgeon	Veer te Dete 🗮									
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
C.	Full Name (Last, First, Middle Initial) David George Greenhalgh			Date	of R	eceipt						
	Mailing Address 2425 Stockton Blvd Shriners Hospitals for Children			0		/ D 2	_	2015	Y			
	City	State	Zip Code				。 :214B9C		CBA73CA			
	Sacramento	CA	95817-2215	Amo	unt of	f Each	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С				7		250	0.00			
	Name of Employer	Occupation										
	Shriners Hospitals for Children	Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
s	UBTOTAL of Receipts This Page (optional)					7		800	.00			
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
IILIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surgeo	ons Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. John Anthony Griswold			Date of Receipt
Mailing Address Texas Tech University H			M = M / D = D / Y = Y = Y = Y
Department of Surgery - City	MS 8312 State	Zip Code	05 29 2015 Transaction ID : B78E8BB8-FE03-4D56-
Lubbock	ТХ	79430-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer	Occupation	1	—
Texas Tech University	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		750.00]
Full Name (Last, First, Middle Initial)			
B. Jay L. Grosfeld			Date of Receipt
Mailing Address Jw Riley Hospital for Ch Section of Pediatric Sur			05 20 _2015 _
City	State	Zip Code	Transaction ID : 595DFD82FC4DD8C7A8
Indianapolis	IN	46202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Retired	Occupation	1	—
Receipt For:	Surgeon		_
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		, 1000.00	
Full Name (Last, First, Middle Initial) C. Kirby Robert Gross			Date of Receipt
Mailing Address 4242 Broadway St Apt 302			05 23 _2015 _
City	State	Zip Code	Transaction ID : DB3D1301-0CC7-4144-
San Antonio	ТХ	78209-6302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation	1	-
US Army	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00]
SUBTOTAL of Receipts This Page (option	al)		2750.00
TOTAL This Period (last page this line nu	mber only)		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) American College of Surgeon	s Professional Association PAC	
Full Name (Last, First, Middle Initial) A. Ronald Ian Gross		Date of Receipt
Mailing Address Chief of Trauma and Acute Baystate Medical Center	e Care Sur	04 10 2015
City Springfield	StateZip CodeMA01199-0001	Transaction ID : 4BADABACFDDB5C288C Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Hartford Hospital	Occupation Surgeon-Chief of Trauma and Emergency	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) B. Ronald Ian Gross		Date of Receipt
Mailing Address Chief of Trauma and Acute Baystate Medical Center		04 25 2015
City Springfield	State Zip Code MA 01199-0001	Transaction ID : 4219AA943CBD714F072E Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Hartford Hospital	Occupation Surgeon-Chief of Trauma and Emergency	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) C. Ronald Ian Gross		Date of Receipt
Mailing Address Chief of Trauma and Acute Baystate Medical Center		06 / 25 / Y Y Y Y 2015
City Springfield	StateZip CodeMA01199-0001	Transaction ID : 4FF8A694F5767F57156D Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	-
Hartford Hospital Receipt For:	Surgeon-Chief of Trauma and Emergency	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)	▶	500.00

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only (one)			
		for each category of the Detailed Summary Page	X 11	-	11b	11c	12	<u>-</u>
Any information copied from such Reports ar or for commercial purposes, other than using				he pu				
NAME OF COMMITTEE (In Full) American College of Surgeor	ns Professio	nal Association PAC						
Full Name (Last, First, Middle Initial) A. David Jon Grossklaus			Date	e of F	Receipt			
Mailing Address 6007 E Baseline Rd Ste 105)5		D / D1	y y y 2015	Y
City Mesa	State AZ	Zip Code 85206-4801					0AC05398 this Perioc	
FEC ID number of contributing federal political committee.	С				3		250	0.00
Name of Employer D Grossklaus, MD, PC	Occupation Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
Full Name (Last, First, Middle Initial) B. Thomas Richard Hakala			Date	e of F	Receipt			
Mailing Address 2710 Last Chance Ct	State	Zip Code	(M 06	(09	2015	
Reno	NV	89511-9300					9E1-605C- this Perioc	
FEC ID number of contributing federal political committee.	С				7			0.00
Name of Employer Retired	Occupation Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) C. Tony O'Neal Haley			Date	e of F	Receipt			
Mailing Address 701 Med Tech Pkwy Ste 400				M 04		20	2015	Y
City Johnson City	State TN	Zip Code 37604-2365					E6727BF4	
FEC ID number of contributing federal political committee.	С				7		250	0.00
Name of Employer	Occupation							
Self Employed Receipt For:	Surgeon							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	, 				7		750	.00

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ITEMIZED RECEIPTS		for each category of the	(check only one)									
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) American College of Surge	eons Professio	onal Association PAC										
Full Name (Last, First, Middle Initial) A. Amy Lynne Halverson			Date of Receipt									
Mailing Address Northwestern Univ Fe Divide of Gastrointesti	•		04 / D D / Y Y Y Y Y 2015									
City Chicago	State IL	Zip Code 60611	Transaction ID : BDF1D8E0A07C46ACB Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		500.00									
Name of Employer Northwestern Univ Feinberg Sch of Med	Occupation Surgeon	1										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) B. James Joseph Hamilton Jr.			Date of Receipt									
Mailing Address 6001 SW 6th Ave Ste 220			04 D D / Y Y Y Y 04 19 2015									
City Topeka	State KS	Zip Code 66615-1004	Transaction ID : 7FA648C78D484564A1B Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		1000.00									
Name of Employer Tall Grass Surgical Specialists	Occupation Surgeon	1										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00										
Full Name (Last, First, Middle Initial) C. Magdi Hanafi			Date of Receipt									
Mailing Address 5673 Peachtree Dunv Ste 750			04 / Y Y Y Y 22 2015									
City Atlanta	State GA	Zip Code 30342-1769	Transaction ID : DE944D2FC3A3404775 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer	Occupatior	1										
GYN & Fertility Specialists	Surgeon											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
SUBTOTAL of Receipts This Page (opti-	nal)		. 1750.00									
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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(che	eck only	y or	ne)						
			Detailed Summary Page		11a 13		11b 14	11c	12	17			
	y information copied from such Reports and for commercial purposes, other than using th				for the		oose of	soliciting	g contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC										
A.	Full Name (Last, First, Middle Initial) John B. Hanks				Date of	f Re	ceipt						
	Mailing Address Department of Surgery, Box University of Virginia Hospital				04 22 2015								
	City Charlottesville	State VA	Zip Code 22908-0001						E6085B	58D1A83			
	FEC ID number of contributing federal political committee.	С					7	7	500	0.00			
	Name of Employer University of Va Hospital	Occupation Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
в.	Full Name (Last, First, Middle Initial) Howard Clayton Harper III	I			Date of	f Re	ceipt						
	Mailing Address 121 N 20th St Ste 3				04 22 2015 Transaction ID : 4F680636DE8AB089C72								
	City Opelika	StateZip CodeAL36801-5454							6DE8AB				
	FEC ID number of contributing federal political committee.	C					7	7	500	.00			
	Name of Employer Self Employed	Occupation Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]									
<u>с.</u>	Full Name (Last, First, Middle Initial) David Tobin Harrington				Date of	f Re	ceipt						
	Mailing Address Rhode Island Hospital Department of Surgery				м м 03	/	20	/ Y	2015	Y			
	City Providence	State RI	Zip Code 02903						CFC891				
	FEC ID number of contributing federal political committee.	C					9		500	0.00			
	Name of Employer	Occupation											
	Rhode Island Hospital	Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
	UBTOTAL of Receipts This Page (optional)			•			7	7	1500	.00			
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Detailed Summary Page Ite I	ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	one)		
main conside from such Reports and Statements may not be odd or used by any perion for the purpose, of oscielling contributions from such committee in color contributions from such committee. NAME CP COMMITTEE (in Full) American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initial) A. Richard Mark Hatfield Mailing Address PD Box 3970 City State Chardeston W 25339390 FEC ID number of contributing lederal political committee. Occupation Name (Last, First, Middle Initial) Agregate Year-to-Date ▼ Mailing Address 3201 W Gore Bivd Occupation Reitina Consultants PLLC Surgeon B. Jean Hausheer Date of Receipt Mailing Address 3201 W Gore Bivd Occupation Receipt For: Occupation Marker Last, First, Middle Initial) Agregate Year-to-Date ▼ Patt Name (Last, First, Middle Initial) Cocupation Name of Engloyer Occupation State Eye Center Surgeon Receipt For: Agregate Year-to-Date ▼ Primary General Other (seecity) Agregate Year-to-Date ▼ Print Primary General <t< th=""><th>ILEWIZED RECEIPIS</th><th></th><th>for each category of the Detailed Summary Page</th><th></th><th></th><th></th><th></th></t<>	ILEWIZED RECEIPIS		for each category of the Detailed Summary Page				
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NAME OF COMMITTEE (In Full)											
American College of Surgeons	s Professio	onal Association PAC									
Full Name (Last, First, Middle Initial) A. Michael Hayashi			Date of Receipt								
Mailing Address Department of Surgery University of Hawaii			01 14 2015								
City Honolulu	State HI	Zip Code 96813	Transaction ID : 59D53674512C603ED4A								
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Full Name (Last, First, Middle Initial) B. Michael Hayashi			Date of Receipt								
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Full Name (Last, First, Middle Initial) C. Dean Alan Healy			Date of Receipt								
Mailing Address 707 Carriage Dr			01 13 2015								
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Wexford	PA	15090-8798	Amount of Each Receipt this Period								
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Full Name (Last, First, Middle Initial) A. Brandon Marshall Helbling				Date of	Re	eceipt			
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Α.	Full Name (Last, First, Middle Initial) Arnold H. Herman Mailing Address 16 Cambria Ct			Date		eceipt	/ Y	YY	Y		
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в.	Full Name (Last, First, Middle Initial) Enrique Hernandez Mailing Address Division of Gyn/Oncology			Date	M /	D D	/ Y	Y Y	Y		
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c.	Full Name (Last, First, Middle Initial) Mary Lenora Hilfiker			Date	of Re	eceipt					
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Full Name (Last, First, Middle Initial) C. Christine Hodyl			Date of Re	eceipt		
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)	0	<u> </u>										
American College of Surge	ons Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) Alexzandra Kathryn Hollingworth	h		Date	of Re	eceipt							
Mailing Address 8408 E Quarterhorse T	rl		01	M /	13	/ Y	2015	Y				
City Scottsdale	State AZ	Zip Code 85258-1401	Tran		ion ID : 7		52D04A06	2BAAC				
		03230-1401	Amou	nt of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				7	7	500.	.00				
Name of Employer	Occupation											
Self Employed	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		500.00										
Full Name (Last, First, Middle Initial) B. Michael Holtel			Date	of Re	eceipt							
Mailing Address 3729 Fenelon St			01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City	State	Zip Code	Tran	sact	ion ID : 3	38FF500	BBD4328	D6CF6				
San Diego	CA	92106-2019	Amou	nt of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С						250.	00				
Name of Employer Sharp Rees Stealy	Occupation Surgeon	1										
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		250.00]									
Full Name (Last, First, Middle Initial) C. John Roland Houck Jr.			Date	of Re	eceipt							
Mailing Address PO Box 26901 Wp1290			M 04	M /	26	/ Y	2015	Y				
City Oklahoma City	State OK	Zip Code 73126-0901					BC-2C28-	469B-				
	ÖK	75120-0901	Amou	nt of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C		L		7	7	250	.00				
Name of Employer	Occupation											
University of Oklahoma	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.00]									
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SCHEDULE A (FEC Form 3X) _ _ _ _

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	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
	American College of Surgeons	Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) David B. Hoyt			[Date of	Re	ceipt								
	Mailing Address Executive Director				M = M / D = D / Y = Y = Y = Y										
	American College of Surgeons			- 1	01 13 2015										
	City	State	Zip Code						D08D31E	EA9A538					
	Chicago	IL	60611	/	Amount	of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С								.00					
	Name of Employer	Occupation	1	-											
	UC Irving	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11											
	Other (specify)		1000.00												
				_											
в.	Full Name (Last, First, Middle Initial) Brenda Kay Huenergardt			[Date of	Re	ceipt								
	Mailing Address 1650 Main St				M M	1	DD	/ Y	YY	Υ					
	Ste B	01-11-	7. 0. 1.	- 1	05		20		2015						
	City	State OK	Zip Code						3A593B3	BC6210					
	Woodward	Un	73801-3046	/	Amount	of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С				_	7	7	500	.00					
	Name of Employer	Occupation													
	Brenda K Huenergardt, MD, PC	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		500.00	11											
	Other (specify)		, 500.00												
C.	Full Name (Last, First, Middle Initial) John Greenleaf Hunter				Date of	Re	ceipt								
	Mailing Address Chairman, Department of Sur	gery			M M	/	D D	/ Y	Y Y	Y					
	Oregon Health and Science U				06		25		2015						
	City	State	Zip Code		Trans	act	ion ID :	D295305	5D4CD20	F42AA6					
	Portland	OR	97239-3098	A	Amount	of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					7	,	250	0.00					
	Name of Employer	Occupation	1												
	Orgeon Health Science Center	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 - 3		11											
	Other (specify)		250.00												
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(chec	k only	/ on	e)	L					
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NAME OF COMMITTEE (In Full)												
ight angle American College of Surge	ons Professio	onal Association PAC										
Full Name (Last, First, Middle Initial) A. John Hyngstrom			Da	ate of	Re	ceipt						
Mailing Address 1280 E 3rd Ave				03 18 2015 Transaction ID : 9BCD7318-4056-49E2-								
City	State	Zip Code										
Salt Lake City	UT	84103-4344			ount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С				_	7		2	50.00)		
Name of Employer	Occupation	1										
University of Utah Department of Surge	General Su	rgeon										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) B. William Barlow Inabnet III			Da	ate of	Re	ceipt						
Mailing Address Mount Sinai Beth Israel Baird Hall, 16th Floor, S						D D D 10	/ Y	2015	Y]		
City New York	State NY	Zip Code 10003					740E723			4DB		
FEC ID number of contributing							eceipt th			-		
federal political committee.		C				7	7	25	50.00)		
Name of Employer Mount Sinai	Occupation Surgeon											
Receipt For:		Year-to-Date ▼	_									
Primary General	riggroguto		11									
Other (specify)		, , , , , , , , , , , , , , , , , , , ,										
Full Name (Last, First, Middle Initial) C. Haywood Melton Ingram			Da	ate of	Re	ceipt						
Mailing Address 1805 Worsham Pl				м м 05	/	05	/ Y	2015	Y]		
City Greensboro	State NC	Zip Code 27408-3113					6435E06			D7A6		
FEC ID number of contributing		27400 3113	Ar	nount	of	Each R	eceipt th	is Peric	bd	-		
federal political committee.	С					7	7	2	50.00)		
Name of Employer	Occupation											
Central Carolina Surgery Receipt For:	Surgeon	Verse la Data 🖛	_									
Primary General	Aggregate	Year-to-Date ▼	1.									
Other (specify)	_ L	250.00										
SUBTOTAL of Receipts This Page (option	nal)					7	- 7	75	50.00			
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. Seth David Izenberg			Date of Receipt
Mailing Address 501 N Graham St	-00		
Pacific Surgical Pc, Ste 5	State	Zip Code	05 11 2015 Transaction ID : 4687A69E28A94D2E2110
Portland	OR	97227-2003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	-
Pacific Surgical PC	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	1
Full Name (Last, First, Middle Initial) B. Seth David Izenberg			Date of Receipt
Mailing Address 501 N Graham St Pacific Surgical Pc, Ste	580		M = M / D = D / Y = Y = Y = Y Y 06 11 2015
City	State	Zip Code	Transaction ID : 4686B0CB3F44748D31F6
Portland	OR	97227-2003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	_
Pacific Surgical PC	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) C. Lenworth M. Jacobs Jr.			Date of Receipt
Mailing Address Hartford Hospital Academic Affairs			M M / D D / Y Y Y Y 02 19 2015
City Hartford	State CT	Zip Code 06102	Transaction ID : 57C312E3E8453EA64A8
	01	00102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation	1	
Hartford Hospital	Surgeon		_
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify)		1000.00	
SUBTOTAL of Receipts This Page (option	al)		1100.00
TOTAL This Period (last page this line nu	mber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b		11c	12	<u> </u>	
Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) Lewis Enslie Jacobson Mailing Address 2001 W 86th St City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAAB Road Surgical Group Receipt For: Primary General Other (specify)	Mailing Address 2001 W 86th St City State Zip Code Indianapolis IN 46260-1902 FEC ID number of contributing C C FEC ID number of contributing C C Name of Employer Occupation NAAB Road Surgical Group Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00									ч 188В- .00
B. Full Name (Last, First, Middle Initial) Ronald Dale Jaecks Mailing Address 380 Jerris Ave SE City Salem FEC ID number of contributing federal political committee. Name of Employer KAISER PERMENENTE	State OR C Occupation Surgeon	Zip Code 97302-5278			/ acti	20 on ID) : DD	062C26	2015 5977C642 is Period 250	20FAF5D
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General									
Full Name (Last, First, Middle Initial) Lynne Marie Jalovec Mailing Address 900 Main St Ste 310 City Peoria FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State IL Occupation Surgeon Aggregate	Zip Code 61602-5015 Year-to-Date ▼ 1500.00			/ acti	20) : E6	68C9B4	2015 479F114I is Period 1500	D5CB15C
SUBTOTAL of Receipts This Page (option	al)					7		7	2250.	00
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17								
Any information copied from such Reports a or for commercial purposes, other than using			erson for the purpose of s	soliciting contributions								
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professic	onal Association PAC										
 Full Name (Last, First, Middle Initial) A. Linda Kay James 			Date of Receipt									
Mailing Address PO Box 9												
721 River Dr. #B	State	Zip Code	01 13 2015 Transaction ID · 95ABD64586423801DF4									
Fort Bragg	CA	95437-0009		Transaction ID : 95ABD64586423801DF4 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С			250.00								
Name of Employer	Occupation	1										
Self Employed	Surgeon											
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify)		250.00	1									
			1									
Full Name (Last, First, Middle Initial) B. Donald Howard Jenkins			Date of Receipt									
Mailing Address 200 1st St SW Tcgs Division, Departmer	nt of Surge		03 / D D 03 24	2015								
City	State	Zip Code		352D7D13FCD1BCDBD								
Rochester	MN	55905-0001	Amount of Each Re	ceipt this Period								
FEC ID number of contributing federal political committee.	C			250.00								
Name of Employer Mayo Clinic	Occupation	1										
Receipt For:	Surgeon		_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		, 250.00										
Full Name (Last, First, Middle Initial) C. Fernando Luis Joglar			Date of Receipt									
Mailing Address 596 Calle Cesar Gonzale Apt 924			03 / D D D 24	/ Y Y Y Y 2015								
City San Juan	State PR	Zip Code 00918-4352		E9B99FD33E7B1CEA8A								
FEC ID number of contributing federal political committee.	C		Amount of Each Re	500.00								
Name of Employer	Occupation	1										
UPR School of Medicine	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		500.00										
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$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC							
	Full Name (Last, First, Middle Initial) Jay Johannigman Mailing Address 2708 Johnstone PI City Cincinnati FEC ID number of contributing federal political committee. Name of Employer UC Surgeons Receipt For: Primary General Other (specify) ▼	State OH C Occupation Surgeon Aggregate	Zip Code 45206-1822 Year-to-Date ▼ 700.00			/ sacti	11 ion ID :	435ABE	nis Perioo	78CEF0DC
B.	Full Name (Last, First, Middle Initial) Jay Johannigman Mailing Address 2708 Johnstone PI		Zip Code		Date o		ceipt 25	/ Y	2015	Y
	City Cincinnati FEC ID number of contributing	State OH						nis Perioo		
	federal political committee. Name of Employer UC Surgeons Receipt For:	C Occupation Surgeon Aggregate	Year-to-Date ▼ 700.00				g		12:	5.00
C.	Full Name (Last, First, Middle Initial) Jay Johannigman Mailing Address 2708 Johnstone Pl				Date o		ceipt) / Y	Y Y	Y
	City Cincinnati FEC ID number of contributing federal political committee. Name of Employer UC Surgeons Receipt For: Primary General Other (specify) ▼	State OH Occupation Surgeon Aggregate	Zip Code 45206-1822 Year-to-Date ▼ 700.00	A					nis Perioo	FA4C1C49 d 5.00
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ITEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professional Association PAC	
Full Name (Last, First, Middle Initial) Jay Johannigman Mailing Address 2708 Johnstone PI City Cincinnati FEC ID number of contributing faderal political committee	State Zip Code OH 45206-1822	Date of Receipt
federal political committee. Name of Employer UC Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) B. Jay Johannigman Mailing Address 2708 Johnstone PI		Date of Receipt
City Cincinnati FEC ID number of contributing	State Zip Code OH 45206-1822	Transaction ID : 4C59B083CAE9B66A8856 Amount of Each Receipt this Period 125.00
federal political committee. Name of Employer UC Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) C. Morris G. Johnson Mailing Address 1400 E Kincaid St		Date of Receipt
City Mount Vernon FEC ID number of contributing federal political committee. Name of Employer	State Zip Code WA 98274-4127	06 25 2015 Transaction ID : 8A92D9F5C8CC15714E6 Amount of Each Receipt this Period 500.00
Self Employed Receipt For: Primary General Other (specify) ▼	Surgeon Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		750.00

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NAME OF COMMITTEE (In Full)												
American College of Surgeons	Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) A. Steven Bradley Johnson												
	Pooido		Date of Receipt									
Mailing Address Phoenix Integrated Surgical F Second Floor - Surgery	reside			04 20 2015								
City	State	Zip Code		Transaction ID : 46690463C9814DEBA93E								
Phoenix	AZ	85006	Amount of Each Receipt this Period									
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federal political committee.			1.1	-	_	7						
Name of Employer	Occupation	1										
University Medical Center Phoenix - Ba	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	11									
Full Name (Last, First, Middle Initial) B. Mark Allen Jones				oto -'	D-	agint						
Mailing Address 127 Beaver Dam Rd				ate of	не	·		V V	24			
Maining Address 127 Beaver Dam Ro				м м 01	<i>'</i>	13		2015	Y			
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FEC ID number of contributing federal political committee.	С					7		1000.	.00			
Name of Employer	Occupation	1										
Palmetto Health	Surgeon											
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)		1000.00	11									
		, , ,										
Full Name (Last, First, Middle Initial) C. Ronald C. Jones				ate of	Pa	coint						
Mailing Address 9132 Clearlake Dr			_		110) / V	YY	V			
				05	ĺ	20		2015				
City	State	Zip Code		Trans	acti	ion ID :	AC5EA1	CA931B8	338198F			
Dallas	ТХ	75225-2001	A	mount	of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					,	7	250	.00			
Name of Employer	Occupation	I										
Baylor University Medical Center	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	1									
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for th		rpose of	soliciting	g contribu	utions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Christopher Alan Jordan Mailing Address 3257 Kalapaki Cir			Date		eceipt		YYY	V				
	·				05 20 2015								
	City Lihue	State HI	Zip Code 96766-1704			1418CDA0654F4D this Period							
	FEC ID number of contributing federal political committee.	С				,		250	0.00				
	Name of Employer	Occupation	1										
	Kauai Medical Clinic	General Su	rgeon										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									
В.	Full Name (Last, First, Middle Initial) John Nicholas Kabalin			Date	of R	eceipt							
	Mailing Address 3911 Avenue B Ste 2200			05 / D D / Y Y Y Y Y 05 04 2015									
	City Scottsbluff	State NE	Zip Code 69361-4617					7146BC4 nis Perioc					
	FEC ID number of contributing federal political committee.	С				,	3	250	0.00				
	Name of Employer Self Employed	Occupation Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
	Full Name (Last, First, Middle Initial) Derek Douglas Kane			Date	of B	eceipt							
0.	Mailing Address 206 Slate Dr				M	20	/ Y	2015	Y				
	City Bismarck	State ND	Zip Code 58503-6136					9526F04 his Perioc	B48AC02				
	FEC ID number of contributing federal political committee.	С		E		7	7	50	0.00				
	Name of Employer	Occupation	I										
	Mid Dakota Clinic	Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
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$\overline{\}$	NAME OF COMMITTEE (In Full)			.0 00								
\rangle	American College of Surgeons F	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Sandip Kapur				Date of	Re	ceipt					
	Mailing Address 525 E 68th St	~										
	Ny-Presbyterian Hospital/Weill City	Cor State	Zip Code	-	06 Trans	acti	03	83180B(2015 C9-8122-	4DFD-		
	New York	NY	10065-4870						nis Perioc			
	FEC ID number of contributing federal political committee.	С					7	5	250	0.00		
	Name of Employer	Occupation										
	New York Presbyterian Hospital-Cornell	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
	Mailing Address 6269 Beach Blvd Ste 2				м м 04	/	D D 19	/ Y	2015	Y		
	City	State FL	Zip Code				-			DAF93BB		
	Jacksonville	FL.	32216-2769		Amount	: of	Each R	eceipt th	nis Perioc	ł		
	FEC ID number of contributing federal political committee.	С				_	7	7	250	0.00		
	Name of Employer Kasraeian Urology	Occupation										
	Receipt For:	Surgeon		_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) v	L	250.00									
C.	Full Name (Last, First, Middle Initial) Richard Katseres				Date of	Re	ceipt					
	Mailing Address 2305 Las Brisas				м м 05	/	05	/ Y	2015	Y		
	City Altus	State OK	Zip Code 73521-1153						798AA99			
	FEC ID number of contributing				Amount	to	⊨acn R	eceipt th	nis Perioc	1		
	federal political committee.	С					7		500	0.00		
	Name of Employer	Occupation										
	Self Employed Receipt For:	General Su	-									
	Primary General	Aggregate	Year-to-Date ▼									
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NAME OF COMMITTEE (In Full)	, <u> </u>						-
American College of Surgeo	ns Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Christine M. Katterhagen			Date of	f Receipt			-
Mailing Address PO Box 3002			м м 06	/ D D 25	/ Y	2015	Y
City Longview	State WA	Zip Code 98632-0302		action ID :			38F441
FEC ID number of contributing federal political committee.	С					2500	.00
Name of Employer Peace Health Medical Group	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]				
Full Name (Last, First, Middle Initial) B. Danielle A. Katz			Date of	f Receipt			
Mailing Address 6620 Fly Rd Ste 200			04	/ D D 22	/ Y	y y 2015	Y
City East Syracuse	State NY	Zip Code 13057-4282		action ID : 3			C1198
FEC ID number of contributing federal political committee.	С					1500.	00
Name of Employer Self Employed	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]				
Full Name (Last, First, Middle Initial) c. Cheryl Sue Kaufmann			Date of	f Receipt			
Mailing Address 4370 Kissena Blvd			05		/ Y	2015	Y
City Flushing	State NY	Zip Code 11355-3769		saction ID : t of Each R			2D49BA
FEC ID number of contributing federal political committee.	С				- 7	250	.00
Name of Employer	Occupation						
Self Employed	Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]				
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PAGE 100 OF

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			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
	ege of Surgeons Profess	ional Association PAC	
Full Name (Last, Firs A. Christoph Robert			Date of Receipt
	ical Director, Trauma Services es Regional Hospital		M M / D D / Y Y Y Y Y 05 20 2015
City Monroeville	State PA	Zip Code 15146	Transaction ID : 252DCD58373884C1FF1 Amount of Each Receipt this Period
FEC ID number of co federal political comm	ŝ.		500.00
Name of Employer	Occupat	on	
Legacy Emanuel Hosp	bital Surgeon		
Receipt For:	Aggrega	te Year-to-Date ▼	
Other (specify)	General	500.00]
Full Name (Last, Firs B. Krista L. Kaups I			Date of Receipt
·	artment of Surgery, 1st Floor		04 20 _2015
City	State	Zip Code	Transaction ID : DF83A916971D4167BC7A
Fresno	CA	93721-1324	Amount of Each Receipt this Period
FEC ID number of cc federal political comm			250.00
Name of Employer Community Regional N	Vedical Center Surgeon	on	
Receipt For:		te Year-to-Date ▼	—
Primary Other (specify)	General	250.00]
Full Name (Last, Firs c. Thomas Conne			Date of Receipt
Mailing Address POI	•		06 10 2015
City	State	Zip Code	Transaction ID : 5CB2A1B955BE0E69F15
Fort Smith	AR	72913-3528	Amount of Each Receipt this Period
FEC ID number of co federal political comm	ŝ.		250.00
Name of Employer	Occupat	on	—
Cooper Clinic	Surgeon		
Receipt For:	Aggrega	te Year-to-Date ▼	
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	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
	Full Name (Last, First, Middle Initial) Denise Mary Kenna				ate of	Re	eceip	ot					
	Mailing Address 1936 Powder Mill Rd			05 01 Y Y Y Y 201 2015									
	City	State PA	Zip Code 17402-4744							C7C7F9	C5807		
	York FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer Self Employed	Occupation Surgeon											
	Receipt For:	-	Year-to-Date ▼	\neg									
	Primary General Other (specify) ▼	, iggi ogale	250.00										
	Full Name (Last, First, Middle Initial) Alfred Parker Kennedy Jr.				ate of	Re	eceip	ot					
	Mailing Address 100 N Academy Ave				м м 05	/		04	/ Y	2015	Y		
	City	State	Zip Code							8027ECD	DE0D9		
	Danville	PA	17822-9800	A	mount	of	Ead	ch Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	ů – Elektrik								250	.00		
	Name of Employer Self Employed	Occupation Surgeon											
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	Full Name (Last, First, Middle Initial) Pardon R. Kenney				ate of	Re	eceip	ot					
	Mailing Address Faulkner Hospital Department of Surgery	_			м м 06	/	L	26		ү ү 2015			
	City Boston	State MA	Zip Code 02130	A						\5-749D- is Period	4592-		
	FEC ID number of contributing federal political committee.	С					7		7	250	.00		
	Name of Employer	Occupation		_									
	Faulkner Hospital	Surgeon											
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American College of Surgeor	ns Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. Steven John Kern			Date of Receipt
Mailing Address 9825 Hospital Dr			
Ste 105 City	State	Zip Code	04 11 2015 Transaction ID : C232F2A9-565E-4A35-
Maple Grove	MN	55369-4769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	-
Specialists in General Surgery	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	1
Full Name (Last, First, Middle Initial) B. Douglas Adam Khoury			Date of Receipt
Mailing Address 1228 E Rusholme St Medical Office Building 1,		7.0.1	04 / D D / Y Y Y Y 2015
City Davenport	State IA	Zip Code 52803-2453	Transaction ID : 3E9C3DD43C9243EFB8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation Surgeon	1	
Receipt For:		Year-to-Date ▼	-
Other (specify)		500.00	1
Full Name (Last, First, Middle Initial) C. Marvin M. Kirsh			Date of Receipt
Mailing Address 510 Railway Ave Apt 136			05 05 _2015 _
City	State	Zip Code	Transaction ID : 85F4224B505C3E1E4E
Campbell	CA	95008-3032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	_
Self Employed Receipt For:	Surgeon		_
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NAME OF COMMITTEE (In Full)							
American College of Surge	eons Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Mary Knudson			Date of	f Receipt			
Mailing Address San Francisco Genera Department of Surgery	•		М М 02	/ D D	/ Y	2015	Y
City	State	Zip Code		action ID : 8	D87200		1E03-
San Francisco	CA	94110	Amount	t of Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C			3	9	250.	.00
Name of Employer	Occupation	1					
San Francisco General Hospital	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		250.00					
Other (specify)		7 7 7					
Full Name (Last, First, Middle Initial) B. Sitara Kommareddi			Date of	f Receipt			
Mailing Address 6567 E Carondelet Dr					/ Y	YY	Y
Ste 435			02	06		2015	
City	State	Zip Code	Trans	action ID : 4	C379E0	<u>3F2F1A7</u>	73F9282
Tucson	AZ	85710-6155	Amount	t of Each Re	ceipt th	is Period	
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Sitara Kommareddi, MD, PLLC	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		1000.00					
Full Name (Last, First, Middle Initial) C. Sitara Kommareddi			Date of	f Receipt			
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City	State	Zip Code	Trans	saction ID : 4	2F7918	B59423C	18AA10
Tucson	AZ	85710-6155	Amount	t of Each Re	ceipt th	is Period	
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Name of Employer	Occupation	1					
Sitara Kommareddi, MD, PLLC	Surgeon						
Receipt For:	Aggregate	Year-to-Date V					
Primary General		1000.00					
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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initia) A. Sitara Kommareddi Mailing Address 6567 E Carondelet Dr Sitara Kommareddi, MD, PLLC Name of Employer Sitara Kommareddi Mailing Address 6567 E Carondelet Dr Sitara Kommareddi Mailing Address 6567 E Carondelet Dr </th <th>ITI</th> <th>EMIZED RECEIPTS</th> <th></th> <th>Use separate schedule(s) for each category of the Detailed Summary Page</th> <th>(check</th> <th>a</th> <th>y or</th> <th>11b</th> <th>\vdash</th> <th>1c</th> <th>12</th> <th></th> <th></th>	ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	a	y or	11b	\vdash	1c	12		
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Other (specify) 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Sitara Kommareddi 05 00 / 2015 Malling Address 6567 E Carondelet Dr Ste 435 06 / 2015 City State Zip Code Tucson AZ 85710-6155 FEC ID number of contributing federal political committee. C 7000 / 2015 Name of Employer Occupation Surgeon Surgeon Receipt For: Aggregate Year-to-Date ▼ 000000 Pate of Receipt 03 / 25 / 2015 Transaction ID: 407D938F1ABE2291A5 Amount of Each Receipt this Period C. Rosemary Ann Kozar Date of Receipt Malling Address 22 S Greene St Shock Trauma Center, Rm S4D07 Transaction ID: 11147D31609A3FF356 City State Zip Code Baltimore MD 21201-1544 FEC ID number of contributing federal political committee. Surgeon Name of Employer Occupation Univ.of Fexas-Houston Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Subtrottal	Α.	Sitara Kommareddi Mailing Address 6567 E Carondelet Dr Ste 435 City Tucson FEC ID number of contributing federal political committee. Name of Employer Sitara Kommareddi, MD, PLLC Receipt For:	AZ C Occupation Surgeon	85710-6155	C Tra)4 ansa	/ acti	06 ion ID :	; : 45D	2800	2015 1 65236F3 is Perioc	3AE48	<u>30D</u>
B. Sitara Kommareddi Date of Receipt Mailing Address 667 E Carondelet Dr 05 06 2015 City State Zip Code Transaction ID : 407D33B*1ABE2231A5 FEC ID number of contributing federal political committee. C Coccupation Aggregate Year-to-Date ▼ Primary General Occupation Surgeon Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Mailing Address 22 S Greene St State Zip Code Date of Receipt Mailing Address 22 S Greene St State Zip Code Date of Receipt Mailing Address 22 S Greene St State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Date of Receipt Name of Employer Occupation Surgeon Amount of Each Receipt this Period 500.00 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Mount of Each Receipt this Period Name of Employer Occupation Surgeon Aggregate Year-to-Date ▼ 1000.00 SubstortaL of Receipts This Page (optio		Other (specify)		1000.00]								
Tucson AZ 85710-6155 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Sitara Kommareddi, MD, PLLC Occupation Surgeon 250.00 Receipt For: Optimary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) C. Rosernary Ann Kozar Date of Receipt Mailing Address 22 S Greene St Shock Trauma Center, Rm S4D07 Date of Receipt this Period City Baltimore MD 21201-1544 FEC ID number of contributing federal political committee. C State Name of Employer Occupation Surgeon Surgeon Name of Employer Occupation Surgeon 500.00 Name of Employer Occupation Surgeon 500.00 Name of Employer Aggregate Year-to-Date ▼ 500.00 SuBETOTAL of Receipts This Page (optional) 500.00 1000.00	B.	Sitara Kommareddi Mailing Address 6567 E Carondelet Dr Ste 435	M	M	Re	D		Y		Y			
federal political committee. 250.00 Name of Employer Sitara Kommareddi, MD, PLLC Occupation Surgeon Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ C. Rosemary Ann Kozar Malling Address 22 S Greene St Shock Trauma Center, Rm S4D07 Date of Receipt City Baltimore MD 21201-1544 FEC ID number of contributing federal political committee. Occupation Surgeon Date of Receipt Name of Employer Univ.of Texas-Houston Occupation Surgeon Surgeon Receipt For: Primary General Other (specify) ▼ Occupation Univ.of Texas-Houston Surgeon Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)													544
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NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) A. Dennis Harry Kraus			Date of Receipt									
Mailing Address 130 E 77th St FI 10 City	State	Zip Code										
New York	NY	10075-1851				-		nis Period				
FEC ID number of contributing federal political committee.	С					7		500	0.00			
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 500.00	1									
Full Name (Last, First, Middle Initial) B. Deborah Ann Kuhls				Date of	Re	ceipt						
Mailing Address 2040 W Charleston Blvd Ste 302			_	M M 03	/	24	/ Y	2015	Y			
City Las Vegas	State NV	Zip Code 89102-2230		64A5910 his Period								
FEC ID number of contributing federal political committee.	С					y		500	.00			
Name of Employer University of Nevada	Occupation Surgeon											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) C. Mark Lawrence Labowe				ate of	Re	ceipt						
Mailing Address 12301 Wilshire Blvd Ste 325				м м 05	/	01) / Y	2015	Y			
City Los Angeles	State CA	Zip Code 90025-1053						EFB3F07				
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NAME OF COMMITTEE (In Full)						
American College of Surg	geons Professic	nal Association PAC				
Full Name (Last, First, Middle Initial) A. Kevin P. Lally			Date of F	Receipt		
Mailing Address Department of Pedia Suite 5258	tric Surgery		05	/ D D / Y 04	2015	Y
City Houston	State TX	Zip Code 77030		ction ID : E30E1A		32D19F
FEC ID number of contributing federal political committee.	C			7 7	500.	00
Name of Employer	Occupation	1				
Univ of Texas Health Science Ctr	Surgeon					
Receipt For:	Aggregate	Year-to-Date V				
Primary General		500.00	1			
Other (specify)		300.00	1			
Full Name (Last, First, Middle Initial) B. Samuel E. Landrum			Date of F	Receipt		
Mailing Address 5701 Free Ferry Rd Apt 22			05	/ D D / Y 05	2015	Y
City	State	Zip Code	Transac	tion ID : 9F0F34	1BAD9C6C	3C4A2
Fort Smith	AR	72903-2437	Amount o	of Each Receipt th	nis Period	
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Name of Employer Self Employed	Occupation Surgeon	I				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00	1			
Full Name (Last, First, Middle Initial) C. Barry Gerard Landry			Date of F	Receipt		
Mailing Address 604 N Acadia Rd Ste 207			M M 01	/ D D / Y 13	2015	Y
City Thibodaux	State LA	Zip Code 70301-4897		ction ID : B18550		645FB
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federal political committee.	C			3 3	250.	00
Name of Employer	Occupation	1				
Self Employed	Surgeon					
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\ \	ME OF COMMITTEE (In Full) merican College of Surgeons F	Professio	nal Association PAC							
	l Name (Last, First, Middle Initial) J san He Lee				Date of	Re	ceipt			
Ma	iling Address 360 E 55th St Apt 7C				м м 04	/	20	/ Y	2015	Y
City Ne		State NY	Zip Code 10022-4120							1AA9BB9
	C ID number of contributing eral political committee.	С					7		250	0.00
	ne of Employer T Surgery	Occupation Surgeon								
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	iling Address Ouhsc Children's Hospital Pediatric Surgery Suite 2320				M M	/	15	/ Y	2015	Y
City Ok	/ lahoma City	State OK	Zip Code 73104		12CDD02	2F69C19F				
	C ID number of contributing eral political committee.	С					9		210	0.00
	ne of Employer HSC Children's Hospital	Occupation Surgeon								
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00							
	Name (Last, First, Middle Initial)				Date of	Re	ceipt			
Ма	ling Address Ouhsc Children's Hospital Pediatric Surgery Suite 2320				м м 02	/	15	/ Y	2015	Y
City	/ clahoma City	State OK	Zip Code 73104						64D9ABE	E9B40287
	C ID number of contributing eral political committee.	С					,			0.00
Nai	ne of Employer	Occupation								
	HSC Children's Hospital	Surgeon								
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00							
SUB-	FOTAL of Receipts This Page (optional)		b						670	.00
	L This Period (last page this line number of			•			,	,		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 OF 249 (check only one)
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions
or for commercial purposes, other than us	sing the name and a	ddress of any political committe	e to solicit contributions from such committee.
American College of Surge	ons Professio	nal Association PAC	
A. Full Name (Last, First, Middle Initial) Robert Warren Letton Jr. Mailing Address Ouhsc Children's Hosp Pediatric Surgery Suite			Date of Receipt
City Oklahoma City	State OK	Zip Code 73104	Transaction ID : 4B2B91B127B7181F8A63 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer OUHSC Children's Hospital Receipt For: Primary General Other (specify) ▼]		
Full Name (Last, First, Middle Initial) B. Robert Warren Letton Jr.			Date of Receipt
Mailing Address Ouhsc Children's Hosp Pediatric Surgery Suite			05 22 _2015 _
City Oklahoma City	State OK	Zip Code 73104	Transaction ID : 44A5B3BB4C1BFB45A3F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer OUHSC Children's Hospital	Occupatior Surgeon	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00]
Full Name (Last, First, Middle Initial) C. Robert Warren Letton Jr.			Date of Receipt
Mailing Address Ouhsc Children's Hosp Pediatric Surgery Suite			M M / D D / Y Y Y Y Y 06 22 _2015 _
City Oklahoma City	State OK	Zip Code 73104	Transaction ID : 4B0DAF9B1C8B59334087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		210.00
Name of Employer	Occupation	1	_
OUHSC Children's Hospital Receipt For:	Surgeon		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00]
SUBTOTAL of Receipts This Page (optic	nal)		630.00
TOTAL This Period (last page this line n	umber only)		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b		11c	12	
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Any information copied from such Reports and S or for commercial purposes, other than using the										
American College of Surgeons	Professio	onal Association PAC								
Full Name (Last, First, Middle Initial) A. Lydell C. Lettsome				Date of	Re	ceip	ot			
Mailing Address 11 Jackson Ln				м м 04	/	D	20	/ Y	2015	Y
City	State	Zip Code		Trans	acti	ion I	ID : 73	36A6E0	095C8248	6389CD
Campbell Hall	NY	10916-3211	A	Mount	of	Eac	h Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	7	_	7	250	.00
Name of Employer	Occupation	I								
Brooklyn Hospital	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. Andrew J. Levada				Date of	Re	ceip	ot			
Mailing Address 1201 W Main St				м м 01	/	D	13	/ Y	2015	Y
City	State	Zip Code		Trans	acti	on I	ID : B	74740F	6926E89	3ABDE
Waterbury	СТ	06708-3105	A	mount	of	Eac	h Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	250.	00
Name of Employer TECG P.C.	Occupatior Surgeon	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. L. Scott Levin				Date of	Re	cein	ot			
Mailing Address Penn Medicine Center Orthopaedic Surgery				м м 02	/		19	/ Y	үүү 2015	Y
City Philadelphia	State PA	Zip Code 19104							D1543A4	C873D5
FEC ID number of contributing federal political committee.	С			Amount	0	Eac		Jeipt th	is Period 750	.00
Name of Employer	Occupation	1	_							
Duke University Medical Center	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	00 0		11							
Other (specify)		750.00	4							
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	y one)			
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NAME OF COMMITTEE (In Full) American College of Surgeor	ns Professio	nal Association PAC					_
Full Name (Last, First, Middle Initial)							
A. Warren È. Lichliter			Date of	Receipt			
Mailing Address 3409 Worth St Ste 600			04	/ D D 19	/ Y	y y 2015	Y
City Dallas	State TX	Zip Code 75246-2042		action ID : 4			94A672
		13240 2042	Amount	of Each Rec	ceipt thi	s Period	_
FEC ID number of contributing federal political committee.	С			7	7	250.	00
Name of Employer	Occupation	I					
North Texas C&R Surgery	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00]				
Full Name (Last, First, Middle Initial) B. Amy Erna Liepert	1		Date of	Receipt			
Mailing Address 600 Highland Ave G5/342 Csc				/ D D D 20	/ Y	y y 2015	Y
City	State	Zip Code		action ID : Be	6812A0		00973A
Madison	WI	53792-0001	Amount	of Each Red	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	500.	00
Name of Employer Self Employed	Occupation Surgeon						
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼		500.00	1				
Full Name (Last, First, Middle Initial) C. Keith D. Lillemoe			Date of	Receipt			
Mailing Address 55 Fruit St Massachusetts General H	ospital, Wh		06	/ D D 25	/ Y	y y 2015	Y
City Boston	State MA	Zip Code 02114-2621		action ID : B			BDD6CE
FEC ID number of contributing federal political committee.	С			of Each Rec	ceipt thi	500.	00
Name of Employer	Occupation	1					
Massachusetts General Hospital	Surgeon						
Receipt For:		Year-to-Date ▼					
Primary General	, igg. ogulo						
Other (specify)		500.00	1				
SUBTOTAL of Receipts This Page (optional))				3	1250.0	00
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ıт.			Use separate schedule(s)	(check c	only c	one)	L		
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	d Statements mathe name and a	I ay not be sold or used by any p uddress of any political committe	erson for th	ie pu contri	rpose of	soliciting rom sucl	g contribu	17 utions ttee.
	NAME OF COMMITTEE (In Full)								
\rangle	American College of Surgeon	s Professic	nal Association PAC						
Α.	Full Name (Last, First, Middle Initial) Paul Hsu-Feng Lin			Date	of R	eceipt			
	Mailing Address 105 W 8th Ave Ste 7010			04		/ D D 20	/ Y	ү ү 2015	Y
	City Spokane	State WA	Zip Code 99204-2312					5FE98E	4F0BB808 d
	FEC ID number of contributing federal political committee.	С				7		100	0.00
	Name of Employer	Occupation	1						
	Self Employed	Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		1000.00	1					
	Other (specify)		1000.00						
в.	Full Name (Last, First, Middle Initial) James Gunn Lindley Jr.			Date	of R	eceipt			
	Mailing Address 4 E Jackson Blvd Neurological Institute of Sav	vannah		Date of Receipt					Y
	City	State	Zip Code	Tra	nsac	tion ID :	BE7EDF		BF05C2C
	Savannah	GA	31405-5895	Amou	unt of	f Each R	eceipt th	nis Period	b
	FEC ID number of contributing federal political committee.	С				7		250	0.00
	Name of Employer Neurological Institute of Savannah	Occupation Surgeon	I						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		, 250.00)					
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas Christopher Litton			Date	of R	eceipt			
	Mailing Address 9239 Medical Plaza Dr			05	М	, 	/ Y	2015	Y
	City	State	Zip Code	Tra	nsac	tion ID :	101CE5	8BC8435	5D070BA
	Charleston	SC	29406-9126	Amou	unt of	f Each R	eceipt th	nis Period	b
	FEC ID number of contributing federal political committee.	С				7		50	0.00
	Name of Employer	Occupation	1						
	TriCounty Surgical Associates	Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		500.00	1					
	Other (specify)		500.00						
s	UBTOTAL of Receipts This Page (optional).							1750	0.00
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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	`		y or	ne)	(check only one)							
			Detailed Summary Page		11a 13		11b 14	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson fo	r the		pose of	soliciting	g contrib	utions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) Horace Lo Mailing Address N5755 Whitetail Ct			_	ate of		ceipt	/ Y	2015	Y					
	City Green Lake	State WI	Zip Code 54941-8831		Trans		ion ID :			C19EC81 d					
	FEC ID number of contributing federal political committee.	С					7	7	25	0.00					
	Name of Employer Rogers & Nelson Surgical Assoc. Receipt For:	Occupation Surgeon													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
в.	Full Name (Last, First, Middle Initial) Deborah Susan Loeff			Da	ate of	f Re	ceipt								
	Mailing Address Pediatric Surgery, University o <u>Mc 4062 Suite A-426</u> City	Zip Code	46	04		20	JL	2015	Y						
	Chicago	State IL	60637						5F8DA2 nis Perio	40AABA10 d					
	FEC ID number of contributing federal political committee.	C					7		25	0.00					
	Name of Employer Midwest Pediatric Surgical Assoc	Occupation Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
С.	Full Name (Last, First, Middle Initial) Robert Roman Lorenz			Da	ate of	f Re	ceipt								
	Mailing Address the Head and Neck Institute the Cleveland Clinic A-71	<u>.</u>		46	01		06	JL	2015						
	City Cleveland	State OH	Zip Code 44195-0001				-		50-ECF	-					
	FEC ID number of contributing federal political committee.	С					7			0.00					
	Name of Employer	Occupation													
	Cleveland Clinic	Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1											
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PAGE 113 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(che	eck only	y on	ne)			
			Detailed Summary Page		(11a 13		11b 14	11c	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	itions
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) Stephen W. Lu				Date of	f Re	ceipt			
	Mailing Address Department of Surgery Msc 10-5610				м м 03	/	25) / Y	2015	Ŷ
	City Albuquerque	State NM	Zip Code 87131-0001						BC36159 nis Perioc	
	FEC ID number of contributing federal political committee.	С					7		500).00
	Name of Employer	Occupation								
	University of New Mexico Receipt For:	Surgeon	Year-to-Date ▼	_						
	Primary General Other (specify) ▼		500.00							
в.	Full Name (Last, First, Middle Initial) Charles E. Lucas				Date of	f Re	ceipt			
	Mailing Address 4201 Saint Antoine St Rm 2V				м м 05	/	04	/ Y	2015	Y
	City Detroit	State MI	Zip Code 48201-2153						1582EF6 nis Perioc	
	FEC ID number of contributing federal political committee.	С					,	1		0.00
	Name of Employer Self Employed	Occupation Surgeon								
	Receipt For:	Ū	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 500.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) Fred A. Luchette				Date of	f Re	ceipt			
	Mailing Address 5000 S 5th Ave				м м 06	/	07) / Y	2015	Y
	City Hines	State IL	Zip Code 60141-3030						BB-B679 nis Perioc	
	FEC ID number of contributing federal political committee.	С					,		1000	
	Name of Employer	Occupation								
	Loyola University	Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page	×	11a 13		11	1b 4	11c 15	12 16	17
Any information copied from such Reports and St or for commercial purposes, other than using the				or the		pos	se of s	oliciting	g contribu	tions
NAME OF COMMITTEE (In Full) American College of Surgeons F										
Full Name (Last, First, Middle Initial) A. Stephen Shang-Yan Luk Mailing Address UT Southwestern Medical Cen	ter Sui		Date of Receipt							
			4	03		L	14		2015	
City Dallas	State TX	Zip Code 75390-0001				-			A756E14 his Period	F08A9D
FEC ID number of contributing federal political committee.	С					,		7	500	.00
Name of Employer	Occupation									
Trauma Program	Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. James David Luketich			[Date of	Re	ecei	eipt			
Mailing Address 30 Sweet Water Ln				м м 05	/	Γ	0 D	/ Y	y y 2015	Y
City Pittsburgh	State PA	Zip Code 15238-1901	4						09E53E7	ECE26
FEC ID number of contributing federal political committee.	С					7			250	.00
Name of Employer University Pgh Medical Center	Occupation Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. Dennis Paul Lund				Date of	Re	ecei	eipt			
Mailing Address 770 Welch Rd Lucile Packard Children's Hosp	oital			м м 04	/	ľ	D D 19	/ Y	y y 2015	Y
City Palo Alto	State CA	Zip Code 94304-1512	/						18F3B348 his Period	BF7AA2
FEC ID number of contributing federal political committee.	С					7		J	500	.00
Name of Employer	Occupation		-							
Phoenix Children"s Hospital	Surgeon									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional)		b				-			1250.	00
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	y one)			
		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17
Any information copied from such Rep or for commercial purposes, other that			person for the	purpose of s	oliciting	contribut	tions
NAME OF COMMITTEE (In Full) American College of Sul	rgeons Professio	onal Association PAC					
Full Name (Last, First, Middle Initia A. John Maa	l)		Date of	Receipt			
Mailing Address 5 Bon Air Rd Ste 101			м м 06	/ D D 30	/ Y	ү ү 2015	Y
City Larkspur	State CA	Zip Code 94939-1134		action ID : Fi			940-
FEC ID number of contributing federal political committee.	C				9	250.	.00
Name of Employer University of Californis, SF	Occupatior Surgeon	1					
Receipt For:		Year-to-Date ▼	_				
Other (specify)		250.00					
Full Name (Last, First, Middle Initia B. Charles D. Mabry MD FAC			Date of	Receipt			
Mailing Address 1801 W 40th Ave Ste 7B			04	/ D D 22	/ Y	ү ү 2015	Y
City Pine Bluff	State AR	Zip Code 71603-6964		action ID : 41			57E9C
FEC ID number of contributing federal political committee.	C					1000.	00
Name of Employer Surgeons of South Arkansas	Occupatior Surgeon	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]				
Full Name (Last, First, Middle Initia C. Juris M. Macs	l)		Date of	Receipt			
Mailing Address 1006 N H St FI 5			06	/ D D 25	/ Y	ү ү 2015	Y
City Aberdeen	State WA	Zip Code 98520-2521		action ID : 1			AFC613
FEC ID number of contributing federal political committee.	C					1000	.00
Name of Employer	Occupation	1					
Harbor Medical Group	Surgeon						
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		1000.00					
SUBTOTAL of Receipts This Page (c	pptional)				3	2250.	00
TOTAL This Period (last page this lir	ne number only)						

FOR LINE NUMBER:

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249

11c 12 15 16 1 soliciting contributions om such committee.
om such committee.
2015
1B32423542608581BF
ceipt this Period 500.00
2015
03A9233E3F47F699E8 ceipt this Period
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PAGE 117 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	/ one)			
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Any information copied from such Reports a or for commercial purposes, other than usin							
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. George Orville Maish III			Date of	Receipt			
Mailing Address 910 Madison Ave Ste 215			M M 05	/ D D 06	/ Y	ү ү 2015	Y
City Memphis	State TN	Zip Code 38103-3403		action ID : 40 of Each Red			7C387C8
FEC ID number of contributing federal political committee.	С				7	100.	00
Name of Employer UTHSC	Occupation Surgeon						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1				
Full Name (Last, First, Middle Initial) B. George Orville Maish III			Date of	Receipt			
Mailing Address 910 Madison Ave Ste 215	Ctoto	Zin Code	м м 06	/ D D D 06		у у 2015	
City Memphis	State TN	Zip Code 38103-3403		action ID: 46 of Each Red			BCF2105
FEC ID number of contributing federal political committee.	C				7	100.	00
Name of Employer UTHSC	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) C. Hope Stephanie Maki			Date of	Receipt			
Mailing Address 1000 N Oak Ave			01	/ D D 13	/ Y	2015	Y
City Marshfield	State WI	Zip Code 54449-5703		action ID : F			70C9D
FEC ID number of contributing federal political committee.	С				3	1000.	.00
Name of Employer	Occupation						
Self Employed	Surgeon						
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1000.00	1				
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)	L		
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
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American College of Surge	ons Professio	nal Association PAC						
Full Name (Last, First, Middle Initial) A. Mark A. Malangoni			Date	of R	eceipt			
Mailing Address 1617 John F Kennedy			M			/ Y	Y Y	Y
American Board of Sur	gery, Ste 860 State	Zip Code	04		19		2015	0.0.0.70
Philadelphia	PA	19103-1841			Each Re		6A01245 is Period	UAA/94
FEC ID number of contributing federal political committee.	C				7		100	.00
Name of Employer	Occupation	1	_					
Self Employed	Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		250.00	1					
Other (specify)		200.00	1					
Full Name (Last, First, Middle Initial) B. Paul James Malaspina	I		Date	of R	eceipt			
Mailing Address 4348 Colt Ln			04	M	19	/ Y	2015	Y
City	State	Zip Code				AD0F86	E8721741	76BA45
Erie	PA	16506-6618	Amou	int of	eceipt th	is Period		
FEC ID number of contributing federal political committee.	C				7		250	.00
Name of Employer Self Employed	Occupation Surgeon	1						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00	1					
Full Name (Last, First, Middle Initial) C. Joshua M.V. Mammen	1		Date	of R	eceipt			
Mailing Address Univ of Kansas, Depar 4000 Murphy Building	- Ms2005		02		04	/ Y	2015	Y
City Kansas City	State KS	Zip Code 66160-0001					7B-C8B0-	4064-
		00100-0001	Amou	int of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	7	500	.00
Name of Employer	Occupation	l						
University of Cincinnati Hospital	Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		1000.00						
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		Use separate schedule(s) for each category of the	(check onl	(check only one)						
		Detailed Summary Page	X 11a	11b	11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathematic mathematical statements and a	I ay not be sold or used by any p uddress of any political committee	erson for the	purpose of	f soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)										
American College of Surgeon	s Professic	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Joshua M.V. Mammen			Date o	f Receipt						
Mailing Address Univ of Kansas, Departmen 4000 Murphy Building - Ms2	2005		04	/ 22		ү ү 2015	Y			
City Kansas City	State KS	Zip Code 66160-0001		saction ID : t of Each F			4BD66			
FEC ID number of contributing federal political committee.	C					500	.00			
Name of Employer	Occupation	1								
University of Cincinnati Hospital	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		1000.00	1							
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) B. Peter John Mandell			Date o	f Receipt						
Mailing Address 1663 Rollins Rd			05			2015	Y			
City	State	Zip Code		action ID :			2A3C9			
Burlingame	CA	94010-2301		t of Each F						
FEC ID number of contributing federal political committee.	C					1000.	00			
Name of Employer	Occupation	1								
Self Employed	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) v		1000.00	1							
Full Name (Last, First, Middle Initial) C. Matthew Brunson Martin			Date o	f Receipt						
Mailing Address 1002 N Church St Ste 302			м м 04	/ D 19		2015	Y			
City	State NC	Zip Code		saction ID :			58997			
Greensboro	NC	27401-1449	Amoun	t of Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С					1000	.00			
Name of Employer	Occupation	1								
Central Carolina Surgery	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		1000.00								
Other (specify)		7 7 7								
SUBTOTAL of Receipts This Page (optional).				, ,	- 7	2500.	00			
TOTAL This Period (last page this line number	er only)	,								

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т	EMIZED RECEIPTS		Use separate schedule(s)	(check o	nly or	ne)			(check only one)						
			for each category of the Detailed Summary Page	X 11a		11b	11c	12	17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the		pose of	soliciting	g contribu	utions						
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) Fredrick Carl Martinez Mailing Address 1020 13th Ave			Date of Receipt											
	City Huntington	State WV	Zip Code 25701-3431		nsact			2015 107597A iis Perioo							
	FEC ID number of contributing federal political committee.	С				7	7	25	0.00						
	Name of Employer Self Employed Receipt For:	Occupation Surgeon Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00	1											
в.	Full Name (Last, First, Middle Initial) David John Martini			Date	of Re	eceipt									
	Mailing Address 104 Endicott St <u>Ste 200</u> City	State	04	04 08 2015 Transaction ID : BCF0FBD2-CCE2-4FDC											
	Danvers	StateZip CodeMA01923-3623						is Period							
	FEC ID number of contributing federal political committee.	С				5		500	0.00						
	Name of Employer Mass General Physicians Org.	Occupation Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1											
С.	Full Name (Last, First, Middle Initial) Peter Theodore Masiakos			Date	of Re	eceipt									
	Mailing Address Massachusetts General Hosp Department of Ped Surgery W	rn1159	Zin Onda	03		D D D 13	L	2015	_						
	City Boston	State MA	Zip Code 02114					3A975A4 nis Perioc	308A1C3						
	FEC ID number of contributing federal political committee.	С				7			0.00						
	Name of Employer	Occupation	I	_											
	Massachusetts General Hospital	Surgeon													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					7		1250	0.00						

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ידו	EMIZED RECEIPTS	Use separate schedule(s)		(check on	(check only one)									
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	y information copied from such Reports and s for commercial purposes, other than using th			erson for the	purpose c	of soliciting	g contribut	tions						
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC											
Α.	Full Name (Last, First, Middle Initial) Chad Mathis			Date o	of Receipt									
	Mailing Address 120 Cahaba Valley Pkwy Ste 100			06	06 30 <u>Y Y Y Y Y</u>									
	City Pelham	State AL	Zip Code 35124-1187		saction ID nt of Each			48BB-						
	FEC ID number of contributing federal political committee.	С					1000	.00						
	Name of Employer	Occupation												
	Alabama Bone and Joint Receipt For:	Orthopedic												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]										
	Full Name (Last, First, Middle Initial) Kenneth L. Mattox			Date o	of Receipt									
	Mailing Address 1 Baylor Plz Bmc 390	g Address 1 Baylor Plz Bmc 390						Y						
	City Houston	State TX	Zip Code 77030-3411		Transaction ID : 4FBA9EBBD7DE5372F									
	FEC ID number of contributing federal political committee.	С					200	.00						
	Name of Employer Self-Employed	Occupation Surgeon	I											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]										
	Full Name (Last, First, Middle Initial) Kenneth L. Mattox			Date o	of Receipt									
	Mailing Address 1 Baylor Plz Bmc 390						2015	Y						
	City Houston	State TX	Zip Code 77030-3411		saction ID			0BFFFB						
	FEC ID number of contributing federal political committee.	С					200	.00						
	Name of Employer	Occupation	I											
	Self-Employed	Surgeon												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1200.00]										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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ITEMIZED RECEIPTS	for each cat Detailed Su	tegory of the mmary Page	X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeor	s Professional Associ	ation PAC	
Full Name (Last, First, Middle Initial) A. Kenneth L. Mattox Mailing Address 1 Baylor Plz Bmc 390 City Houston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code TX 77030-34 ⁴ C Occupation Surgeon Aggregate Year-to-Date ▼		Date of Receipt 04 25 2015 Transaction ID : 4D73A1A067B8A99D6F Amount of Each Receipt this Period 200.00
City Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth L. Mattox Mailing Address 1 Baylor Plz Bmc 390 City	State Zip Code	1200.00	Date of Receipt 05 25 2015 Transaction ID : 4B3B9839EB34C14ED1
Houston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	TX 77030-341 C Occupation Surgeon Aggregate Year-to-Date ▼	1200.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Kenneth L. Mattox Mailing Address 1 Baylor PIz Bmc 390 City Houston FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 77030-341	11	Date of Receipt 06 25 2015 Transaction ID : 4E429AED127382BA838 Amount of Each Receipt this Period 200.00
Self-Employed Receipt For: Primary General Other (specify) ▼	Surgeon Aggregate Year-to-Date ▼	1200.00	
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl		F	600.00

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) American College of Surgeons	s Professio	onal Association PAC								
Full Name (Last, First, Middle Initial) A. Kenneth F. Mattucci			Date of Receipt							
Mailing Address 1640 Grandview Dr PO Box 324			M M / D D / Y Y Y Y Y 04 20 2015							
City Orient	State NY	Zip Code 11957-1603	Transaction ID : 76BBFD1986EE447B80 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer Retired	Occupation Surgeon	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) B. G. Patrick Maxwell			Date of Receipt							
Mailing Address 2020 21st Ave S			05 01 _2015 _							
City Nashville	State TN	Zip Code 37212-4354	Transaction ID : 4EC991B968F8404BAE Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer Maxwell Aesthetics	Occupatior Surgeon	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name (Last, First, Middle Initial) C. Wassim M. Mazraany			Date of Receipt							
Mailing Address 15 Stoneybrook Cir			01 13 2015							
City Andover	State MA	Zip Code 01810-6409	Transaction ID : 7EC0528098AC21BBB Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer	Occupation	1								
Self Employed Receipt For:	Surgeon									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1							
SUBTOTAL of Receipts This Page (optional)			750.00							
TOTAL This Period (last page this line numbe	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11 14		11c 15	12	17
Any information copied from such Reports a or for commercial purposes, other than usin				or the		pos	se of s	oliciting	g contribu	tions
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Stacey Louise Mazzacco Mailing Address 2104 Harrisburg Pike PO Box 3200, Ste 200 City Lancaster FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State PA C Occupation Surgeon Aggregate	Year-to-Date ▼			/ acti	ion	05		2015 D5DFCE7 his Period 500	FFCFD4
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. David B. McAneny Mailing Address Boston Medical Center Fgh Building, Suite 5003		500.00		Date of	[:] Re		ipt 22	/ Y	2015	Ŷ
City Boston FEC ID number of contributing federal political committee.	State MA	Zip Code 02118							9 A5EBB: his Period 750	
Name of Employer Boston University Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 750.00]							
Full Name (Last, First, Middle Initial) Mary C. McCarthy Mailing Address 128 E Apple St Wright State University D City Dayton FEC ID number of contributing federal political committee. Name of Employer Miami Valley Hospital Receipt For: Primary General Other (specify) ▼	State OH C Occupation Surgeon	Zip Code 45409-2902 Year-to-Date ▼ 500.00			/ acti	ion	14 1 D : 4	9242B	2015 A93E7A4 nis Period 500	EF0925
SUBTOTAL of Receipts This Page (optiona	al)								1750	.00
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PAGE 125 OF

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			Detailed Summary Page		11a 13		11b 14	11c	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	tions		
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Philip E. McCarthy				Date of		ceipt					
	Mailing Address 825 Washington St Ste 270				м м	1	04	/ Y	2015	Y		
	City Norwood	State MA	Zip Code 02062-3449						5F897D0D nis Period	0138CB		
	FEC ID number of contributing federal political committee.	С					7		250	.00		
	Name of Employer	Occupation										
	Self Employed	Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Amy Ann McDonald				Date of	f Re	ceipt					
	Mailing Address 270 Parkside Dr				м м 04	/	D D 19	/ Y	ү ү 2015	Y		
	City Bay Village	State OH	Zip Code 44140-2544						EF3C140 nis Period	2B8120		
	FEC ID number of contributing federal political committee.	С					9		250	.00		
	Name of Employer Self Employed	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
С.	Full Name (Last, First, Middle Initial) Ricky Lynn McElreath		, ,		Date of	f Re	ceipt					
	Mailing Address 75 Pringle Way Ste 1002				м м 04	/	29	/ Y	2015	Y		
	City Reno	State NV	Zip Code 89502-1475						ADC0768	9DA341		
	FEC ID number of contributing federal political committee.	С					,	, j	250	0.00		
	Name of Employer	Occupation										
	Western Surgical Group	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)		•••••				7		750	.00		
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _ _ .

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	-	Use separate schedule(s)	(check o	only o	ne)			
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NAME OF COMMITTEE (In Full)	5							
American College of Surge	ons Professic	nal Association PAC						
Full Name (Last, First, Middle Initial) A. Charles T. McHugh			Date	of R	eceipt			
Mailing Address PO Box 699			0		20	/ Y	ү ү 2015	Y
City Baileyville	State ME	Zip Code 04694-0699					22B51EF	84BF16
FEC ID number of contributing federal political committee.	C				л I		500	.00
Name of Employer	Occupation	1						
Self Employed	Surgeon							
	Aggregate	Year-to-Date ▼						
Other (specify) ▼		500.00						
Full Name (Last, First, Middle Initial) B. Rohini McKee			Date	of R	eceipt			
Mailing Address 2211 Lomas Blvd NE UNM-Department of Su	irgery, MS 5610		0		29	/ Y	2015	Y
City	State	Zip Code					B-7BAD-	4327-
Albuquerque	NM	87106-2719	Amo	unt of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_	7		500.	00
Name of Employer University of New Mexico	Occupation colorectal s							
Receipt For:		Year-to-Date ▼						
Primary General Other (specify) ▼		500.00	1					
Full Name (Last, First, Middle Initial)			Date	of R	eceipt			
Mailing Address 5771 Whippoorwill Way	/		0		05	/ Y	2015	Y
City Carmel	State IN	Zip Code 46033-8963					F6C23655	A44C4B
FEC ID number of contributing federal political committee.	C				7	,		.00
Name of Employer	Occupation	l						
Indiana University School of Medicine	Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		300.00]					
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ITF			Use separate schedule(s) for each category of the	(check onl	y one)								
			Detailed Summary Page	X 11a	11b	11c	12	17					
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	purpose o	of soliciting	contribut	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC										
A .	Full Name (Last, First, Middle Initial) Daniel McKenna			Date o	f Receipt								
	Mailing Address 5771 Whippoorwill Way			06	/ D		2015	Y					
	City Carmel	State IN	Zip Code 46033-8963	Trans	saction ID t of Each	: 4192BE	CA898AA	1AE441A					
	FEC ID number of contributing federal political committee.	С				3	50	.00					
	Name of Employer	Occupation											
	Indiana University School of Medicine Receipt For:	Surgeon		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
	Full Name (Last, First, Middle Initial) James Martin McLoughlin			Date of	f Receipt								
	Mailing Address 1926 Alcoa Hwy Ste 330						2015	Y					
	City Knoxville	State TN	Zip Code 37920-1547	Transaction ID : 3DCDD881-9CCD-46F4 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	ů – Elektrik				3	250	.00					
	Name of Employer University of TN - Knoxville	Occupation Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
	Full Name (Last, First, Middle Initial) John McNelis			Date o	f Receipt								
	Mailing Address Department of Surgery Jacobi Medical Center - Room		7. 0.1	04	20	0	ү 2015						
	City Bronx	State NY	Zip Code 10461		saction ID t of Each			5869496					
	FEC ID number of contributing federal political committee.	С					250	.00					
	Name of Employer	Occupation		_									
	Wintrhop Surgical Associates	Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
			9-1-9-1-00-1-	·			550.	00					
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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IT	EMIZED RECEIPTS	Use separate schedule(s) for each category of the			eck only	y on	, L					
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$\left/ \right.$	NAME OF COMMITTEE (In Full)											
/	American College of Surgeons F	rofessio	nal Association PAC									
A.	Full Name (Last, First, Middle Initial) James McQuiston				Date of	f Re	ceipt					
	Mailing Address 17375 Hall Rd				м м 05	/	D D D 28	/ Y	2015]	
	City Macomb	State MI	Zip Code 48044-4060				on ID : A				2DD2	
	FEC ID number of contributing federal political committee.	С					7	,		50.00		
	Name of Employer	Occupation		-								
	Northeast Surgical Group	Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.								
	Other (specify) ▼		300.00									
в.	Full Name (Last, First, Middle Initial) James McQuiston				Date of	f Re	ceipt					
	Mailing Address 17375 Hall Rd				м м 06	/	29	/ Y	2015		1	
	City	State	Zip Code			acti	on ID : 4	40A3818			266D	
	Macomb	MI	48044-4060		Amount	t of	Each R	eceipt th	nis Peri	iod		
	FEC ID number of contributing federal political committee.	С					9			50.00		
	Name of Employer Northeast Surgical Group	Occupation										
	Receipt For:	Surgeon		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
с.	Full Name (Last, First, Middle Initial) John Meara				Date of	f Re	ceipt					
	Mailing Address Department of Plastic Surgery Boston Children's Hospital				м м 04	/	D D 19	/ Y	2015]	
	City Boston	State MA	Zip Code 02115	-			ion ID :				5AAE43	
	FEC ID number of contributing federal political committee.	С			Amouri		Each Ro			500.00)	
	Name of Employer	Occupation		_								
	Boston Children's Hospital	Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		500.00									
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	NAME OF COMMITTEE (In Full) American College of Surgeon	s Professio	nal Association PAC							
A.	Full Name (Last, First, Middle Initial) W. Scott Melvin				Date of	Re	eceipt			
	Mailing Address 3400 Bainbridge Ave FI 4				м м 05	/	04		2015	Y
	City Bronx	State NY	Zip Code 10467-2404						BFD79784 his Period	
	FEC ID number of contributing federal political committee.	С					7		500	0.00
	Name of Employer Ohio State Univ. Physcians Inc. Receipt For:	Occupation Surgeon Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
в.	Full Name (Last, First, Middle Initial) Mariana I. Mendible				Date of	Re	eceipt			
	Mailing Address 1259 Albair Rd		Zip Code		м м 03	1	D 13		2015	Y
	City Caribou	State ME						12190615 his Period		
	FEC ID number of contributing federal political committee.	C					,		100	0.00
	Name of Employer Heinz Health Services	Occupation Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]						
— C.	Full Name (Last, First, Middle Initial) Mariana I. Mendible				Date of	Re	eceipt			
	Mailing Address 310 Deer Track Trl				м м 04	/	13		ү ү 2015	Y
	City Clinton	State NC	Zip Code 28328-3124						33B2F97E	
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer	Occupation								
	Heinz Health Services	Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the			(check only one)							
			Detailed Summary Page		11a 13		11b 14	11c		12 16	17		
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	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Mariana I. Mendible Mailing Address 310 Deer Track Trl City Clinton FEC ID number of contributing	State NC	Zip Code 28328-3124			sacti	13 ion ID :	13 13 10: 479C96DA9802212A89 ch Receipt this Period					
	federal political committee. Name of Employer Heinz Health Services Receipt For: Primary General Other (specify) ▼	C Occupation Surgeon Aggregate	Year-to-Date ▼ 600.00				·	7		100.	0		
в.	Full Name (Last, First, Middle Initial) Mariana I. Mendible Mailing Address 310 Deer Track Trl			_	ate o M M		ceipt 13)15	Y		
	City Clinton FEC ID number of contributing	State Zip Code NC 28328-3124				Transaction ID : 4926A16F8ACA Amount of Each Receipt this Peric							
	federal political committee. Name of Employer Heinz Health Services Receipt For: Primary General Other (specify) ▼	Occupation Surgeon	Year-to-Date ▼ 600.00				7	7		100.0			
C.	Full Name (Last, First, Middle Initial) Faith Abbe Menken Mailing Address 325 E 79th St			_	ate o		ceipt	D /		Y			
	City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary □ General Other (specify) ▼	State NY Occupation Surgeon Aggregate	Zip Code 10075-0954 Year-to-Date ▼ 250.00		01 Trans	sacti	14 ion ID		20 17451)15 DAD0	805B6		
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N N	AME OF COMMITTEE (In Full) AMErican College of Surgeons						utions	from su		ommitte	90.
A. M M Ci F F f f f f c	III Name (Last, First, Middle Initial) Aichael Metzler ailing Address 3614 Green Spring Dr ty ort Collins EC ID number of contributing deral political committee. ame of Employer blorado Health Medical Group eceipt For: Primary General Other (specify) ▼	State CO C Occupation Surgeon Aggregate	Zip Code 80528-7176 Year-to-Date ▼ 250.00	T	01 rans	/ acti			2 38C7		B78BA
B. C M Ci S Ff fe Ni M	III Name (Last, First, Middle Initial) Daniel Bernard Michael ailing Address 29275 Northwestern Hwy Ste 100 ty outhfield EC ID number of contributing deral political committee. ame of Employer HSI ecceipt For: Primary General Other (specify) ▼	State MI C Occupation Surgeon Aggregate	Zip Code 48034-5700 Year-to-Date ▼ 500.00	T	03 rans	/ actie			861D		Ύ В2А9АЕ
C. [M Ci S Ff fe N	ull Name (Last, First, Middle Initial) Daniel Bernard Michael ailing Address 29275 Northwestern Hwy ste 100 ty southfield EC ID number of contributing deral political committee. ame of Employer HSI ecceipt For: Primary General Other (specify) ▼	State MI C Occupation Surgeon Aggregate	Zip Code 48034-5700 Year-to-Date ▼ 500.00		03 rans	/ acti			20 D5CB		<u>39A9735</u>
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American College of Surg	eons Professio	nal Association PAC							
Full Name (Last, First, Middle Initial) A. Fabrizio Michelassi				ate of	f Re	eceipt			
Mailing Address Weill Cornell Medical Department of Surger	-			м м 04	/	D D D 19	/ Y	2015	Y
City New York	State NY	Zip Code 10065						8480D84	B98837E
FEC ID number of contributing federal political committee.	C					,	7	1000	0.00
Name of Employer	Occupation	l							
Weill Cornell Medical College	Surgeon								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial)									
B. Mary Jeannine Milroy				ate of	f Re	eceipt			
Mailing Address 1104 W 8th St Yankton Medical Clini	ic.			м = м 05	1	20	/ Y	2015	Y
City	State	Zip Code	- L L		acti		17A2495	511CAF4	06BC6D
Yankton	SD	57078-3306						nis Perioc	
FEC ID number of contributing federal political committee.	C					7		1000).00
Name of Employer Yankton Medical Clinic	Occupation Surgeon	I							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00]						
Full Name (Last, First, Middle Initial) C. Gayle Minard				ate of	f Re	eceipt			
Mailing Address 910 Madison Ave Fl 2				м м 03	/	23	/ Y	2015	Y
City Memphis	State TN	Zip Code 38103-3403						034650F7 his Perioc	7EC08C2
FEC ID number of contributing federal political committee.	C			anoun					3.33
Name of Employer	Occupation	1							
Univ of TN	Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) v		1499.98	1						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than	using the name and address of any political commi	
American College of Sur	geons Professional Association PAC	
Full Name (Last, First, Middle Initial) A. Gayle Minard		Date of Receipt
Mailing Address 910 Madison Ave		M M / D D / Y Y Y Y
Fl 2		04 22 2015
City	State Zip Code TN 38103-3403	Transaction ID : 33DC630F1F9C27353C6
Memphis	TN 38103-3403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Univ of TN	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1499.98	
Other (specify)	1493.30	
Full Name (Last, First, Middle Initial) B. Gayle Minard		Date of Receipt
Mailing Address 910 Madison Ave Fl 2		04 23 2015
City	State Zip Code	Transaction ID : 4101A426FA6A38C7744C
Memphis	TN 38103-3403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Univ of TN	Occupation Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.98	
Full Name (Last, First, Middle Initial) C. Gayle Minard		Date of Receipt
Mailing Address 910 Madison Ave FI 2		05 23 2015
City	State Zip Code	Transaction ID : 4490B1BA8BEAB0462A2
Memphis	TN 38103-3403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
Univ of TN	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1499.98	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page ny information copied from such Reports and Statements may not be sold or used by any r for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initial) Gayle Minard Mailing Address 910 Madison Ave F1 2 City State Memphis FEC ID number of contributing federal political committee. Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	
r for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initial) 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. Name of Employer Occupation Univ of TN Receipt For: Aggregate Year-to-Date ▼	Date of Receipt 06 / 23 / 2015 Transaction ID : 42E0B249E992C4E61D1 Amount of Each Receipt this Period
American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initial) 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. Name of Employer Univ of TN Receipt For: Aggregate Year-to-Date ▼	M M / D / Y
Full Name (Last, First, Middle Initial) 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. Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	M M / D / Y
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. Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	M M / D / Y
FI 2 City State Zip Code Memphis TN 38103-3403 FEC ID number of contributing federal political committee. C C Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	06 23 2015 Transaction ID : 42E0B249E992C4E61D1 Amount of Each Receipt this Period
City State Zip Code Memphis TN 38103-3403 FEC ID number of contributing federal political committee. Image: Committee	Transaction ID : 42E0B249E992C4E61D1 Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee. C Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	
federal political committee. Occupation Name of Employer Occupation Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	83.33
Univ of TN Surgeon Receipt For: Aggregate Year-to-Date ▼	
Receipt For: Aggregate Year-to-Date ▼	
Aggregate feat-to-Date V	
Primary General	
Other (specify) V	
Full Name (Last, First, Middle Initial) Andrew J. Minardi Jr.	Date of Receipt
Mailing Address 809 Cherry St	
	01 13 2015
City State Zip Code	Transaction ID : 0170B37254A37E29B81
Mamou LA 70554-2223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation Self Employed Surgeon	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) Joseph Paul Minei	Date of Receipt
Mailing Address Department of Surgery/Btcc Ut Southwestern Medical Center	03 13 2015
City State Zip Code	Transaction ID : 2DCB8DAC5CC24114A5
Dallas TX 75390-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation	—
UT Southwestern Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify)	
	833.33
SUBTOTAL of Receipts This Page (optional)	

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	y information copied from such Reports and for commercial purposes, other than using			erson for th		pose of	soliciting	contribut	tions		
\rangle	NAME OF COMMITTEE (In Full) American College of Surgeon	s Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Raul Ari Mirande			_		eceipt					
	Mailing Address 2664 Campus Dr			05		20	/ Y	2015	Y		
	City Klamath Falls	State OR	Zip Code 97601-1105					8CFE930 iis Period	C7618A		
	FEC ID number of contributing federal political committee.	С			_	7		250	.00		
	Name of Employer	Occupation	1								
	Self Employed	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
В.	Full Name (Last, First, Middle Initial) Jacob Moalem			Date	of R	eceipt					
	Mailing Address 601 Elmwood Ave # Surg			02		20	/ Y	ү ү 2015	Y		
	City Rochester	State NY	Zip Code 14642-0001					5716F0AE iis Period	37F12DD		
	FEC ID number of contributing federal political committee.	С				7	- 7	208	.33		
	Name of Employer University of Rochester	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1211.65]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Jacob Moalem			Date	of Re	eceipt					
	Mailing Address 601 Elmwood Ave # Surg			02		D D D 28	/ Y	y y 2015	Y		
	City Rochester	State NY	Zip Code 14642-0001					BDE6837	5DC2875		
	FEC ID number of contributing federal political committee.	С				y		170	.00		
	Name of Employer	Occupation	l								
	University of Rochester	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1211.65	1							
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	y information copied from such Reports and for commercial purposes, other than using the				or the		pose of	soliciting	g contribu	itions
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
A.	Full Name (Last, First, Middle Initial) Jacob Moalem			[Date o	of Re	eceipt			
	Mailing Address 601 Elmwood Ave # Surg				м м 03	/	20	/ Y	2015	Y
	City Rochester	State NY	Zip Code 14642-0001						7E82779 nis Period	1376C24
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	Name of Employer	Occupation								
	University of Rochester Receipt For:	Surgeon	Veer te Dete 🗮	_						
	Primary General Other (specify) ▼	Aggregale	Year-to-Date ▼ 1211.65							
в.	Full Name (Last, First, Middle Initial) Jacob Moalem	1			Date o	of Re	eceipt			
	Mailing Address 601 Elmwood Ave # Surg				м м 03	/	31	/ Y	2015	Y
	City Rochester	State NY	Zip Code 14642-0001	<i>F</i>					1383A1B nis Perioc	77F641F
	FEC ID number of contributing federal political committee.	C					л. I.		170	0.00
	Name of Employer University of Rochester	Occupation Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1211.65							
<u> </u>	Full Name (Last, First, Middle Initial) Jacob Moalem				Date o	of Re	eceipt			
•.	Mailing Address 601 Elmwood Ave # Surg				M M 04		20	/ Y	2015	Y
	City Rochester	State NY	Zip Code 14642-0001						4299BE5	0ECE412
	FEC ID number of contributing federal political committee.	С					,		20	8.33
	Name of Employer	Occupation								
	University of Rochester	Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1211.65							
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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
American College of Surgeo	ons Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. Jacob Moalem			Date of Receipt
Mailing Address 601 Elmwood Ave			M = M / D = D / Y = Y = Y
# Surg City	State	Zip Code	05 20 2015 Transaction ID : 4840AC4C957C8C7B1B*
Rochester	NY	14642-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.33
Name of Employer	Occupation	1	—
University of Rochester	Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1211.65]
Full Name (Last, First, Middle Initial) B. Jacob Moalem			Data of Descript
Mailing Address 601 Elmwood Ave # Surg			Date of Receipt
City	State	Zip Code	Transaction ID : 4B08AAAB647BA62BB9
Rochester	NY	14642-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		208.33
Name of Employer University of Rochester	Occupation	1	
Receipt For:	Surgeon	Year-to-Date ▼	
Other (specify) ▼	Aggregate	1211.65	1
Full Name (Last, First, Middle Initial) C. Frederick Alan Moore			Date of Receipt
Mailing Address 1600 SW Archer Rd PO Box 100108, # M-60	2		03 13 2015
City Gainesville	State FL	Zip Code 32610-3003	Transaction ID : 9E57FA87373E436BAF8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation	1	-
University of Florida College of Medic	Surgeon		
	Aggregate	Year-to-Date ▼	
Other (specify)		500.00]
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PAGE 138 OF

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\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Laura Moore			Da	te of	Re	ceipt				
	Mailing Address Univ of Texas Hsc at Houston Msb 4.292				 05	/	20		y y 201	ү ү 15	1
	City Houston	State TX	Zip Code 77030					3F5A1 Receipt			3982
	FEC ID number of contributing federal political committee.	С					,	7		250.0	0
	Name of Employer Self Employed	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Michael Ryan Moore			Da	te of	Re	ceipt				
	Mailing Address 105 W 8th Ave Ste 7010				м 05	/	04		y y 201	у у 5	
	City Spokane	State WA	Zip Code 99204-2312					8FD322 Receipt			6D51
	FEC ID number of contributing federal political committee.	С					7			500.0	0
	Name of Employer Columbia Surgical Specialists	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name (Last, First, Middle Initial) John Cary Moorhead			Da	te of	Re	ceipt				
	Mailing Address 915 Gessner Rd Ste 225				м 05	/	20		y y 201		
	City Houston	State TX	Zip Code 77024-2518					: C8509 Receipt			93B41
	FEC ID number of contributing federal political committee.	С					7	7		250.0	0
	Name of Employer	Occupation		-							
	TX ENT Specialists	Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American College of Surgeons P	rofessional Association PAC	
Full Name (Last, First, Middle Initial) A. Raymond F. Morgan Mailing Address PO Box 800376 University of Virginia Health Sys City Charlottesville FEC ID number of contributing federal political committee. Name of Employer Univ of Virginia Receipt For:	State Zip Code VA 22908-0376 C C Occupation Surgeon	Date of Receipt 02 19 2015 Transaction ID : 93CFB7261D811CAE9F9 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Receipt For:	State Zip Code TN 38120-2122 C Occupation Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Jason C. Morvant	2500.00	Date of Receipt
Mailing Address 4207 E Old Spanish Trl City New Iberia FEC ID number of contributing federal political committee. Name of Employer Iberia medical center Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70560-0791 C C Occupation Surgeon Aggregate Year-to-Date ▼ 300.00	Model 20 2015 Transaction ID : 4E46B84E293A2669E1C0 Amount of Each Receipt this Period 50.00
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NAME OF COMMITTEE (In Full) American College of Surge	ons Professic	onal Association PAC							
Full Name (Last, First, Middle Initial) Jason C. Morvant Mailing Address 4207 E Old Spanish Tr			Date of Receipt						
City New Iberia	State LA	Zip Code 70560-0791	06 20 2015 Transaction ID : 4446886AC2037EDBCF Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer Iberia medical center Receipt For: Primary General	Occupation Surgeon Aggregate	Year-to-Date ▼							
Gther (specify) ▼ Full Name (Last, First, Middle Initial)		300.00]						
B. Joseph C. Muller Mailing Address 10830 Martin Creek Xir	ng	Date of Receipt							
City Fort Wayne	State IN	Zip Code 46845-8977	Transaction ID : 3FBDF658B1CF1D493C Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer Colorectal Clinic of Orlando	Occupation Surgeon	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) C. Peter Clark Muskat			Date of Receipt						
Mailing Address Department of Surgery			03 / D D / Y Y Y Y Y 25 2015						
City San Francisco	State CA	Zip Code 94143-0001	Transaction ID : 2D156254FCFB9DD44C Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer San Francisco General Hospital	Occupatior Surgeon	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
SUBTOTAL of Receipts This Page (optio	nal)		800.00						
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NAME OF COMMITTEE (In Full) American College of Surg	eons Professio	onal Association PAC					
Full Name (Last, First, Middle Initial) Collin Lewis Myers Mailing Address 7057 Augusta Nation	al		Date of	Receipt	/	YY	Y
City	State	Zip Code	04	19 action ID : Fe	L.	2015	4FBC57
Fayetteville	PA	17222-9419		of Each Red			420001
FEC ID number of contributing federal political committee.	C					250.	00
Name of Employer	Occupation	l					
Summit Health Receipt For: Primary General	Surgeon Aggregate	Year-to-Date ▼	1				
Other (specify)		250.00					
Full Name (Last, First, Middle Initial) B. Stephen Wayne Myrick			Date of	Receipt			
Mailing Address 330 Arkansas St Lgs Suite 202			05	/ D D 05	/ Y	2015	Y
City Lawrence	State KS	Zip Code 66044-1335		action ID : 69 of Each Rec			D630E
FEC ID number of contributing federal political committee.	С					250.0	00
Name of Employer Self Employed	Occupation Surgeon	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1				
Full Name (Last, First, Middle Initial) C. Deepak Gopalan Nair			Date of	Receipt			
Mailing Address 600 N Cattlemen Rd Ste 220			01	/ D D D 13		2015	Y
City Sarasota	State FL	Zip Code 34232-6422		action ID : E			276C3
FEC ID number of contributing federal political committee.	C			,	1	500.	00
Name of Employer	Occupation	1					
Self Employed Receipt For:	Surgeon						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1				
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American College of Surgeons	Professional Association PAC	
Full Name (Last, First, Middle Initial) David Victor Nasrallah Mailing Address 3333 N Calvert St Ste 655B City Baltimore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21218-2867 C Occupation Surgeon Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Russell J. Nauta Mailing Address Mount Auburn Hospital Department of Surgery City Cambridge FEC ID number of contributing federal political committee. Name of Employer Mount Auburn Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code MA 02138 C Occupation Surgeon Aggregate Year-to-Date ▼	Date of Receipt 04 19 2015 Transaction ID : 60C549017F1A4A1FA73D Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Leigh A. Neumayer Mailing Address Mailing Address 1501 N Campbell Ave PO Box 245066, Rm 4410 City Tucson FEC ID number of contributing federal political committee. Name of Employer Utah University Receipt For: Primary General Other (specify)	State Zip Code AZ 85724-0001 C Occupation Occupation Surgeon Aggregate Year-to-Date ▼ 600.00	Date of Receipt 03 / 03 / 2015 Transaction ID : 43B6AC7F6EA8F83709C5 Amount of Each Receipt this Period 100.00
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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NAME OF COMMITTEE (In Full) American College of Surg	eons Professio	onal Association PAC				
Full Name (Last, First, Middle Initial) A. Samuel Selby Newman			Date of R	eceipt		
Mailing Address 870 Squire Oaks Dr					2015	Y
City Villa Hills	State KY	Zip Code 41017-1341	Transac	tion ID : E213DC	0E5E9061	0E190
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Full Name (Last, First, Middle Initial) B. Seth L. Newman		250.00	Data of R	essint		
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PAGE 145 OF

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NAME OF COMMITTEE (In Full) American College of Surgeor	ns Professio	nal Association PAC	
Full Name (Last, First, Middle Initial) Earl M. Norman Mailing Address Department of Surgery Western Michigan Universe City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer Michigan State University Receipt For: Primary General Other (specify) ▼	State MI C Occupation Surgeon	Zip Code 49008-8058 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) James M. Nottingham Mailing Address Usc Department of Surger 2 Richland Medical Park S City Columbia FEC ID number of contributing federal political committee. Name of Employer USC Department of Surgery Receipt For: Primary General Other (specify) ▼	Suite 300 State SC C Occupation Surgeon	Zip Code 29203 Year-to-Date ▼ 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Timothy James Novosel Mailing Address 1027 Graydon Ave City Norfolk FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State VA C Occupation Surgeon Aggregate	Zip Code 23507-1209 Year-to-Date ▼ 250.00	Date of Receipt
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A.	Full Name (Last, First, Middle Initial) William F. Nowlin Mailing Address 1200 Roosevelt PI City Valparaiso FEC ID number of contributing federal political committee.	State IN C	Zip Code 46383-3707			/ acti	19 ion ID : 4	B1CDE	nis Period	Y 44D39897		
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Patricia J. Numann Mailing Address 323 Highland Ave				Date of	Re	ceipt	/ Y	y y 2015	Y		
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С.	Full Name (Last, First, Middle Initial) Patricia A. O'Neill			D	ate o	f Re	ceipt				
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Full Name (Last, First, Middle Initial) A. Patricia A. O'Neill			D	ate of	f Re	eceipt			
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в.	Full Name (Last, First, Middle Initial) Shawn Harry Obi				Date of	f Re	ceipt				
	Mailing Address 2570 Andrew Thomas Trl				м м 05	/	20	/ Y	_2015		1
	City Ann Arbor	State MI	Zip Code 48103-8323				on ID : A		897345	5EFE	8648
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С.	Full Name (Last, First, Middle Initial) Atsuko Okabe				Date of	f Re	ceipt				
	Mailing Address PO Box 44814				м м 05	/	D D 10	/ Y	2015		1
	City Nottingham	State MD	Zip Code 21236-6814				ion ID : : Each Re		63-9DD	C-43	3E-
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Α.	Full Name (Last, First, Middle Initial) Stanley Eromonsele Okosun			_	ate o					
	Mailing Address 2300 S 16th St				м м 03	/	14) / Y	2015	Y
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В.	Full Name (Last, First, Middle Initial) Frank George Opelka			D	ate o	f Re	eceipt			
	Mailing Address 20 F St NW American College of Surgeons	, Ste			м м 02	/	20		2015	Y
	City Washington	State DC	Zip Code 20001-6701						4CF943D his Period	3040E6B
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A.	Full Name (Last, First, Middle Initial) Rocco Orlando III				Date of	Re	eceipt			
	Mailing Address 1 State St FI 19				м – м 06	/	30		ү ү 2015	Y
	City Hartford	State CT	Zip Code 06103-3102						15-3B57-4 iis Period	47F-
	FEC ID number of contributing federal political committee.	С					7		250	.00
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	Hartford Healthcare	Surgeon								
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	Other (specify) ▼		250.00							
B.	Full Name (Last, First, Middle Initial) Frank Thomas Padberg Jr.				Date of	Re	eceipt			
	Mailing Address Doctors Office Center Center for Vascular Disease	e, Suite			01	1	30		y y 2015	Y
	City	State NJ	Zip Code						D676A91	ADE02
	Newark	INJ	07103-2499		Amount	of	Each F	Receipt th	iis Period	
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	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00]						
с.	Full Name (Last, First, Middle Initial) James Michael Parker				Date of	Re	eceipt			
	Mailing Address 38 Laureate Dr				01	1	13		2015	Y
	City	State CT	Zip Code						FF98FCA	CB50F9
	Middletown	UI	06457-5156		Amount	of	Each F	Receipt th	is Period	
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Darin L. Passer Mailing Address 21414 Indian Hills Rd				Date o		eceipt) / Y	Y Y	/ Y	
	City Albert Lea	State MN	Zip Code 56007-4207					5E7C59 Receipt t		6-462	:0-
	FEC ID number of contributing federal political committee.	С					1	, j		50.00)
	Name of Employer Self	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
B.	Full Name (Last, First, Middle Initial) Lisa A. Patterson				Date o	f Re	eceipt				
	Mailing Address Baystate Medical Center Department of Surgery	Ctoto	Zin Code		м м 03		25		2015		
	City Springfield	State MA	Zip Code 01199-0001	A				8C0217 Receipt t			EF37
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	Name of Employer Baystate Medical Center	Occupation Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
с.	Full Name (Last, First, Middle Initial) David George Pauls				Date o	f Re	eceipt				
	Mailing Address 1133 College Ave Ste E220				м м 05	1	05		2015		1
	City Manhattan	State KS	Zip Code 66502-2817	-			-	6D5EEC			4789
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	Surgical Assoc. PA	Surgeon									
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

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	EMIZED RECEIPTS		Use separate schedule(s) (for each category of the			(check only one)					
1			Detailed Summary Page		11a 13		11b 14	11c	12	17	
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	r the		pose of	soliciting	g contrib	utions	
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Benjamin Daniel Paysinger Jr. Mailing Address 141 River Birch Ln			_	ate of 01		eceipt	/ Y	y y 2015	Ý	
	City Columbia	State SC	Zip Code 29206-4960						B4251B7		
	FEC ID number of contributing federal political committee.	С					7	5	50	0.00	
	Name of Employer Self Employed	Occupation Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
в.	Full Name (Last, First, Middle Initial) James J. Peck			Da	ate of	Re	ceipt				
	Mailing Address 7095 SW Benham Ct				05	1	01	/ Y	ү ү 2015	Y	
	City Portland	State OR	Zip Code 97225-6051						848DDE nis Period	3C8B6FB	
	FEC ID number of contributing federal political committee.	С					,		100	0.00	
	Name of Employer Self Employed	Occupation Surgeon									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1000.00								
с.	Full Name (Last, First, Middle Initial) William Wade Peery			Da	ate of	Re	ceipt				
	Mailing Address 225 Hospital Dr Twin County Surgery				05	1	05	/ Y	у у 2015	Y	
	City Galax	State VA	Zip Code 24333-2228						DFC58F	556C192	
	FEC ID number of contributing federal political committee.	С					7	7	25	0.00	
	Name of Employer	Occupation									
	Blue Ridge Surgical Associates P.C.	Surgeon		_							
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00	1							
s	UBTOTAL of Receipts This Page (optional)						7		1750	0.00	
т	OTAL This Period (last page this line number	only)		. [,	,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 155 OF

ITEMIZED RECEIPTS		Detailed Summary Page		11a 13		11 14		11c 15		12 16	17
Any information copied from such Reports and St or for commercial purposes, other than using the				or the		pos	se of s	oliciting		ntributi	ons
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC									
Full Name (Last, First, Middle Initial) A. Carlos A. Pellegrini Mailing Address PO Box 356410 University of Washington City Seattle FEC ID number of contributing federal political committee. Name of Employer University of Washington Receipt For: Primary General Other (specify) ▼	State WA C Occupation Surgeon Aggregate	Zip Code 98195-6410 Year-to-Date ▼ 1500.00			/ acti	ion	19 1D : E		20 43D		6A3DA
Full Name (Last, First, Middle Initial) T. Pendurthi Mailing Address 3600 Fairview St City Bethlehem	State PA	Zip Code 18017-8923			/ acti	ion	20 ID:8		20 C4D)E95A0
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Surgeon Aggregate	Year-to-Date ▼ 500.00				7		7		500.0	00
Full Name (Last, First, Middle Initial) Emily Jane Penman Mailing Address 4701 Ogletown Stanton Rd Hfgcc West Entrance Suite 150 City Newark FEC ID number of contributing federal political committee. Name of Employer Christiana Care Receipt For:	State DE C Occupation Surgeon				/ acti	ion	20 ID:A		20 88 B6		C7B01
Primary General Other (specify) ▼	Ayyreyale	Year-to-Date ▼ 500.00	L,		_				_		
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SCHEDULE A (FEC Form 3X) -

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		Use separate schedule(s)	(check only	one)								
		for each category of the Detailed Summary Page	X 11a	11b 110		<u> </u>						
Any information copied from such Reports or for commercial purposes, other than us	and Statements ma	y not be sold or used by any p ddress of any political committee	erson for the p to solicit con	14 15 ourpose of solici tributions from s	ting contribut	tions ee.						
NAME OF COMMITTEE (In Full) American College of Surge	ons Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) A. Roger Ronald Perry			Date of	Receipt								
Mailing Address 825 Fairfax Ave	_		M	/ D D /	Y Y Y	Y						
Department of Surgery City	Evms State	Zip Code	04 Transa	20 action ID : DD9F	2015 ACE031864	8A3BFE						
Norfolk	VA	23507-1914		of Each Receip								
FEC ID number of contributing federal political committee.	С				250	.00						
Name of Employer	Occupation											
Eastern Virginia Medical School	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00]									
Full Name (Last, First, Middle Initial) B. Michael A. Person			Date of	Receipt								
Mailing Address 911 E 20th St Surgical Institute of So			м м 05	/ D D / 01	2015	Y						
	State SD	Zip Code		action ID : 17993		56FFF						
Sioux Falls	30	57105-1049	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С				500.	00						
Name of Employer Surgical Institute of South Dakota	Occupation Surgeon											
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼	Aggregate	500.00	1									
Full Name (Last, First, Middle Initial) C. Walter Russell Peters Jr.			Date of	Receipt								
Mailing Address 3220 Bluff Creek Dr Ste 100			M M 04	/ D D / 22	у у у 2015	Y						
City Columbia	State MO	Zip Code 65201-3525		action ID : AE33		F3DF49						
	WIO	05201-5525	Amount	of Each Receip	t this Period							
FEC ID number of contributing federal political committee.	C				5000	.00						
Name of Employer	Occupation											
Columbia Surgical Associates	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		5000.00	1									
SUBTOTAL of Receipts This Page (optio	nal)				5750.	00						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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TEMIZED RECEIPTS	for each categor		11a	1-	1b	11c	12	
	Detailed Summa	ry Page	13	14		15	16	17
Any information copied from such Reports and St or for commercial purposes, other than using the								tions
NAME OF COMMITTEE (In Full) American College of Surgeons F	Professional Association	on PAC						
Full Name (Last, First, Middle Initial) A. Anne Elizabeth Petersen]	Date of	Rece				
Mailing Address 1241 W Stadium Blvd	State Zip Code		05 -		01	/ Y	2015	
Jefferson City	MO 65109-6023	A					1D199C	DC0693
FEC ID number of contributing federal political committee.	C					7	1000	.00
Name of Employer Jefferson City Medical Group	Occupation Surgeon							
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼	1000.00						
Full Name (Last, First, Middle Initial) B. Christopher Peter Poje			Date of	Rece	eipt			
Mailing Address 3580 Sheridan Dr Ste 115			м м 05	/	D D 18	/ Y	y y 2015	Y
City Buffalo	StateZip CodeNY14226-1647	A					973D330 s Period	C11E4E
FEC ID number of contributing federal political committee.	C			- 1		7	50	.00
Name of Employer Children's Hospital of Buffalo	Occupation Surgeon							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00						
Full Name (Last, First, Middle Initial) C. Christopher Peter Poje			Date of	Rece	eipt			
Mailing Address 3580 Sheridan Dr Ste 115			м м 06	1	D D 18	/ Y	y y 2015	Y
City Buffalo	StateZip CodeNY14226-1647	A					901E180 s Period	89C84
FEC ID number of contributing federal political committee.	С			,			50	.00
Name of Employer	Occupation							
Children's Hospital of Buffalo	Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) ▼		300.00						
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11	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	ck onl	y or	ne)			
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Ar	y information copied from such Reports an for commercial purposes, other than using	d Statements ma	A not be sold or used by any p	erson fo	or the	pur pur	pose of	soliciting	g contribu	utions
			adress of any political contribute	5 10 501	UIL UU	na IU	70110115 I	IUIII SUC		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeor	is Professio	nal Association PAC							
A .	Full Name (Last, First, Middle Initial) Travis Polk			D	ate o	f Re	eceipt			
	Mailing Address 3809 Surry Rd				м м 03	/	13	/ Y	ү ү 2015	Y
	City Virginia Beach	State VA	Zip Code 23455-1623						FB86724	1247B2E4
	FEC ID number of contributing federal political committee.	С					<u>т</u>		500	0.00
	Name of Employer	Occupation								
	Self Employed	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
в.	Full Name (Last, First, Middle Initial) John William Poole			D	ate o	f Re	eceipt			
	Mailing Address 240 Sunset Ave				м м 06	/	10	/ Y	ү ү 2015	Y
	City	State	Zip Code		Trans	acti	ion ID :	C463C5	4A515EA	1337B4
	Ridgewood	NJ	07450-2421	A	moun	t of	Each R	eceipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С					7	- 7	500	0.00
	Name of Employer Holy Name Hspital	Occupation Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Raymond Richard Price			D	ate o	f Re	eceipt			
	Mailing Address 5169 S Cottonwood St Intermountain Surgical Sp				м м 04	/	16	/ Y	ү ү 2015	Y
	City	State	Zip Code				-		E850E03	
	Murray	UT	84107-6769	A	moun	t of	Each R	eceipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С					7	,	50	0.00
	Name of Employer	Occupation								
	Salt Lake Clinic	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check onl	y one)			
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NAME OF COMMITTEE (In Full)							
American College of Surgeons	Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. R. Richard Rasmussen			Date o	f Receipt			
Mailing Address 3550 N University Ave Ste 250			03	/ D 17) / Y	ү ү 2015	Y
City Provo	State UT	Zip Code 84604-6685		saction ID : t of Each F			43D4-
FEC ID number of contributing federal political committee.	С					250	.00
Name of Employer	Occupation						
Self Employed	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		, 250.00	1				
Full Name (Last, First, Middle Initial) B. Allen Gregory Rebchook			Date o	f Receipt			
Mailing Address 2265 9th Ave			01	/ D 1		y y 2015	Y
City	State	Zip Code		action ID :			5DE-
Havre	MT	59501-5220	Amoun	t of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					500	.00
Name of Employer Self Employed	Occupation Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		500.00]				
Full Name (Last, First, Middle Initial) C. Donald Reed Jr.			Date o	f Receipt			
Mailing Address 10505 Woodland Rdg W			04	/ 16		2015	Y
City Fort Wayne	State IN	Zip Code 46804-8303		saction ID : t of Each F			011E22
FEC ID number of contributing federal political committee.	С					125	.00
Name of Employer	Occupation						
Donald Reed Jr., MD PC	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		250.00					
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PAGE 160 OF

		Use separate schedule(s)	(check onl	y one)								
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Any information copied from such Reports a or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) American College of Surgeo	ns Professio	nal Association PAC										
American College of Ourgeo	13110163310											
Full Name (Last, First, Middle Initial) A. Thomas Ellis Reeve III			Date o	f Receipt								
Mailing Address 157 Clinic Ave Ste 302			04	/ D D D	/ Y	2015	Y					
City Carrollton	State GA	Zip Code 30117-4454		saction ID : E		FAD29993	2ACC19					
FEC ID number of contributing federal political committee.	С			7	, j	1000.	00					
Name of Employer Carrollton Surgical Group P.A.	Occupation Surgeon											
Receipt For: Primary General Other (specify) ▼	Ŭ	Year-to-Date ▼ 1000.00]									
Full Name (Last, First, Middle Initial) B. Patrick M. Reilly			Date o	f Receipt								
Mailing Address 3400 Spruce St 5 Maloney		Zip Code	03		/ Y	y y 2015	Y					
City Philadelphia	State PA	Transaction ID : 4DCD178EBA5F419 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			7	- 7	250.	00					
Name of Employer Univ of PA	Occupation Surgeon											
Receipt For: Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) C. H. David Reines			Date o	f Receipt								
Mailing Address 3300 Gallows Rd Health Science Library			M M 04	/ D D 19	/ Y	у у 2015	Y					
City Falls Church	State VA	Zip Code 22042-3307		saction ID : 7 t of Each Re			ADFAF4					
FEC ID number of contributing federal political committee.	С			7		250.	.00					
Name of Employer	Occupation											
Inova Fairfax	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
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ITEMIZ	ED RECEIPTS		Use separate schedule(s) for each category of the	(chec		y on	ı r	11-			
			Detailed Summary Page		11a 13		11b 14	11c 15	12 16		17
or for cor NAME Ame	mation copied from such Reports and S nmercial purposes, other than using the OF COMMITTEE (In Full) erican College of Surgeons I ame (Last, First, Middle Initial)	name and a	ddress of any political committee								S
	avid Richardson			Da	ate of	f Re	ceipt				
Mailing	g Address Univ. of Louisville; Departmen Acb 2nd Floor	t of			м м 02	1	19	/ Y	2015		
City		State	Zip Code			acti	ion ID : 1	1666A5			4DE
Louis	/ille	KY	40202	Ar	nount	t of	Each Re	eceipt th	nis Perio	bd	
	D number of contributing I political committee.	С					3	7	100	00.00	
Name	of Employer	Occupation									
	sity of Louisville	Surgeon		_							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1000.00								
Full N	ame (Last, First, Middle Initial)			_							
	en Marie Rieger			Da	ate of	f Re	ceipt				
	9 Address 545 Barnhill Dr Em 215				и м 04	/	22	/ Y	2015	Y	
City Indian	apolis	State IN	Zip Code 46202-5112				on ID : A Each Re				<u>D7B5</u>
	D number of contributing I political committee.	С					,	7	25	50.00	
Name IUMC	of Employer	Occupation Surgeon									
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	Primary General Other (specify) v		, 250.00								
	ame (Last, First, Middle Initial) n Paul Rioux			Da	ate of	f Re	ceipt				
	Address 21260 Olean Blvd Ste 200				01	/	30	/ Y	2015	Y	
City Port C	Charlotte	State FL	Zip Code 33952-6742				i on ID : / Each Re				305E
	D number of contributing I political committee.	С					,	,		00.00	
Name	of Employer	Occupation									
Self		Surgeon		_							
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00								
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\backslash	NAME OF COMMITTEE (In Full)		_							
\sum	American College of Surgeon	is Professio	nal Association PAC							
Α.	Full Name (Last, First, Middle Initial) Melville Parker Roberts III			D	ate of	Rec	eipt			
	Mailing Address 10 Andover Rd Casco Bay Surgery				и м 04	/	D D	/ Y	ү ү 2015	Y
	City Portland	State ME	Zip Code 04102-1954						E 0-13D4- is Period	
	FEC ID number of contributing federal political committee.	С				,		7	1000	0.00
	Name of Employer	Occupation								
	Casco Bay Surgery Receipt For:	Surgeon								
	Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify)		1000.00							
в.	Full Name (Last, First, Middle Initial) Patricia Lynne Roberts			Da	ate of	Rec	eipt			
	Mailing Address 41 Mall Rd Lahey Hospital and Medica	al Center			05	/	20	/ Y	у у 2015	Y
	City	State	Zip Code		ransa	actio	on ID : 5	0EE8B7	70E19407	73B8E0
	Burlington	MA	01805-0001	Ar	nount	of E	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						7	250	.00
	Name of Employer Lahey Clinic	Occupation Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
с.	Full Name (Last, First, Middle Initial) Ronald David Robertson			Da	ate of	Rec	eipt			
	Mailing Address 4301 W Markham St Slot 520				и м 05	1	25	/ Y	ү ү 2015	Y
	City Little Rock	State AR	Zip Code 72205-7101						60F211E	09EC94F
	FEC ID number of contributing federal political committee.	С			nount	,		,		.66
	Name of Employer	Occupation								
	Self Employed	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		266.64	11						
	Other (specify)		266.64							
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	y information copied from such Reports and s for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Ronald David Robertson Mailing Address 4301 W Markham St Slot 520 City Little Rock	State AR	Zip Code 72205-7101		M /	25		2015 78674C5I nis Period					
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Surgeon Aggregate	Year-to-Date ▼ 266.64			g		41	.66				
в.	Full Name (Last, First, Middle Initial) Marc Stephen Rocklin Mailing Address 4735 E 91st St Ste 200 City	State	Zip Code	Date of 05	M /	20	/ Y 4BC526	2015 611E5815					
	Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	OK C Occupation Surgeon Aggregate	74137-2806 Year-to-Date ▼ 250.00	Amour	nt of	Each Re	eceipt th	iis Period 250	.00				
C.	Full Name (Last, First, Middle Initial) Grant V. Rodkey Mailing Address 24 Marcia Rd City Watertown FEC ID number of contributing federal political committee. Name of Employer VA Boston Health Care System Receipt For:	State MA C Occupation Surgeon	Zip Code 02472-4920		M /	20	6874A2I	2015 B57F9AF iis Period 500					
s	Primary General Other (specify) ▼ UBTOTAL of Receipts This Page (optional)		500.00		-	7	7	791	.66				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14		11c 15	12	17
Any information copied from such Reports a or for commercial purposes, other than using				or the p		oose o		oliciting	contribu	tions
American College of Surgeo	ns Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) Charles B. Rodning Mailing Address 2451 Fillingim St Mastin #716 City Mobile FEC ID number of contributing federal political committee. Name of Employer University of South Alabama Receipt For: Primary General Other (specify) ▼	State AL C Occupation Surgeon Aggregate	Zip Code 36617-2238 Year-to-Date ▼ 500.00			/ acti	05	; : F3		2015 0249343 is Period 500	C3915
Full Name (Last, First, Middle Initial) Ann Marie Rogers Mailing Address 324 Candlewyck Ln City Hershey FEC ID number of contributing federal political committee. Name of Employer Hershey Medical Center Receipt For: Primary General Other (specify) ▼	State PA C Occupation Surgeon Aggregate	Zip Code 17033-1878 Year-to-Date ▼ 400.00			/ acti	17 on ID :	, : 16	1298A	2015 2-E93F-4 is Period 250	15F-
Full Name (Last, First, Middle Initial) C. Chand Rohatgi Mailing Address 3735 Nazareth Rd Ste 103 City Easton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State PA C Occupation Surgeon Aggregate	Zip Code 18045-8345 Year-to-Date ▼ 250.00			/ acti	20 ion ID) : 16		2015 956F34D is Period 250	CBA434
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			for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	17				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC											
Α.	Full Name (Last, First, Middle Initial) Gene S. Rosenberg Mailing Address 20 Prospect Ave			_	Date of				N V	. Y				
	Ste 719				м м 06	/	10	/ ү	2015	Y				
	City Hackensack	State NJ	Zip Code 07601-1974						367DEAC nis Perioc	D5A79F				
	FEC ID number of contributing federal political committee.	С					,		50	0.00				
	Name of Employer	Occupation		-										
	University Urology Associates	Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
— B	Full Name (Last, First, Middle Initial) Mario Mauricio Rossbach				Date of	f Ro	coint							
υ.	Mailing Address 26511 Weiss Fels						13	/ Y	2015	Y				
	City New Braunfels	State TX	Zip Code 78132-4661	Transaction ID : FD716A81B6164C7F4 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		500	0.00				
	Name of Employer Mission Cardiovascular Consultants	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
— С.	Full Name (Last, First, Middle Initial) Michael F. Rotondo				Date of	f Re	eceipt							
-	Mailing Address Ceo/Univ of Rochester Medica Univ of Rochester Medical Cer				м м 03		20	/ Y	2015	Y				
	City Rochester	State NY	Zip Code 14642-0001						5B0A4FI nis Period	F0C6B70				
	FEC ID number of contributing federal political committee.	С					л. Т.		50	0.00				
	Name of Employer	Occupation												
	E Carolina University School of Medici	Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7	7	1500	0.00				
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SCHEDULE A (FEC Form 3X) _ _ _ _ .

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IT	EMIZED RECEIPTS		Use separate schedule(s) (c for each category of the			(check only one)							
			Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17			
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\rangle	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Chad A. Rubin Mailing Address 18 Otranto Ln				Date of	_	ceipt	у / ү	YY	Y			
	City Columbia	State SC	Zip Code 29209-0827						2015 23ADC71 his Period	4E6A5F4			
	FEC ID number of contributing federal political committee.	С					7	1.7	3000	0.00			
	Name of Employer Surgical Associates of South Carolina Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 3000.00										
в.	Full Name (Last, First, Middle Initial) Valerie W. Rusch Mailing Address Thoracic Service, Box 7				Date of	f Re	ceipt) / Y	YY	Y			
	Memorial Sloan-Kettering Cane City New York	cer Ce State NY	Zip Code 10065	03 12 2015 Transaction ID : 684C02E7343497 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		750	0.00			
	Name of Employer Memorial Sloan Kettering Cancer Center	Occupation Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1450.00										
C.	Full Name (Last, First, Middle Initial) Valerie W. Rusch				Date of	f Re	ceipt						
	Mailing Address Thoracic Service, Box 7 Memorial Sloan-Kettering Cand		7.0.1		м м 06		10	_ L	2015	_			
	City New York	State NY	Zip Code 10065						2D50F15 nis Perioc	5A1BB6D			
	FEC ID number of contributing federal political committee.	С					9		70	0.00			
	Name of Employer	Occupation											
	Memorial Sloan Kettering Cancer Center	Surgeon		_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1450.00										
s	UBTOTAL of Receipts This Page (optional)		•				7	- 7	4450	0.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 167 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13] 11 14	-	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the				or the p		pos	se of s	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) American College of Surgeons I	Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Kathryn Lynn Rutan Mailing Address 1008 Vineyard Ct City Chesapeake FEC ID number of contributing	State VA	Zip Code 23322-8874			/ acti	ion	22		nis Perioo	B1A8BB
federal political committee. Name of Employer United States Navy Receipt For: Primary General Other (specify) ▼	C Occupation Surgeon Aggregate	Year-to-Date ▼ 500.00				7		- 15	50	0.00
Full Name (Last, First, Middle Initial) B. Jeffrey Paul Salomone Mailing Address Department of Surgery Maricopa Medical Center City Phoenix	State AZ	Zip Code 85008			/ actie	on	03 ID : 4		2015 79C0C47 iis Period	731CF9B8
FEC ID number of contributing federal political committee. Name of Employer Emory Univ Receipt For:	C Occupation Surgeon Aggregate	Year-to-Date ▼ 300.00							50	0.00
Full Name (Last, First, Middle Initial) Jeffrey Paul Salomone Mailing Address Department of Surgery Maricopa Medical Center City Phoenix FEC ID number of contributing federal political committee. Name of Employer Emory Univ Receipt For: Primary General Other (specify) ▼	State AZ C Occupation Surgeon Aggregate	Zip Code 85008 Year-to-Date ▼ 300.00			/ acti	ion	03		nis Perioo	30190B32
SUBTOTAL of Receipts This Page (optional)				-		,	-	- 7	600).00

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

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PAGE 168 OF

Т	EMIZED RECEIPTS		Use separate schedule(s) (c for each category of the			(check only one)						
			Detailed Summary Page		11a 13		11b	11c	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contribu	itions		
	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Brian Joseph Santin				Date o	f Re	ceipt					
	Mailing Address 630 W Main St Ste 200				2015	Y						
	City Wilmington	State OH	Zip Code 45177-2172						16-75E8- iis Perioc			
	FEC ID number of contributing federal political committee.	С					,		250).00		
	Name of Employer	Occupation										
	Self-Employed Receipt For:	Vascular Su	-									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
<u> </u>	Full Name (Last, First, Middle Initial) Heena Pravin Santry				Date o	f Re	ceipt					
	Mailing Address 55 Lake Ave N Department of Surgery				м м 03	/	13	/ Y	2015	Y		
	City Worcester	State MA	Zip Code 01655-0002						649DC7	4F7D8CC6		
	FEC ID number of contributing federal political committee.	С					5		250	0.00		
	Name of Employer Self-Employed	Occupation Surgeon										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
	Full Name (Last, First, Middle Initial) Terry Sarantou		A	-	Date o	f Re	ceipt					
	Mailing Address 1021 Morehead Medical Dr Carolinas Medical Center, Ste	6200			м м 04		19	/ Y	y y 2015	Y		
	City Charlotte	State NC	Zip Code 28204-2994						FBDC744 iis Perioc	ECCABF		
	FEC ID number of contributing federal political committee.	С					7			0.00		
	Name of Employer	Occupation										
	Blumethal Cancer Center	Surgeon										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
_	Other (specify)		7 7 7									
s	UBTOTAL of Receipts This Page (optional)						7		750	.00		
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 169 OF

TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12									
		Detailed Summary Page	13 14 15 16									
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) Michael Duke Sarap Mailing Address 100 Clark Ct City	State	Zip Code	Date of Receipt									
Cambridge FEC ID number of contributing federal political committee.	С	43725-9395	Amount of Each Receipt this Period									
Name of Employer SE Ohio Physicians Inc. Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 250.00]									
Full Name (Last, First, Middle Initial) B. Jonathan William Sastic Mailing Address 449 Main St			Date of Receipt									
City Oneonta FEC ID number of contributing federal political committee.	State NY	Zip Code 13820-2028	05 20 2015 Transaction ID : C461D9B59350F1021 Amount of Each Receipt this Period 300.00									
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 300.00]									
Full Name (Last, First, Middle Initial) C. Mark Thomas Savarise Mailing Address 5126 W Daybreak Pkwy University of Utah South Jorda City South Jordan	<u>an He</u> State UT	Zip Code 84095-5994	Date of Receipt									
FEC ID number of contributing federal political committee. Name of Employer Selkirk General Surgery Receipt For: Primary General Other (specify) ▼	C Occupation Surgeon Aggregate	Year-to-Date ▼ 500.00	500.00									
SUBTOTAL of Receipts This Page (optional)			1050.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 170 OF

TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
American College of Surgeons P	rofessional Association PAC	
Full Name (Last, First, Middle Initial) Jonathan Mark Saxe Mailing Address 941 Olde Sterling Way		Date of Receipt
City	State Zip Code	
Dayton	OH 45459-3158	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
	Occupation Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) B. Steven Schechter		Date of Receipt
Mailing Address 334 East Ave		01 13 _2015 _
City	State Zip Code	Transaction ID : 88EF3F8DFCAE0F4D89E
Pawtucket	RI 02860-3889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
PL Coloroctal Clinic	Occupation Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Paul Joseph Schenarts		Date of Receipt
Mailing Address Department of Surgery University of Nebraska Medical		03 / P D / Y Y Y Y 25 2015
City Omaha	State Zip Code NE 68198-3280	Transaction ID : 95B2F5AA46A4FFEA064
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
	Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00]
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 171 OF

			Detailed Summary Page		11a		11b		11c	12	
	r information copied from such Reports and										
	or commercial purposes, other than using the	ie name and a	ouress of any political committee	e to sol	ICIT COP	itrib	utior	is fro	m such	ı commi	
\	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC								
A.	Full Name (Last, First, Middle Initial) Rick Jeffrey Schmidt				Date of	Re	ceip	t			
I	Mailing Address 308 Signature Ct				м м 01	/		D 13	/ Y	у у 2015	Y
(City	State	Zip Code		Trans	acti	ion I	D : F	FCDBD	EB8BE7	70B429 [,]
-	Safety Harbor	FL	34695-5436	A	mount	of	Eacl	n Re	ceipt th	is Period	1
	EC ID number of contributing ederal political committee.	С					7		7	25	0.00
1	Name of Employer	Occupation		\neg							
	Self Employed	Surgeon									
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		250.00]							
	Full Name (Last, First, Middle Initial) Sherwin Phan Schrag	1			Date of	Re	ceip	t			
I	Mailing Address 208 Shearwater Ct W Apt 52				м м 05	/		04	/ Y	2015	Y
	City	State	Zip Code		Trans	acti	on II	D : E	ECED6	37906E0	542D2F
-	Jersey City	NJ	07305-5429	A	mount	of	Eacl	n Re	ceipt th	is Period	ł
	FEC ID number of contributing ederal political committee.	С					,		7	500	0.00
	Name of Employer Self-employed	Occupation Surgeon									
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name (Last, First, Middle Initial) Gregory A. Schultz	<u> </u>			Date of	Re	ceip	t			
	Mailing Address 1305 W 18th St PO Box 5039				м м 05	/		01	/ Y	y y 2015	Y
(Dity Sioux Falls	State SD	Zip Code 57105-0401	A						5EA81C	
	FEC ID number of contributing ederal political committee.	С					7		7	25	0.00
1	Name of Employer	Occupation		_							
	Self Employed	Surgeon									
	Receipt For:		Year-to-Date ▼								
	Primary General			1							
	Other (specify)		250.00								
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			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC											
A.	Full Name (Last, First, Middle Initial) Marshall Z. Schwartz				Date of	Re	ceipt							
	Mailing Address St. Christopher's Hospital for C Department of Surgery	hi		01 14 2015										
	City Philadelphia	State PA	Zip Code 19134						7782BE0 nis Period	F90CEC				
	FEC ID number of contributing federal political committee.	С					,	7	1000	.00				
	Name of Employer St. Chistopher's Hospital	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 545 Barnhill Dr FI 5				M M 03	/	28	/ Y	ү ү 2015	Y				
	City Indianapolis	State IN	Transaction ID : 44A7AFFFAE8AB21909 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	, , , , , , , , , , , , , , , , , , , ,											
	Name of Employer Indiana University	Occupation Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00											
С.	Full Name (Last, First, Middle Initial) Don Jay Selzer				Date of	Re	ceipt							
	Mailing Address 545 Barnhill Dr FI 5				м м 04	/	D D 22	/ Y	y y 2015	Y				
	City Indianapolis	State IN	Zip Code 46202-5112						E6058E3	AFD032				
	FEC ID number of contributing federal political committee.	С					, .			.00				
	Name of Employer	Occupation		-										
	Indiana University	Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00											
s	UBTOTAL of Receipts This Page (optional)		••••••				7	- 7	1585	00				
т	OTAL This Period (last page this line number of	only)	•	•			7	7						

SCHEDULE A (FEC Form 3X) _ _ _ . _ _ _ _ _ _ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	Ay not be sold or used by any p ddress of any political committed	erson for the e to solicit co	purpose ontributions	15 of soliciting from such	16 g contribut h committe	17 ions ee.
NAME OF COMMITTEE (In Full)							
American College of Surgeor	ns Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Don Jay Selzer			Date o	f Receipt			
Mailing Address 545 Barnhill Dr Fl 5			04	/ 2		2015	Y
City Indianapolis	State IN	Zip Code 46202-5112		saction ID	: 46EABE Receipt th	27917D72	B4F4C2
FEC ID number of contributing federal political committee.	С			3		85.	00
Name of Employer Indiana University	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]				
Full Name (Last, First, Middle Initial) B. Don Jay Selzer			Date o	f Receipt			
Mailing Address 545 Barnhill Dr FI 5	0 : 1		05	/ D 2	_	2015	Y
City Indianapolis	State IN	Zip Code 46202-5112			: 4822A0E Receipt th		243E8C
FEC ID number of contributing federal political committee.	С					85.	00
Name of Employer Indiana University	Occupation Surgeon	1	_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]				
Full Name (Last, First, Middle Initial) C. Don Jay Selzer			Date o	f Receipt			
Mailing Address 545 Barnhill Dr FI 5			м – м 06	/ D 2		2015	Y
City Indianapolis	State IN	Zip Code 46202-5112			c: 478FA99 Receipt th		560F07
FEC ID number of contributing federal political committee.	С					85.	00
Name of Employer	Occupation	l					
Indiana University	Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00	1				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
			13 14 15 16 17									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American College of Surgeo	ns Professio	onal Association PAC										
Full Name (Last, First, Middle Initial) A. Paresh C. Shah			Date of Receipt									
Mailing Address 530 1st Ave			M = M / D = D / Y = Y = Y									
Director Division of Gener		Zin Oada	03 03 2015									
City New York	State NY	Zip Code 10016-6402	Transaction ID : 4AB19F90F6E77DA0472C Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		75.00									
Name of Employer	Occupation	1										
Lennox Hill	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		450.00]									
Full Name (Last, First, Middle Initial) B. Paresh C. Shah			Date of Receipt									
Mailing Address 530 1st Ave Director Division of Gener	ral Surge		04 03 _2015 _									
City	State	Zip Code	Transaction ID : 481DB505EB21D982BF31									
New York	NY	10016-6402	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		75.00									
Name of Employer Lennox Hill	Occupation Surgeon	1										
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		450.00]									
Full Name (Last, First, Middle Initial) C. Paresh C. Shah			Date of Receipt									
Mailing Address 530 1st Ave Director Division of Gene	ral Surge		05 03 _2015 _									
City	State	Zip Code	Transaction ID : 49DBB6A81FC939544CBI									
New York	NY	10016-6402	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		75.00									
Name of Employer	Occupation	1										
Lennox Hill	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		450.00]									
SUBTOTAL of Receipts This Page (optiona	l)		225.00									
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	-	Use separate schedule(s)	(check of	only c	one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committer	erson for tl et solicit	ne pu contri	14 rpose of butions	15 f soliciting from such	16 contribut committ	tions ee.					
NAME OF COMMITTEE (In Full)													
American College of Surgeor	ns Professio	nal Association PAC											
Full Name (Last, First, Middle Initial) A. Paresh C. Shah			Date	of R	eceipt								
Mailing Address 530 1st Ave	1.0		M		/		Y Y Y	Y					
Director Division of Genera City	State	Zip Code	06 03 2015 Transaction ID : 416DA44644E6CE75CE9										
New York	NY	10016-6402				Receipt th							
FEC ID number of contributing federal political committee.	С				,		75	.00					
Name of Employer	Occupation												
Lennox Hill	Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		450.00											
Full Name (Last, First, Middle Initial) B. David Michael Shahian			Date	of R	eceipt								
Mailing Address 31 Crescent Ln			0		/ 01		2015	Y					
City	State	Zip Code	Tra	nsac	tion ID :	746340B		97E-					
Sudbury	MA	01776-1674	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				,	7	250.	00					
Name of Employer MGH	Occupation Surgeon												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		250.00	1										
Full Name (Last, First, Middle Initial) C. David Shapiro			Date	of R	eceipt								
Mailing Address 61 Ridgebrook Dr			0		/ 13		2015	Y					
City	State CT	Zip Code	Tra	ansac	tion ID	: 38CBB2	9519AA4	E89B8DF					
West Hartford	CI	06107-3337	Amo	unt o	f Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				,		500	.00					
Name of Employer	Occupation												
St. Francis Hospital Receipt For:	Surgeon												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1										
SUBTOTAL of Receipts This Page (optional)				7		825.	00					
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) American College of Surgeor	ns Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) Robert Haley Shaw Mailing Address 3401 Springhill Dr	State AR C Occupation Surgeon Aggregate	Zip Code 72117-2928 Year-to-Date ▼ 250.00	Date of Receipt									
Full Name (Last, First, Middle Initial) B. Edwin W. Shearburn III Mailing Address Grand View Surgical Asso Sellersville Outpatient Cer City	nter	Zin Code	Date of Receipt									
Sellersville FEC ID number of contributing federal political committee.	State PA	Zip Code 18960	Transaction ID : 4E17B82A127098DBE263 Amount of Each Receipt this Period 100.00									
Name of Employer Grand View Surgical Associates Receipt For: Primary General Other (specify)	Occupation Surgeon Aggregate	Year-to-Date ▼ 600.00]									
Full Name (Last, First, Middle Initial) Edwin W. Shearburn III Mailing Address Grand View Surgical Asso Sellersville Outpatient Cer City Sellersville FEC ID number of contributing federal political committee. Name of Employer Grand View Surgical Associates Receipt For: Primary General	State PA C Occupation Surgeon	Zip Code 18960 Year-to-Date ▼	Date of Receipt 04 11 2015 Transaction ID : 4946928C36D139A387 Amount of Each Receipt this Period									
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	600.00	450.00									
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 177 OF 249 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X11a11b11c121314151617
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Surgeons	e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Edwin W. Shearburn III Mailing Address Grand View Surgical Associa Sellersville Outpatient Center City Sellersville FEC ID number of contributing federal political committee. Name of Employer Grand View Surgical Associates Receipt For: Primary General Other (specify)		Date of Receipt
Full Name (Last, First, Middle Initial) B. Edwin W. Shearburn III Mailing Address Grand View Surgical Associat Sellersville Outpatient Center City Sellersville FEC ID number of contributing federal political committee. Name of Employer Grand View Surgical Associates Receipt For: Primary General Other (specify) ▼		Date of Receipt
Full Name (Last, First, Middle Initial) C. Carol Beth Sheridan Mailing Address 14287 Chariots Whisper Dr City Carmel FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code IN 46074-8198 C Occupation Occupation Surgeon 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		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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Mailing Address 140 Grand Ave City State Zip Code Englewood NJ 07631-6581 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed Surgeon Surgeon Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ State Zip Code Mailing Address Chairman, Department of Surgery George Washington Date of Receipt Name of Employer Occupation State City State Zip Code Mailing Address Chairman, Department of Surgery George Washington Date of Receipt Name of Employer Occupation Surgeon Receipt For: C 20037 Veterens Administration Surgeon Aggregate Year-to-Date ▼ Name of Employer Occupation Surgeon Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General Ofter (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 250.00		EMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		111		11c	12	<u> </u>			
American College of Surgeons Professional Association PAC American College of Surgeons Professional Association PAC Full Name (Last, First, Middle Initia) A. Steven Paul Shiklar Mailing Address 140 Grand Ave City Bedge of Complexe Name of Employer Souppoint Bedge of Complexe Mailing Address Chaiman, Department of Surgery Aggregate Year-to-Date ▼ City Beschipt For: City Beschipt For: City George Washington University Ma City State City State City George Washington University Ma City George Washington University Ma City City Bare of Employer Occupation Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State <						or the		pos	e of s	oliciting	contribu			
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federal political committee. 250.00 Name of Employer US Veterens Administration Surgeon Receipt For: Difference Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Richard A. Sidwell Date of Receipt Mailing Address 1415 Woodland Ave Ste 140 Date of Receipt City State Zip Code Des Moines IA 50309-3203 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Name of Employer Occupation Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		•												
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Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Name of Employer	Occupation		-									
Primary General Other (specify) ▼ 500.00			Surgeon											
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate											
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ITEMIZED RE	CEIDTS		Use separate schedule(s)	(che	eck only	/ one)				
			for each category of the Detailed Summary Page		11a 13			11c 15	12 16	17
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NAME OF COMI	, ,	s Professio	nal Association PAC							
Full Name (Last, A. Kristen Cavin	First, Middle Initial) ness Sihler				Date of	Rece	ipt			
	887 Congress St Ste 210				м м 04	/	D D 19	/ Y	ү ү 2015	Y
City Portland		State ME	Zip Code 04102-3166				ID:0B ach Rece		/8217445 s Period	1F84A9
FEC ID number federal political c	0	С				- 7		7	500	.00
Name of Employ Maine Medical Co Receipt For:	enter	Occupation Surgeon Aggregate	Year-to-Date ▼							
	First, Middle Initial)		500.00	_						
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City Gulfport		State MS	Zip Code 39507-3855				ID : 483 ach Rece			0B1D74C
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Name of Employ Gulf Coast Vetera	er ans Healthcare System	Occupation Surgeon								
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 300.00							
Full Name (Last, C. Kenneth Be	First, Middle Initial) rnard Simon				Date of	Rece	ipt			
	2255 Switzer Rd Apt J203				м м 06	L L	D D 12		y y 2015	
City Gulfport		State MS	Zip Code 39507-3855				1D : 49 ach Rece	-	0782327 s Period	BE5B75
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Name of Employ	er ans Healthcare System	Occupation Surgeon								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	/ one)			
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Any information copied from such Reports or for commercial purposes, other than usin							
NAME OF COMMITTEE (In Full)							
American College of Surgeo	ons Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Mika Narad Sinanan			Date of	Receipt			
Mailing Address 1959 NE Pacific St # 356410			M M M	/ D D 28		y y 2015	Y
City Seattle	State WA	Zip Code 98195-0001		action ID : 45 of Each Rec			21C258
FEC ID number of contributing federal political committee.	С			5	7	200.0	00
Name of Employer	Occupation	I					
University of Washington	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		1200.00					
Full Name (Last, First, Middle Initial) B. Mika Narad Sinanan			Date of	Receipt			
Mailing Address 1959 NE Pacific St # 356410			03	/ D D 30		2015	Y
City	State WA	Zip Code		action ID : 49			CEFB60
Seattle		98195-0001	Amount	of Each Rec	eipt this	Period	
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Name of Employer University of Washington	Occupation						
Receipt For:	Surgeon	Year-to-Date ▼					
Primary General Other (specify) ▼		1200.00	1				
Full Name (Last, First, Middle Initial) C. Mika Narad Sinanan			Date of	Receipt			
Mailing Address 1959 NE Pacific St # 356410			04	/ D D 30		y y 2015	Y
City Seattle	State WA	Zip Code 98195-0001		action ID: 4A			:0CF42E
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Name of Employer	Occupation	I					
University of Washington	Surgeon						
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SCHEDULE A (FEC Form 3X) -

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PAGE 181 OF

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	y not be sold or used by any p ddress of any political committee	erson for the to solicit co	purpose of ntributions	15 of soliciting from sucl	16 contribut h committ	ions ee.
NAME OF COMMITTEE (In Full)							
American College of Surgeor	ns Professio	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Mika Narad Sinanan			Date o	f Receipt			
Mailing Address 1959 NE Pacific St # 356410			05		D / Y 0	2015	Y
City Seattle	State WA	Zip Code 98195-0001			: 4F69874 Receipt th		B406DF
FEC ID number of contributing federal political committee.	C					200	.00
Name of Employer University of Washington	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]				
Full Name (Last, First, Middle Initial) B. Mika Narad Sinanan			Date o	f Receipt			
Mailing Address 1959 NE Pacific St # 356410			06		D / Y	у у 2015	Y
City Seattle	State WA	Zip Code 98195-0001			: 4FD4B2 Receipt th		DF9F41F
FEC ID number of contributing federal political committee.	С					200.	00
Name of Employer University of Washington	Occupation Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00					
Full Name (Last, First, Middle Initial) C. Douglas Philip Slakey			Date o	f Receipt			
Mailing Address 1927 Octavia St			05	/ D	D / Y	2015	Y
City New Orleans	State LA	Zip Code 70115-5651			: 9C7CC1 Receipt th		3DDADF
FEC ID number of contributing federal political committee.	C					250	.00
Name of Employer	Occupation						
DPSurgical	Surgeon						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American College of Surgeon	s Professio	onal Association PAC	
Full Name (Last, First, Middle Initial) A. Jason W. Smith			Date of Receipt
Mailing Address Acb 2nd Floor			M = M / D = D / Y = Y = Y
Department of Sugery City	State	Zip Code	05 26 2015 Transaction ID : 484E8371E564B0104
Louisville	KY	40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	_
University of Louisville	Surgeon		
	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	1
Full Name (Last, First, Middle Initial) B. Jason W. Smith			Date of Receipt
Mailing Address Acb 2nd Floor Department of Sugery			06 26 2015
City Louisville	State KY	Zip Code 40202	Transaction ID : 49FF8D2CC23DF936I Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer University of Louisville	Occupatior Surgeon	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) C. R. Stephen Smith			Date of Receipt
Mailing Address University of South Carolina Department of Surgery Suit			03 24 2015
City	State	Zip Code	Transaction ID : B8550C9DFE3BC599
Columbia	SC	29203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupatior	1	
Wichita Surgical Specialists	Surgeon		_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	
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PAGE 183 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American College of Sur	geons Professio	onal Association PAC									
Full Name (Last, First, Middle Initial Howard M. Snyder III)		Date of Receipt								
Mailing Address Children's Hospital Wood Building, 3rd	•		M M / D D / Y Y Y Y 05 05 2015								
City	State	Zip Code	Transaction ID : 7096C16752160E0EC01								
Philadelphia	PA	19104	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer	Occupation	1	-								
Children's Hospital of Philadelphia	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		500.00	1								
		7 7	1								
Full Name (Last, First, Middle Initial B. Alex Choffel Solowey)		Date of Receipt								
Mailing Address 9 Easthaven Ln			M = M / D = D / Y = Y = Y								
City	State	Zip Code	06 25 2015 Transaction ID : 11846DE44BBE7144786								
White Plains	NY	10605-5460	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer	Occupation	1									
Retired	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		, 1000.00]								
Full Name (Last, First, Middle Initial C. Laurel Curtis Soot)		Date of Receipt								
Mailing Address Westside Surgical the Oregon Clinic	Specialists		04 22 2015								
City	State	Zip Code	Transaction ID : 51BD5160C9F3F84A7F								
Portland	OR	97225	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer	Occupatior	1	—								
The Oregon Clinic	Surgeon										
Receipt For:	Aggregate	Year-to-Date V									
Primary General		250.00	1								
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		Use separate schedule(s)	(che	eck only	on	e)			
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or for commercial purposes, other than using	the name and a	iddress of any political committee	e to so	licit con	tribu	utions f	rom such	n committ	ee.
NAME OF COMMITTEE (In Full)									
American College of Surgeon	s Professio	nal Association PAC							
Full Name (Last, First, Middle Initial) A. Nathaniel Jolas Soper				Date of	Red	ceipt			
Mailing Address 251 E Huron St				M M	/	D D	/ Y	YY	Υ
Northwestern Medicine, De City	partment State	Zip Code	_	06		22	7547600	2015	DEA
Chicago	IL	60611-2908						8-85FD-4 is Period	BE4-
FEC ID number of contributing federal political committee.	С					,	7	500	.00
Name of Employer	Occupation	1	_						
Northwestern University Feinberg Schoo	Surgeon								
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		500.00	11.						
		7 7							
Full Name (Last, First, Middle Initial) B. Alan John Sori				Data of	Por	agint			
Mailing Address 241 Dorothy Dr				Date of			/ Y	Y Y	Y
-				05		05	L	2015	
City	State NJ	Zip Code						E7E3B98	BEEBAF
North Haledon		07508-2814		Amount	of	±ach R	eceipt th	is Period	_
FEC ID number of contributing federal political committee.	C			L.		7	7	250.	.00
Name of Employer St. Josephs Hospital and Medical Cente	Occupation	I							
Receipt For:	Surgeon	Veer to Date T							
Primary General	Aggregate	Year-to-Date ▼	11						
Other (specify)		250.00	4						
Full Name (Last, First, Middle Initial) C. Eduardo Antonio Souchon	l			Date of	Red	ceipt			
Mailing Address 5656 Kelley St				м м 05	/	28	/ Y	2015	Y
City	State	Zip Code		Trans	acti	on ID :	98030CE	E2-566C-4	1369-
Houston	TX	77026-1967	·	Amount	of E	Each R	eceipt th	is Period	
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Name of Employer	Occupation	1							
UT Medical School	Surgeon								
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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 Seattle FEC ID number of contributing	State Zip Code WA 98104-3558	Date of Receipt 05 20 2015 Transaction ID : 687FD194B9C6584E35E Amount of Each Receipt this Period 500.00
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Full Name (Last, First, Middle Initial) B. David Ira Soybel Mailing Address Department of Surgery H149 General Surgery Specialties City Hershey FEC ID number of contributing federal political committee. Name of Employer Hershey Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17033 C Occupation Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) William Spanos Mailing Address 48048 Riverside PI City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sanford Health Receipt For: Primary General Other (specify)	State Zip Code SD 57108-8209 C Occupation Occupation Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 06 2015 Transaction ID : 22F990B5-99B4-4C91- Amount of Each Receipt this Period 500.00
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C.	Full Name (Last, First, Middle Initial) Steven M. Steinberg				Date of	f Re	ceipt			
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NAME OF COMMITTEE (In Full)		adress of any poincer contrinine		CONTRA		om such	oommill	
American College of Surgeo	ns Professic	nal Association PAC						
Full Name (Last, First, Middle Initial) A. Ronald M. Stewart			Date	of R	eceipt			
Mailing Address Department of Surgery M	c 7840		М	M		/ Y	Y Y	Y
Ut Health Science Center		7. 0. 1	0	-	02		2015	
City San Antonio	State TX	Zip Code 78229-3900			tion ID : 4 Each Re			AC6B652
FEC ID number of contributing federal political committee.	С				7		210	.00
Name of Employer UTHSCSA	Occupation Surgeon	I						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		2610.00						
Full Name (Last, First, Middle Initial) B. Ronald M. Stewart			Date	of R	eceipt			
Mailing Address Department of Surgery M Ut Health Science Center	at San An		0	™ 3	13	/ Y	y y 2015	Y
City	State	Zip Code			ion ID : 4			9E90AA
San Antonio	TX	78229-3900	Amo	unt of	Each Re	eceipt thi	is Period	
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Name of Employer UTHSCSA	Occupation Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		2610.00						
Full Name (Last, First, Middle Initial) C. Ronald M. Stewart			Date	of R	eceipt			
Mailing Address Department of Surgery M	c 7840		М	M		/ Y	YY	Y
Ut Health Science Center		Zip Code		4	02		2015	
City San Antonio	State TX	78229-3900			tion ID : 4 Each Re			:0901AF
FEC ID number of contributing federal political committee.	С				7	- 7	210	.00
Name of Employer	Occupation	I						
UTHSCSA	Surgeon							
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<u> </u>	NAME OF COMMITTEE (In Full)										
	American College of Surgeon	s Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Ronald M. Stewart				Date of	f Rec	eipt				
	Mailing Address Department of Surgery Mc				M	/	DDD	/ Y	Y Y	Y	
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в.	Full Name (Last, First, Middle Initial) Ronald M. Stewart				Date of	f Rec	eipt				
	Mailing Address Department of Surgery Mc 2 Ut Health Science Center a				M M	/		/ Y	Y Y	Y	
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<u></u> .	Full Name (Last, First, Middle Initial) Ronald M. Stewart				Date of	f Rec	eipt				
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	Ut Health Science Center a		7.0.1		06		02		2015		
	City San Antonio	State TX	Zip Code 78229-3900	-				C3F8E6			7276
	FEC ID number of contributing federal political committee.	С								0.00	
	Name of Employer	Occupation	I	\neg							
	UTHSCSA	Surgeon									
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NAME OF COMMITTEE (In Full)						
American College of Surg	eons Professional	Association PAC				
Full Name (Last, First, Middle Initial) Robert Peter Sticca			Date of Re	ceipt		
Mailing Address Department of Surge	ry		M _ M /	D D / Y	YY	Y
University of North Da		-	04	18	2015	
City Grand Forks		Zip Code 58202-9037		ion ID : 6C7E9A		4E52-
		30202 3031	Amount of	Each Receipt th	is Period	
FEC ID number of contributing federal political committee.	C			7 7	750	.00
Name of Employer	Occupation					
Univ. of North Dakota	Surgeon					
Receipt For:	Aggregate Year	-to-Date ▼				
Primary General Other (specify) ▼	· · · ·	750.00]			
Full Name (Last, First, Middle Initial) B. William T. Su			Date of Re	eceipt		
Mailing Address 19825 Blue Heron Ln			05	20 / Y	2015	Y
City	State	Zip Code		ion ID : C663007		F16F3
Hagerstown	MD	21742-1604		Each Receipt th		
FEC ID number of contributing federal political committee.	C			л. — Л.	500	.00
Name of Employer Self Employed	Occupation Surgeon					
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) C. James William Suliburk			Date of Re	eceipt		
Mailing Address 1 Baylor Plz Mail Stop Bcm 390			02 ×	D D / Y 19	2015	Y
City Houston		Zip Code 77030-3411		ion ID : 8C8FE0 Each Receipt th		0A26E0
FEC ID number of contributing federal political committee.	C			5 5	500	.00
Name of Employer	Occupation					
Baylor Univ	Surgeon					
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Primary General						
Other (specify)		750.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page			11a		11b	11c	12						
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\backslash	NAME OF COMMITTEE (In Full)	• D=-f'													
	American College of Surgeon	s Professio	nal Association PAC												
Α.	Full Name (Last, First, Middle Initial) James William Suliburk				Date of Receipt										
	Mailing Address 1 Baylor Plz				M M	/	DI	О / Ү	Y Y	Y					
	Mail Stop Bcm 390	C : .	7.0.1		04		19		2015						
	City Houston	State TX	Zip Code 77030-3411				-			258BF1C					
			11000-0411		Amoun	t of	Each F	Receipt th	nis Peric	d					
	FEC ID number of contributing federal political committee.	С					,		2	50.00					
	Name of Employer	Occupation	1												
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	Other (specify)		750.00	1											
			/ / / /												
в.	Full Name (Last, First, Middle Initial) John Michael Sullivan	1			Date o	f Re	eceipt								
	Mailing Address 501 N Preston St				M M	/	D) / Ү	Y Y	Y					
					04		29		2015	_					
	City	State	Zip Code					FD6535							
	Ennis	ТХ	75119-3928		Amoun	t of	Each F	Receipt th	nis Peric	d					
	FEC ID number of contributing federal political committee.								50	00.00					
	Name of Employer														
	General and Vascular Surgery of Ennis	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		500.00	1											
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,												
<u>с</u> .	Full Name (Last, First, Middle Initial) Howard Lawrence Sussman				Date o	f Re	eceipt								
	Mailing Address 8 Candy Ln				м м 04	/	D 19		2015	Y					
	City	State	Zip Code		Trans	sact	ion ID :	C3D507	10CA5E	4B56855					
	Roslyn Heights	NY	11577-1810	′	Amoun	t of	Each F	Receipt th	nis Peric	d					
	FEC ID number of contributing federal political committee.	С					,	5	2	50.00					
	Name of Employer	Occupation	1												
	Self Employed	Surgeon													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			1											
	Other (specify)		250.00												
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and												
or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American College of Surgeons	Professio	nal Association PAC										
Full Name (Last, First, Middle Initial) A. Michael J. Sutherland			Date of Receipt									
Mailing Address 4301 W Markham St			M = M / D = D / Y = Y = Y									
Uams Department of Surger	,,		01 18 2015									
	State AR	Zip Code	Transaction ID : 4662A9F6E692FD9B6B28									
Little Rock	Ап	72205-7101	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		300.00									
Name of Employer	Occupation	1	-									
US Air Force	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		2499.96										
Full Name (Last, First, Middle Initial) B. Michael J. Sutherland	1		Date of Receipt									
Mailing Address 4301 W Markham St												
Uams Department of Surger			01 29 2015									
City	State	Zip Code	Transaction ID : 53B2F5D978B76F283B7									
Little Rock	AR	72205-7101	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		116.66									
Name of Employer US Air Force	Occupation Surgeon											
Receipt For:		Veer to Date =	_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96										
Full Name (Last, First, Middle Initial) C. Michael J. Sutherland	<u> </u>		Date of Receipt									
Mailing Address 4301 W Markham St Uams Department of Surger	y, # 520-		02 18 2015									
City	State	Zip Code	Transaction ID : 4BE0B7634300B147C3B4									
Little Rock	AR	72205-7101	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		300.00									
Name of Employer	Occupation	1	-									
US Air Force	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		2400.06										
Other (specify)		2499.96										
SUBTOTAL of Receipts This Page (optional)		•••••	716.66									
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17								
			erson for the purpose of soliciting contributions from such committee	ons								
NAME OF COMMITTEE (In Full)												
American College of Surge	eons Professic	nal Association PAC										
Full Name (Last, First, Middle Initial) A. Michael J. Sutherland			Date of Receipt									
Mailing Address 4301 W Markham St												
Uams Department of S	Surgery, # 520- State	Zip Code	02 20 2015 Transaction ID : 4D21AB22D2524A263B9									
Little Rock	AR	72205-7101	Amount of Each Receipt this Period	203033								
FEC ID number of contributing federal political committee.	C		416.6	6								
Name of Employer	Occupation	1	—									
US Air Force	Surgeon											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		2400.06										
Other (specify)		2499.96										
Full Name (Last, First, Middle Initial) B. Michael J. Sutherland			Date of Receipt									
Mailing Address 4301 W Markham St			M = M / D = D / Y = Y = Y									
Uams Department of S		7. 0. 1	03 18 2015									
City Little Rock	State AR	Zip Code 72205-7101	Transaction ID : 4AD29FDFBD4D5E	<u>97FB50</u>								
		72205-7101	Amount of Each Receipt this Period	_								
FEC ID number of contributing federal political committee.	С		300.00	0								
Name of Employer US Air Force	Occupation	1										
Receipt For:	Surgeon											
Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 2499.96										
Full Name (Last, First, Middle Initial) C. Michael J. Sutherland			Date of Receipt									
Mailing Address 4301 W Markham St			M = M / D = D / Y = Y = Y	1								
Uams Department of 3	Surgery, # 520- State	Zip Code	03 20 2015									
Little Rock	AR	72205-7101	Transaction ID : 4E20B523159D14A Amount of Each Receipt this Period	43C9E								
FEC ID number of contributing federal political committee.	C		416.6	6								
Name of Employer	Occupation	1	—									
US Air Force	Surgeon											
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		2499.96										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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PAGE 196 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional Association PAC	
Little Rock FEC ID number of contributing federal political committee. Name of Employer US Air Force Su Receipt For:	0- State Zip Code AR 72205-7101 C compation rgeon ngregate Year-to-Date ▼ 2499.96	Date of Receipt 04 20 2015 Transaction ID : 44D78DCF12209A7AF644 Amount of Each Receipt this Period 416.66
Little Rock	0- State Zip Code AR 72205-7101	Date of Receipt 05 20 2015 Transaction ID : 4BB799CD51860022FA99 Amount of Each Receipt this Period
Name of Employer Oc US Air Force Sur	ccupation rgeon ggregate Year-to-Date ▼ 2499.96	416.66
Little Rock FEC ID number of contributing federal political committee. Name of Employer US Air Force Becapit For:	20- State Zip Code AR 72205-7101 C cupation rgeon gregate Year-to-Date ▼ 2499.96	Date of Receipt 06 20 2015 Transaction ID : 4000841602B5DBB3A467 Amount of Each Receipt this Period 416.66
SUBTOTAL of Receipts This Page (optional)		1249.98

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	y information copied from such Reports and St for commercial purposes, other than using the												
$\left\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.	Full Name (Last, First, Middle Initial) Beth Sutton Mailing Address 1600 Brook Ave			_	ate o		· ·						
	INIAIMING AULIESS TOUL BROOK AVE			05 05 2015									
	City Wichita Falls	State TX	Zip Code 76301-5620						99DC954 nis Perioc				
	FEC ID number of contributing federal political committee.	С					7		1500	0.00			
	Name of Employer	Occupation		_									
	Self Employed	Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]									
в.	Full Name (Last, First, Middle Initial) Jon Sutton			D	ate o	f Re	eceipt						
	Mailing Address 102 Ladyshire Ln Apt B303				м м 01	/	13	/ Y	ү ү 2015	Y			
	City Rockville	State MD	Zip Code 20850-6489	Transaction ID : 7EEFBD7AF48D3933AS Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					250.00						
	Name of Employer American College of Surgeons	Occupation State Affairs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u> </u>	Full Name (Last, First, Middle Initial) John Peter Sutyak		, ,		ate o	f Re	eceipt						
•.	Mailing Address PO Box 19663 Southern Illinois Univ Sch of M	ed		_	м м 03		D D 14		2015	Y			
	City Springfield	State IL	Zip Code 62794-9663						13965741 his Perioc	ECEBD63			
	FEC ID number of contributing federal political committee.	С					7		50	0.00			
	Name of Employer	Occupation											
	SIU	Surgeon		_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and St for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big $	American College of Surgeons F	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Charles Jackson Swannack				Date of	Re	eceipt				
	Mailing Address PO Box 7817				M M	/	D	D	/ Y	Y Y	Y
	Missoula Surgical Associates	State	Zip Code		01	١.,		26		2015	
	City Missoula	MT	59807-7817				-			BE-9CA	
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	FEC ID number of contributing federal political committee.	С					7	-	7	25	0.00
	Name of Employer	Occupation									
	Missoula Surgical Associates Receipt For:	Surgeon		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		250.00								
B	Full Name (Last, First, Middle Initial) Amy E. Tan				Date of	Be	eceint				
	Mailing Address 57 Water St				06 U	/	D	D 06	/ Y	2015	Y
	City	State	Zip Code			acti			588BA2		70ABF21E
	Blue Hill	ME	04614-5231							is Perio	
	FEC ID number of contributing federal political committee.	С					7		7	5	0.00
	Name of Employer	Occupation									
	Blue Hill Memorial Hospital	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 250.00]							
— c.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 655 W 8th St University of Fla Health Sci Ce	nte			м м 01	/		13	/ Y	2015	Y
	City	State	Zip Code		Trans	act	ion II	D:3	C05B2	52C675	DE880EE
	Jacksonville	FL	32209-6511		Amount	t of	Each	Red	ceipt th	is Perio	d
	FEC ID number of contributing federal political committee.	С					7		7	50	00.00
	Name of Employer	Occupation									
	University of Florida	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11							
	Other (specify)		500.00								
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NAME OF COMMITTEE (In Full)										
American College of Surgeor	ns Professio	nal Association PAC								
Full Name (Last, First, Middle Initial) A. Thavam Achenthan Thambi-Pillai			Date of	Receipt						
Mailing Address 1508 W 22nd St Ste 101			м м 05	/ D D / N 06	2015	Y				
City	State	Zip Code	_	ction ID : CB23E		-58D6D				
Sioux Falls	SD	57105-1514	Amount	of Each Receipt t	his Period					
FEC ID number of contributing federal political committee.	С			3 3	500.	00				
Name of Employer	Occupation									
Sanford Health	Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00]							
Full Name (Last, First, Middle Initial) B. Keith Jay Thomas			Date of	Receipt						
Mailing Address 170 Ford Rd			04	/ D D / Y 20	2015	Y				
City	State	Zip Code	Transa	ction ID : 2AA1F1	28AAE748	76871F				
John Day	OR	97845-2009	Amount	of Each Receipt t	nis Period					
FEC ID number of contributing federal political committee.	С			3 3	250.0	00				
Name of Employer Blue Mountain Surgery	Occupation Surgeon									
Receipt For:		Year-to-Date ▼	_							
Primary General Other (specify) ▼		250.00	1							
Full Name (Last, First, Middle Initial) C. Scott Gerard Thomas			Date of	Receipt						
Mailing Address 621 Memorial Dr Beacon Trauma and Surg	ical Service		03	/ D D / 1 14	2015	Y				
City	State	Zip Code	Transa	ction ID : DF70A	3BD7F034	D15B929				
South Bend	IN	46601-1075	Amount	of Each Receipt t	nis Period					
FEC ID number of contributing federal political committee.	С				500.	00				
Name of Employer	Occupation									
General and Vascular Surgery Receipt For:	Surgeon		_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
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		for each category of the Detailed Summary Page	X 11a 11b	11c	12	<u> </u>					
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NAME OF COMMITTEE (In Full)											
American College of Surgeon	ns Professio	onal Association PAC									
Full Name (Last, First, Middle Initial) A. Thomas Vadakekara Thomas Jr.			Date of Receipt								
Mailing Address 1 Spring Creek Wynd			04 16 2015								
City	State	Zip Code	Transaction ID			6DE9					
Kingsport	TN	37664-6517	Amount of Each	Receipt this	Period						
FEC ID number of contributing federal political committee.	С				250.0	00					
Name of Employer	Occupation	1									
Self Employed	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		250.00]								
Full Name (Last, First, Middle Initial) B. Michael Hale Thomason			Date of Receipt								
Mailing Address PO Box 32861			03 2		y y y 2015	Y					
City	State	Zip Code	Transaction ID	: 5C16B40D	2E1496/	49E93					
Charlotte	NC	28232-2861	Amount of Each	Receipt this	Period						
FEC ID number of contributing federal political committee.	С				500.0)0					
Name of Employer Carolinas Health Care	Occupation Surgeon	1									
Receipt For:		Year-to-Date ▼	—								
Primary General Other (specify) ▼		500.00	1								
Full Name (Last, First, Middle Initial) C. Gary L. Timmerman			Date of Receipt								
Mailing Address 2505 W Sleigh Creek Cir			01 1		y y 2015	Y					
City City	State SD	Zip Code	Transaction ID			456D					
Sioux Falls	30	57108-3003	Amount of Each	Receipt this	Period						
FEC ID number of contributing federal political committee.	С				2500.0	00					
Name of Employer	Occupation	1									
Surgical Associates Receipt For:	Surgeon										
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		2500.00	1								
SUBTOTAL of Receipts This Page (optiona)			5	3250.0	0					
TOTAL This Period (last page this line num	ber only)		·								

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<i>4 –</i>				
Any information copied from such Reports a or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full)											
American College of Surgeo	ns Professic	nal Association PAC									
Full Name (Last, First, Middle Initial) A. Glen Herman Tinkoff			Date of	f Receipt							
Mailing Address 4735 Ogletown Stanton F Ste 3301	Rd		03 15 2015								
City Newark	State DE	Zip Code 19713-7021		saction ID : 4 t of Each Re			6CE2D3				
FEC ID number of contributing federal political committee.	C					100.	00				
Name of Employer	Occupation	1									
Christinia Care	Surgeon										
	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		600.00	1								
Full Name (Last, First, Middle Initial) B. Glen Herman Tinkoff			Date o	f Receipt							
Mailing Address 4735 Ogletown Stanton F Ste 3301	₹d		04	/ D D 15	/ Y	y y 2015	Y				
City	State	Zip Code		action ID : 4			F17BAF				
Newark	DE	19713-7021	Amoun	t of Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C				,	100.	00				
Name of Employer Christinia Care	Occupation Surgeon	l									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		600.00	1								
Full Name (Last, First, Middle Initial) C. Glen Herman Tinkoff			Date o	f Receipt							
Mailing Address 4735 Ogletown Stanton I Ste 3301	٦d		M M 05	/ D D 15	/ Y	y y 2015	Y				
City	State DE	Zip Code 19713-7021		saction ID : 4			64A9A71				
Newark	DE	19713-7021	Amoun	t of Each Re	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C					100	.00				
Name of Employer	Occupation	l									
Christinia Care	Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		600.00]								
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

FOR LINE NUMBER:

PAGE 202 OF

ITEMIZ	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check o	·	one) 11b 14	11c	12	17				
	mation copied from such Reports and S nmercial purposes, other than using the			erson for th		rpose of	f soliciting	g contribut	tions				
\ \	OF COMMITTEE (In Full) erican College of Surgeons	Professio	nal Association PAC										
A. Glen	ame (Last, First, Middle Initial) Herman Tinkoff Address 4735 Ogletown Stanton Rd			Date of Receipt									
City Newa	Ste 3301 rk	State DE	Zip Code 19713-7021		nsac		4C4CA	2015 FAF1828F his Period	FEB2C7				
	D number of contributing I political committee.	С			_	3	3	100	.00				
	of Employer nia Care ot For:	Occupation Surgeon											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
B. Mich	ame (Last, First, Middle Initial) nael A. Todd			Date	of R	eceipt							
	g Address 1200 Airport Heights Dr Ste 278	Chata	Zie Ocale	03 25 2015 Transaction ID : B187F83596A51586CEE									
City Ancho	prage	State AK	Zip Code 99508-2971					3596A515 his Period	86CEE				
	D number of contributing I political committee.	С			_	7		500.	.00				
Self Er	of Employer nployed	Occupation Surgeon											
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
	ame (Last, First, Middle Initial) hual Robert Todd			Date	of R	eceipt							
	J Address 1 Baylor Plz Bcm MS:390			M Of		/ D 01		2015	Y				
City Houst	on	State TX	Zip Code 77030-3411					BCF-DDC his Period	9-42FC-				
	D number of contributing I political committee.	С			_	7		1000	.00				
Name	of Employer	Occupation		_									
	College of Medicine	Surgeon		_									
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1000.00										
SUBTO	TAL of Receipts This Page (optional)							1600.	.00				
TOTAL	This Period (last page this line number	only)				,							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American College of Surgeo	ons Professio	onal Association PAC								
Full Name (Last, First, Middle Initial) A. Kynan Charles Trail			Date of Receipt							
Mailing Address 2525 Fox Run Pkwy Ste 204			04 16 2015							
City Yankton	State SD	Zip Code 57078-5371	Transaction ID : F631C2E82266CA91EB Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer Self Employed	Occupatior Surgeon	l	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) B. Douglas R. Trostle			Date of Receipt							
Mailing Address 1 Guthrie Sq Guthrie Clinic Ltd City	State	Zip Code	04 / D D / Y Y Y Y 2015							
Sayre	PA	18840-1625	Transaction ID : 282D3ADB-C023-43A3- Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer Guthrie Medical Group	Occupatior Surgeon	1	_							
Receipt For:		Year-to-Date ▼								
Other (specify)		, 500.00								
Full Name (Last, First, Middle Initial) C. Patricia L. Turner			Date of Receipt							
Mailing Address Director, Division of Mer	nber Servi		M = M / D = D / Y = Y = Y = Y Y 01 14 _2015 _							
City Chicago	State IL	Zip Code 60611	Transaction ID : F314212FEAA8FC00EE Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation	1								
American College of Surgeons	Surgeon		_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (option	al)		1250.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11	b	11c	12		
				13		14		15	16	17	
Any information copied from such Reports and St or for commercial purposes, other than using the											
American College of Surgeons F	Professio	nal Association PAC									
Full Name (Last, First, Middle Initial) Peter A. Tuxen	er A. Tuxen										
Mailing Address 1901 N California St				м м 06	/	Г	10	/ Y	ү ү 2015	Y	
City	State	Zip Code		Trans	acti	ion	ID : 4	4F3048I	D5F6A69	1DEE6D	
Stockton	CA	95204-6005	A	mount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	С				_	,			500	0.00	
Name of Employer Self Employed	Occupation Surgeon										
Receipt For:	ů,	Year-to-Date ▼	-								
Primary General	Aggregate										
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) B. James Gerard Tyburski			D	ate of	Re	ecei	ipt				
Mailing Address Detroit Receiving Hospital Roo Department of Surgery	m 4S			м м 03	1	Γ	13	/ Y	2015	Y	
City	State	Zip Code		Trans	acti	on	ID : 6	6564BB	86C53E4	AE8AC8	
Detroit	MI	48201	A	mount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	С					,		7	500	.00	
Name of Employer Wayne State University	Occupation										
Receipt For:	Surgeon		_								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name (Last, First, Middle Initial)			-								
c. Jamie Sue Ullman			D	ate of	Re	cei	ipt				
Mailing Address 300 Community Dr North Shore-Lij Health System	. # 9			м м 03	1	Г	24	/ Y	2015	Y	
City	State	Zip Code			acti	ion		CA06FE	03213B72	CE8DB	
Manhasset	NY	11030-3816	A	mount	of	Ea	ch Re	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	С					,		,	250	0.00	
Name of Employer	Occupation		\neg								
Mt Sinai School of Medicine	Surgeon										
Receipt For:	-	Year-to-Date ▼									
Primary General	00 - 0										
Other (specify)	L	250.00									
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TOTAL This Period (last page this line number of	only)	······				-					

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
American College of Surgeons	Professional Association PAC	
Full Name (Last, First, Middle Initial) Marshall McLean Urist Mailing Address 2209 Country Ridge Way City Vestavia FEC ID number of contributing federal political committee. Name of Employer Univ Of Alabama Birmingham Receipt For: Primary General Other (specify) ▼	State AL Zip Code 35243-4322 C Occupation Occupation Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Alex B. Valadka Mailing Address 1400 N Interstate 35 Seton Brain and Spine Institut City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Receipt For: Primary General Other (specify)	te, S State Zip Code TX 78701-1926 C Occupation Surgeon Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 01 13 2015 Transaction ID : 7E3B5AB89C1215891DC Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Wayne Edward VanderKolk Mailing Address 245 Cherry St SE Ste 102 City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49503-4607 C Occupation Occupation Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		3750.00

SCHEDULE A (FEC Form 3X) _ _ _ _ .

FOR LINE NUMBER:

PAGE 206 OF

ITEMIZED RECEIPTS	I for each cate	ategory of the
	Detailed Sun	X 11a 11b 11c 12 ummary Page 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using th	E Statements may not be sold o e name and address of any p	or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeons	Professional Associa	ciation PAC
Full Name (Last, First, Middle Initial) Bhupesh Vasisht MD FACS Mailing Address 1307 White Horse Rd City Voorhees FEC ID number of contributing federal political committee.	State Zip Code NJ 08043-217	
Name of Employer Staffordshire Professional Center Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) George Edward Vates Mailing Address University of Rochester Department of Neurosurgery	Chate Zip Code	Date of Receipt
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14642-000	
Name of Employer University of Rochester Medical Center Receipt For:	Occupation Neurosurgeon Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) C. Nicholas Blair Vedder		Date of Receipt
Mailing Address Harborview Medical Center Mailstop 359796 City Seattle FEC ID number of contributing federal political committee. Name of Employer Univ of WA Receipt For: Primary General Other (specify) ▼	State Zip Code WA 98104-2499 C Occupation Surgeon Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3X) _ _ _ .

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
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NAME OF COMMITTEE (In Full)	a Drafaasia	nol Acception DAC		
American College of Surgeon	s Protessio	onal Association PAC		
Full Name (Last, First, Middle Initial) A. Michael P. Vezeridis			Date of Receipt	
Mailing Address Univ Surgical Associates Suite 470			04 19 2015	1
City Providence	State RI	Zip Code 02905	Transaction ID : 6BA377CCDCCB46 Amount of Each Receipt this Period	82AD9
FEC ID number of contributing federal political committee.	C		250.00	נ
Name of Employer	Occupation	1	_	
University Surgical Associates	Surgeon			
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) B. Carlin Borden Vickery			Date of Receipt	
Mailing Address 1125 5th Ave			01 13 2015	1
City	State	Zip Code	Transaction ID : B38290C9262A8EF9	DD0
New York	NY	10128-0143	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00)
Name of Employer Self Employed	Occupation Surgeon	I		
Receipt For:		Year-to-Date ▼	—	
Other (specify) ▼		250.00]	
Full Name (Last, First, Middle Initial) C. Kyle Vincent			Date of Receipt	
Mailing Address 1522 N Graystone St			05 18 2015	1
City Wichita	State KS	Zip Code 67230-7247	Transaction ID : 7DEDA50C-F162-41	57-
		012301241	Amount of Each Receipt this Period	_
FEC ID number of contributing federal political committee.	C		250.00)
Name of Employer	Occupation			
Via Christi Clinic Receipt For:	General Su			
Primary General	Aggregate	Year-to-Date ▼		
Other (specify)		250.00		
SUBTOTAL of Receipts This Page (optional)			750.00	
TOTAL This Period (last page this line numb				

SCHEDULE A (FEC Form 3X) __ _ _ _ _

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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(chec	k only	y or	ne)			
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for	r the		oose of	soliciting	g contribu	utions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
A .	Full Name (Last, First, Middle Initial) John Patrick Walker Mailing Address PO Box 481				ate of		ceipt	/ Y	2015	Y
	City Crockett	State TX	Zip Code 75835-0481							422CBF3
	FEC ID number of contributing federal political committee.	С					,		50	0.00
	Name of Employer Self Employed Receipt For:	Occupation Surgeon								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
B.	Full Name (Last, First, Middle Initial) Amy G. Wandel			Da	ate of	f Re	ceipt			
	Mailing Address 6383 Grangers Dairy Dr				м м 01	1	D D 13	/ Y	ү ү 2015	Y
	City Sacramento	State CA	Zip Code 95831-1039						17A59B7 nis Period	
	FEC ID number of contributing federal political committee.	С					5		250	0.00
	Name of Employer Self Employed	Occupation Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
С.	Full Name (Last, First, Middle Initial) Andrew L. Warshaw			Da	ate of	f Re	ceipt			
	Mailing Address Massachusetts General Hosp Bullfinch 370C				м м 03	/	D D 12	/ Y	y y 2015	Y
	City Boston	State MA	Zip Code 02114-2696				-		5FE8686 nis Period	BA3357
	FEC ID number of contributing federal political committee.	С					7		100	0.00
	Name of Employer	Occupation	l	_						
	Massachesuttes General Hospital	Surgeon								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1500.00]						
	UBTOTAL of Receipts This Page (optional)				_		3	5	1750).00
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		Use separate schedule(s) for each category of the	(check only	one)			
		Detailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose of s	oliciting	contribut	ions
NAME OF COMMITTEE (In Full)							
American College of Surgeon	s Professic	nal Association PAC					
Full Name (Last, First, Middle Initial) A. Andrew L. Warshaw			Date of	Receipt			
Mailing Address Massachusetts General Ho Bullfinch 370C	spital		04	/ D D 20	/ Y	ү ү 2015	Y
City Boston	State MA	Zip Code 02114-2696		action ID : 9 of Each Re			13A7D3
FEC ID number of contributing federal political committee.	C					500.	00
Name of Employer	Occupation	1					
Massachesuttes General Hospital	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		1500.00	1				
Other (specify)		1500.00					
Full Name (Last, First, Middle Initial) B. Todd Steven Weinstein			Date of	Receipt			
Mailing Address 820 Fulton St			M = M	·	/ Y	Y Y	Y
City	State	Zip Code	05	20 action ID : D	COZBD	2015 50025E60	
Logansport	IN	46947-1517		of Each Re			
FEC ID number of contributing federal political committee.	С			7		250.	00
Name of Employer Logansport Memorial General Surgery	Occupation Surgeon	1	_				
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼		250.00	1				
Full Name (Last, First, Middle Initial) C. Leonard Joseph Weireter Jr.			Date of	Receipt			
Mailing Address Eastern Virginia Medical So Department of Surgery, Sui			03	/ D D 20	/ Y	y y 2015	Y
City	State	Zip Code	Trans	action ID : 2	5B6FA	22-C60D-	410E-
Norfolk	VA	23507	Amount	of Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С				3	350	.00
Name of Employer	Occupation	l					
Eastern Virginia Medical School	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		1350.00					
Other (specify)		130.00					
SUBTOTAL of Receipts This Page (optional).						1100.	00
TOTAL This Period (last page this line number	er only)						

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249

IT.	eonard Joseph Weireter Jr. iling Address Eastern Virginia Medical School Department of Surgery, Suite 610 // Simple // Simple // C ID number of contributing eral political committee. me of Employer stern Virginia Medical School ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) ark Christian Weissler iling Address 610 Burnett-Womack Building G106 Physicians' Office Building, // Signal // Signal // Signal // Signal // Signal // Other (specify) ▼ // C // D number of contributing eral political committee. me of Employer versity of North Carolina ceipt For: Primary General Other (specify) ▼ I Name (Last, First, Middle Initial) lark Christian Weissler Iling Address 610 Burnett-Womack Building G106 Physicians' Office Building, // Signal // Signal // Signal // C I Name (Last, First, Middle Initial) lark Christian Weissler Iling Address 610 Burnett-Womack Building G106 Physicians' Office Building, // Signal // Signal // Signal // C ID number of contributing eral political committee.		(check only one)								
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	· · · · · · · · · · · · · · · · · · ·	s Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Leonard Joseph Weireter Jr.				Date of	Re	eceipt				
	- 0				M M	/	DD	/ Y		Y	Y
	Department of Surgery, Suit City	e 610 State	Zip Code		03		24	206255	20 ²		FFFCO
	Norfolk	VA	23507					3B63FE eceipt th			FE209
	FEC ID number of contributing federal political committee.	С					,	, j		1000.0	00
	Name of Employer	Occupation	l								
	Eastern Virginia Medical School	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
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	Other (specify)		1350.00	4							
	Full Name (Last, First, Middle Initial)										
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	City	State	Zip Code		Trans	acti	on ID :	072D4BI	BE-D	7EE-4	620-
	Chapel Hill	NC	27599-7070	_	Amount	t of	Each R	eceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	250.0	00
	Name of Employer University of North Carolina	Occupation Surgeon	I								
	Receipt For:		Year-to-Date ▼								
	Primary General	/ iggi egate		11							
	Other (specify)		, 500.00								
c.	Full Name (Last, First, Middle Initial) Mark Christian Weissler				Date of	Re	eceipt				
	Mailing Address 610 Burnett-Womack Buildi G106 Physicians' Office Bu	-			04	/	20	/ Y	201	у 5	Y
	City	State	Zip Code		Trans	act	ion ID :	5A8721	BD37	EC45	60969E
	Chapel Hill	NC	27599-7070		Amount	t of	Each R	eceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	00
	Name of Employer	Occupation									
	University of North Carolina	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Mell B. Welborn Jr. Mailing Address 1720 Fleener Rd				Date of	F Re	_	ipt	/	/ Y	Y	Y
	City	State	Zip Code	_	05	acti	L	20	E817EE	201	15	
	Evansville	IN	47725-9531	A			-		eceipt t			
	FEC ID number of contributing federal political committee.	С					7		7		750.0	00
	Name of Employer Deaconess Health System	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00									
в.	Full Name (Last, First, Middle Initial) Cheryl Ann Wesen				Date of	Re	ecei	ipt				
	Mailing Address 19229 Mack Ave Van Elslander Cancer Center,				м м 04	/	C	22	/	201		Y
	City Grosse Pointe Wood	State MI	Zip Code 48236-2857						04A51			69E3
	FEC ID number of contributing federal political committee.	С			Arriount	OT	⊏a		eceipt t		000.0	0
	Name of Employer St. John Hospital and Medical Center	Occupation Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ecei	ipt				
	Mailing Address 10666 N Torrey Pines Rd Scripps Clinic				м м 06	/	Ľ	D D 17	/	201		Y
	City La Jolla	State CA	Zip Code 92037-1027	A					0229D5 eceipt t			ACD-
	FEC ID number of contributing federal political committee.	С					7		- 7		250.0	00
	Name of Employer	Occupation		\neg								
	Scripps Clinic	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 250.00									
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SCHEDULE A (FEC Form 3X) __ _ _ _ _

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PAGE 212 OF

т	EMIZED RECEIPTS		Use separate schedule(s) (i for each category of the			(check only one)							
			Detailed Summary Page		< 11a 13		11b 14	11c	12		17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to so	for the	purp ntrib	oose of	soliciting	g contrib	oution ittee.			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC										
Α.					Date of	Re	ceipt						
	Mailing Address 2950 Cleveland Clinic Blvd Cleveland Clinic Florida				м м 02	/	D D 19	/ Y	2015	Y			
	City Weston	State FL	Zip Code 33331-3609						EDB723 nis Perio		D5E		
	FEC ID number of contributing federal political committee.	С					9		100	00.00			
	Name of Employer	Occupation											
	Cleveland Clinic Receipt For:	Surgeon		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
— R	Full Name (Last, First, Middle Initial)				Date of	Re	ceint						
υ.	Mailing Address 6288 E Grant Rd				05	/	04	/ Y	2015	Y			
	City	State AZ	Zip Code		Trans		on ID : 8		2015 E3F085		E01		
		AL	85712-5831	_	Amount	tof	Each R	eceipt th	nis Perio	d	-		
	FEC ID number of contributing federal political committee.	С					9	9	150	00.00			
	Name of Employer Self Employed	Occupation Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1500.00										
С.	Full Name (Last, First, Middle Initial) John V. White				Date of	Re	ceipt						
	Mailing Address Advocate Lutheran General Ho Department of Surgery, 8 Sout				м м 01	/	D D 13	/ Y	y y 2015	Y			
	City Park Ridge	State IL	Zip Code 60068-1174				-		F00878 nis Perio		47D		
	FEC ID number of contributing federal political committee.	С					, .			50.00			
	Name of Employer	Occupation											
	Advocate Lutheran General Hospital	Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		250.00										
s	UBTOTAL of Receipts This Page (optional)						3		275	0.00			
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SCHEDULE A (FEC Form 3X) _ _ _ _ _

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PAGE 213 OF

17			Use separate schedule(s)	(check	only	on	e)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12		
	y information copied from such Reports and St for commercial purposes, other than using the			erson for							17 s
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC								
Α.	Full Name (Last, First, Middle Initial) Wayne Graham Whitmore Mailing Address 116 E 68th St City New York FEC ID number of contributing	State NY	Zip Code 10065-5955	T		/ actie	13 on ID : 9	9B4EE8	2015 0413001 nis Perio	<u>5</u>5C28 d	8BA
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	C Occupation Surgeon Aggregate	Year-to-Date ▼ 250.00				7		25	50.00	
В.	Full Name (Last, First, Middle Initial) Joseph L. Wilhelm Mailing Address 702 W Lake Lansing Rd			M	te of 01	Ree	ceipt 13	/ Y	2015	Y	
	City East Lansing FEC ID number of contributing	State MI	Zip Code 48823-8526						30D3478 nis Perio 50		F55
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Surgeon	Year-to-Date ▼ 500.00				y				
С.	Full Name (Last, First, Middle Initial) Hale Edward Wills			Da	te of	Ree	ceipt				
	Mailing Address Univ Surgical Assoc/Divide of Medical Office Center - Suite 1 City	90 State	Zip Code	_ L	04 ransa	/ acti	19 on ID : 3	JL	2015 3AD780		8B68
	Providence FEC ID number of contributing federal political committee.	C	02905	Am	nount	of I	Each Re	eceipt th	nis Perio 25	d 50.00	
	Name of Employer University Surgical Associates Receipt For: Primary General Other (specify) ▼	Occupation Surgeon Aggregate	Year-to-Date ▼ 250.00]							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of				-		7		100	0.00	

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PAGE 214 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 12 & 14 & 15 & 16 & 16 \\ \hline 12 & 14 & 15 & 16 & 16 \\ \hline \end{array}$
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In I	-		
		onal Association PAC	
Full Name (Last, First, Middle A. Stephen Charles Wilson	้		Date of Receipt
Mailing Address 477 N EI Ca Ste B303		7.0.1	02 D D / Y Y Y Y 2015
City Encinitas	State CA	Zip Code 92024-1331	Transaction ID : 2B91DFE7C48B1B2883 Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		250.00
Name of Employer	Occupatio	n	
Sharp Mission Park Medical C	enter Surgeon		
Receipt For:		e Year-to-Date ▼	
Other (specify) ▼		250.00]
Full Name (Last, First, Middle B. Robert John Winchell	e Initial)		Date of Receipt
	St, Msb 4.270 of Surgery, Ut Health S		03 24 2015
City	State TX	Zip Code	Transaction ID : 5877A184347B522CA48
Houston		77030-1501	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		500.00
Name of Employer Maine Medical Center	Occupatio	n	
Receipt For:	Surgeon		_
Primary Gene		e Year-to-Date ▼	
Other (specify)		500.00	1
Full Name (Last, First, Middle C. Weerachai Wiri	e Initial)		Date of Receipt
Mailing Address 116 John Du			M M / D D / Y Y Y Y 05 29 2015
City Levelland	State TX	Zip Code 79336-6300	Transaction ID : 78462CD4851D2814AE
		1 2000-0000	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.			500.00
Name of Employer	Occupatio	n	
Self Employed Receipt For:	Surgeon		_
Primary Gene		e Year-to-Date ▼	
Other (specify)		500.00	1
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TOTAL This Period (last page	this line number only)		

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 215 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check onl				
		Detailed Summary Page	X 11a 13	11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	ay not be sold or used by any p address of any political committe	erson for the	purpose of	soliciting	g contribut	tions
NAME OF COMMITTEE (In Full)							
ight angle American College of Surge	ons Professio	onal Association PAC					
Full Name (Last, First, Middle Initial) A. Laura Ellen Witherspoon			Date of	f Receipt			
Mailing Address 2108 E 3rd St Ste 200			05	04	/ Y	у у 2015	Y
City Chattanooga	State TN	Zip Code 37404-2624		action ID : t of Each R			B0BB2
FEC ID number of contributing federal political committee.	C					1000	.00
Name of Employer	Occupation	1					
University Surgical Associates	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		1000.00]				
Full Name (Last, First, Middle Initial) B. Dennis R. Witmer			Date of	f Receipt			
Mailing Address 24 Brendle Ln			06	/ D D 17	/ Y	2015	Y
City Wilmington	State DE	Zip Code 19807-1300		action ID : t of Each R			4FAE-
FEC ID number of contributing federal political committee.	C					100	.00
Name of Employer None	Occupation Surgeon	1					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00	1				
Full Name (Last, First, Middle Initial) C. John Frederick Wolz	I		Date of	f Receipt			
Mailing Address 820 S Monaco Pkwy Ste 305			05	/ D D	/ Y	y y 2015	Y
City Denver	State CO	Zip Code 80224-3703		saction ID : t of Each R		-	712F58
FEC ID number of contributing federal political committee.	C					500	0.00
Name of Employer	Occupation	1					
Self Employed	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		500.00]				
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PAGE 216 OF

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\	IAME OF COMMITTEE (In Full) American College of Surgeons	Professio	nal Association PAC							
A	ull Name (Last, First, Middle Initial) Scott Downing Woodard failing Address 1060 Woodland Ct				Date o		ceipt	D / Y	YY	Y
_	Sity	State	Zip Code	_	04 Trans	sacti	20 on ID :	82D5506	2015 5 3-CA6F -	4370-
_	Estes Park	CO	80517-7577					Receipt th		
	EC ID number of contributing ederal political committee.	С					7	7	500	0.00
	lame of Employer stes Park Medical Center	Occupation Surgeon								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]						
	iull Name (Last, First, Middle Initial) Randy Joseph Woods				Date o	f Re	ceipt			
N	Address 128 E Apple St, Ste 7000 Wright State University Boon	shoft			м м 04	/	19		2015	Y
	City Dayton	State OH	Zip Code 45409-2902					BC29FB Receipt th		
	EC ID number of contributing ederal political committee.	С					,		500).00
	lame of Employer /right State University	Occupation Surgeon								
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]						
	iull Name (Last, First, Middle Initial) James Odis Wyatt III				Date o	f Re	ceipt			
N	failing Address 3510 Camden Falls Cir				м м 03	/	25		2015	Y
	City Greensboro	State NC	Zip Code 27410-1600					F868E0I Receipt th		
	EC ID number of contributing ederal political committee.	С					,	7	250	0.00
Ā	lame of Employer	Occupation								
	Central Carolina Surgery	Surgeon								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1						
			250.00			-	7		1250	.00
SCHEDULE A (FEC Form 3X) _ _ _ _ _

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PAGE 217 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(chec		y or	ie) 11b		11c	12		
			Detailed Summary Page		13		14		15	16		17
	y information copied from such Reports and St for commercial purposes, other than using the											s
	NAME OF COMMITTEE (In Full) American College of Surgeons F	Professio	nal Association PAC									
Α.	Full Name (Last, First, Middle Initial) Mathew Francis Yetter Mailing Address 52 Edgemont Rd			_	ate o M M M		ceipt		Ŷ	y y 2015	Y	
	City Asheville	State NC	Zip Code 28801-1514							391F29 s Perio		EE
	FEC ID number of contributing federal political committee.	С					7		7	25	50.00	
	Name of Employer Ann Boyd MD PA Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Charles Yowler			Da	ate o	f Re	ceipt					
	Mailing Address Metrohealth Medical Center Department of Surgery				м м 04	/	20		Y	ү ү 2015	Y	
	City Cleveland	State OH	Zip Code 44109-1998							IF3273 s Perio		6C1E3
	FEC ID number of contributing federal political committee.	С					9		7	10	00.00	
	Name of Employer Metro Health Medical Center	Occupation Surgeon		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
с.	Full Name (Last, First, Middle Initial) Charles Yowler			D	ate o	f Re	ceipt					
	Mailing Address Metrohealth Medical Center Department of Surgery				05		D 20	0	L	ү ү 2015		
	City Cleveland	State OH	Zip Code 44109-1998							36B9E s Perio		5181
	FEC ID number of contributing federal political committee.	С					9		7	10	00.00	
	Name of Employer	Occupation										
	Metro Health Medical Center Receipt For:	Surgeon		_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
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SCHEDULE A (FEC Form 3X)

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PAGE 218 OF

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Surgeon	ns Professio	nal Association PAC	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address Metrohealth Medical Cent Department of Surgery	er		06 20 2015
City Cleveland	State OH	Zip Code 44109-1998	Transaction ID : 4EA6B5EEA07D1C545C Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Metro Health Medical Center Receipt For:	Occupation Surgeon Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00]
Full Name (Last, First, Middle Initial) B. Ihor Andrew Zakaluzny			Date of Receipt
Mailing Address 21 N Davis St			M M / D D / Y Y Y Y 04 10 2015
City Keyser	State WV	Zip Code 26726-3249	Transaction ID : 9C48C16D-7EFE-49A4- Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Ihor Zakaluzny	Occupatior Surgeon	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Daniel Wayne Ziegler			Date of Receipt
Mailing Address 1500 S Main St Department of Surgery			03 12 2015
City Fort Worth	State TX	Zip Code 76104-4917	Transaction ID : A0F15E98A9B21CE26Bs Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	_
Self Employed	Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
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SCHEDULE A (FEC Form 3X)

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PAGE 219 OF

	-	Use separate schedule(s)	(check c	only o	ne)	L		
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NAME OF COMMITTEE (In Full)	,							
American College of Surgeo	ns Professic	onal Association PAC						
Full Name (Last, First, Middle Initial) A. Scott Paul Zietlow			Date	of R	eceipt			
Mailing Address 200 1st St SW Mayo Clinic			03		/ D D 14	/ Y	2015	Y
City	State	Zip Code	Tra	nsac	tion ID :	507C8C	10F68247	E09450
Rochester	MN	55905-0001	Amoi	unt of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7	1000.	00
Name of Employer	Occupation	1						
Mayo Clinic	Surgeon							
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		1000.00	1					
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Full Name (Last, First, Middle Initial)								
B. Michael J. Zinner			Date	of R	eceipt			
Mailing Address Department of Surgery	aanital		M			/ Y	2015	Y
Brigham and Women's He City	State	Zip Code	0 [^]		13	286D83/	2015 AC0F1E37	C3076
Boston	MA	02115					is Period	03370
FEC ID number of contributing federal political committee.	С				7		1000.	00
Name of Employer Brigham and Woman	Occupation	1						
Receipt For:	Surgeon							
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		, 1000.00						
Full Name (Last, First, Middle Initial) C. Robert M. Zwolak			Date	of R	eceipt			
Mailing Address Dartmouth-Hitchcock Med Medical Center Drive	dical Center		0		04	/ Y	2015	Y
City	State	Zip Code	Tra	nsac	tion ID :	9663D58	34-66A4-4	805-
Lebanon	NH	03756	Amou	unt of	Each Re	eceipt th	is Period	
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Name of Employer	Occupation	1						
Dartmouth-Hitchock Medical Center	Surgeon							
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SC	HEDULE B (FEC Form 3X)			F	OR		UMBER:				PAG	GE 2	220 0)F 249
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	y information copied from such Reports and Staten for commercial purposes, other than using the name													
\square	NAME OF COMMITTEE (In Full)													
	American College of Surgeons Pro	fession	al Associatio	n P/	AC									
-	Full Name (Last, First, Middle Initial)													
А.	Adrian Smith for Congress						Date of	í Dis		emen	t	V	Y	V
	Mailing Address 3321 Avenue I Suite 6						06	Í	0			20		
	City Scottsbluff	State NE	Zip Code 69361-4587				Trans	acti	on ID	: 17	873A	8E4B	5CA7	1AB4F
	Purpose of Disbursement 2016 Primary Contribution				011		Amount	h of	Toob	Dieb		nont	thia T	Deried
	Candidate Name			24	Amoun		Lacii	DISD	ursen	nem	uns r	enou		
	Adrian Michael Smith			egor ype	'y/			7		7		2500	.00	
	Office Sought: X House Disbursen Senate X President	2016 General												
	State: NE District: 03		<i>,</i>											
	Full Name (Last, First, Middle Initial)	0	··· / ^ > 41 -		、		Data at	. D:-						
D.	American Innovation Political Actio	n Comi	mittee (AMI F	YAC)		Date of	i Dis		emen	t / V	V	Y	V
	Mailing Address PO Box 582496						06	ĺ		4	/ Y	20		Ŧ
	Elk Grove	State CA	Zip Code 95758				Trans	acti	on ID	: 31	C694	DF3E	E11C4	6C9C6
	Purpose of Disbursement 2015 Contribution			C	011		Amount	tof	Each	Disb	ursen	nent	this F	Period
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	American Innovation Political Action Cor				ype				7		7		5000	.00
		nent For: Primary	2015 General											
		Other (spe												
	State: District: Full Name (Last, First, Middle Initial)		Contribution											
-	Ami Bera for Congress						Date of	f Dis		men	t	V	Y	V
	Mailing Address PO Box 582496						02		2			20		
	5	State CA	Zip Code 95758				Trans	acti	on ID	: 03	FAB3	B263	3C537	37CAC
	Purpose of Disbursement 2016 Primary Contribution			C)11		•	(-					
	Candidate Name				egor	2/	Amount	OT	Eacn	DISD	ursen			
	Ameriash B. Bera				ype	<i>y,</i>			7		7		5000	.00
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	State: CA District: 07						_	_	_	_	_	_	_	
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	CHEDULE B (FEC Form 3X)	arate schedule(s)		-		UMBE	R:			PA	GE	221	OF 249	
IT	EMIZED DISBURSEMENTS		category of the	(c	hec	k only	<u> </u>		- - - - - -	Г	04] <u>2</u> ⊑	
			Summary Page			21b 27	22 28a		23 28b	$\left \right $	24 28c	\vdash	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
\setminus	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	American College of Surgeons Pro	fession	al Associatio	n P/	٩C	,								
_	Full Name (Last, First, Middle Initial)						Date	of Di	churc	0.0	aant			
А.	Ami Bera for Congress						Date	-	D				Y	V
	Mailing Address PO Box 582496						03			27			015	
	5	State	Zip Code				Tra	nsact	ion II	ר	BDFA2	F19F	-0CD	711D494
	Elk Grove	CA	95758				ma	15001					000	110404
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	Candidate Name			Cate	egoi	ry/				1			500	0.00
	Ameriash B. Bera	ype			-	7	-			5000	5.00			
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	President	Other (spe												
	State: CA District: 07													
_	Full Name (Last, First, Middle Initial)													
В.	Andy Barr for Congress, Inc.						Date	of Di	sburs	en	nent			
	Mailing Address, DO Day 20050						M			01			015	Y
	Mailing Address PO Box 2059						06			01		2	015	
	Lexington	State KY	Zip Code 40588				Tra	nsact	ion II	D:	F62A10)82F	57490)7FDBE
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_	State: KY District: 06													
C.	Full Name (Last, First, Middle Initial) Andy Harris for Congress						Date	of Di	sburs	en	nent			
•	Andy Hams for Congress						M				_	(Y	Y	Y
	Mailing Address PO Box 426						02			24			015	
	City	State	Zip Code				Tra	near	ion II	י ר	221059	01=4	633EF	03000
	Stevensville Purpose of Disbursement	MD	21666				iid	1340			1000			20200
	2016 Primary Contribution			0)11		A		-		N-1			Devied
	Candidate Name			-		m //	Amol	int of	Each	۱L	Disburse	ment	t this	Period
	Andrew P. Harris			Cate T	ype				_				250	0.00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
	American College of Surgeons Pro	fessional	Associatio	n P/	٩C									
A.	Full Name (Last, First, Middle Initial) Andy Harris for Congress						Date of	f Dis	burse		ent	Y	Ŷ	Y
	Mailing Address PO Box 426						06		0)1		_20)15	
	Stevensville	State MD	Zip Code 21666				Trans	acti	on ID) : F	374C9	721E	39DE	2DC325
	Purpose of Disbursement 2016 Primary Contribution			0	11		Amount	t of	Each	Dis	sburser	ment	this I	Period
	Candidate Name Andrew P. Harris	egor ype	ry/		_	,		- 7		1000	.00			
	Office Sought: House Disburser Senate President State: MD District: 01													
в.	Full Name (Last, First, Middle Initial) Becerra for Congress				Date of	f Dis		eme	ent		Y	V		
	Mailing Address PO Box 71584						02	Í		24	Ľ		015	
	Los Angeles	State CA	Zip Code 90071				Trans	acti	on ID):2	289AA2	2CE1	4981	FC9629
	Purpose of Disbursement 2016 Primary Contribution Candidate Name Xavier Becerra			Cate)11 egor ype	ry/	Amount	t of	Each	Dis	sburser	ment	this I 5000	
	Office Sought: X House Disburser	nent For: 2(Primary Other (speci	General		<u>, 1</u>				,		,			
C.	Full Name (Last, First, Middle Initial) Benishek for Congress, Inc.						Date of	f Dis			ent		Ŷ	V
	Mailing Address PO Box 108						02	Í		24	/ 1)15	Y
	City Gladstone Purpose of Disbursement				Trans	acti	on ID): A	\9A84 7	78C9	84CC	5D8B41		
	2016 Primary Contribution Candidate Name			0 Cate	11 egor	ry/	Amount	t of	Each	Dis	sburser	ment		
	Daniel J. Benishek Office Sought: House Senate President State: MI	nent For: 20 Primary Other (speci	General		ype		L.		7		- 7		5000	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	American College of Surgeons Pro	fessior	nal Associatio	on P	AC	;									
Α.	Full Name (Last, First, Middle Initial) Bennet for Colorado							Date of	f Dis	sburse	em	nent			
	Mailing Address PO Box 3078						-	06	/		01			015	Y
	City S	State CO	Zip Code 80201					Trans	acti	on ID):	D506D	14DC	C3B00	82E8BA
	Purpose of Disbursement 2016 Primary Contribution		00201	(011		-	Amouni	t of	Fach		isburse	ment	t this	Period
	Candidate Name	-	<u> </u>		Amoun		Laon		1350130	mem		renou			
	Michael F. Bennet	ego ype			L.,						1000	0.00			
	Office Sought: House Disburser Senate President		<u>, , , , , , , , , , , , , , , , , , , </u>					,		,					
	State: CO District:		·												
в.	Full Name (Last, First, Middle Initial) Bilirakis for Congress							Date of	f Dis	sburse	em	nent			
	Mailing Address PO Box 606						-	03	/		25			015	Y
	City S Tarpon Springs	State FL	Zip Code 34688-0606					Trans	acti	ion IC):	909726	9E8I	ЕВСС	8440AA
	Purpose of Disbursement 2016 Primary Contribution			(011			Amount	t of	Each	D	isburse	ment	t this	Period
	Candidate Name			Cat							1			100	0.00
	Gus Michael Bilirakis			Т	ype			_	-	7	-	7		100	5.00
	Senate X	nent For: Primary Other (sp	General												
с.	Full Name (Last, First, Middle Initial) Bill Flores for Congress							Date of	f Dis	burse	em	nent			
	Mailing Address PO Box 6207						-	м м 03	/		27	1		015	Y
	City S Bryan	State TX	Zip Code 77805					Trans	acti	on IC):	DA0BC	FC4	38705	5237C7D
	Purpose of Disbursement 2016 Primary Contribution			()11			Amount	t of	Fach		isburse	mont	thie	Period
	Candidate Name William H. Flores		Cat T	ego ype			Amoun		Lach		1304130		5000	_	
	Office Sought: House Disburser Senate President X State: TX District: 17	2016 General ecify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>					5		7				
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\setminus	NAME OF COMMITTEE (In Full)												
	American College of Surgeons Pro	fession	al Associatio	on PA	٩C								
<u>ب</u>	Full Name (Last, First, Middle Initial)						Data						
А.	Brady for Congress						Date o	_	burser		Y		v
	Mailing Address PO Box 8277						02		24		201		
	5	State	Zip Code				Trans	sactio	on ID	: 17A943	28823	99EF	D4D8
	the Woodlands Purpose of Disbursement	ТХ	77387-8277				man				20020		2.20
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	Kevin Patrick Brady				/pe	<u></u>			,		2	2500.	00
	Senate X President	ment For: Primary Other (spe	General										
	State: TX District: 08												
В.	Full Name (Last, First, Middle Initial) Bucshon for Congress						Date o	_					_
	Mailing Address PO Box 250						02	/	24		201		Ŷ
	Newburgh	State IN	Zip Code 47629				Trans	sactio	on ID	: E74E20	C61F7	515E [,]	14E1F
	Purpose of Disbursement 2016 Primary Contribution			0	11	1	Amoun	t of E	Each I	Disburse	ment t	his P	eriod
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	Larry Dean Bucshon Office Sought: Y House Disburser	ment For:	2010	Ту	/pe				,	,			
		Primary Other (spe	General										
	Full Name (Last, First, Middle Initial)												
C.	Cathy McMorris Rodgers for Cong	ress					Date o						_
	Mailing Address Box 137						02	/	24		201		Y
	City Spokane	State WA	Zip Code 99210-0137				Trans	sactio	on ID	: 9C657E	800BD	BFD1	ICE333
	Purpose of Disbursement 2016 Primary Contribution												
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	CHEDULE B (FEC Form 3X)	parate schedule(s)		-		NUMBER	:			PA	GE	225	OF 249	
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
	American College of Surgeons Pro	fession	al Associatio	n P/		;								
Α.	Full Name (Last, First, Middle Initial) Charlie Dent for Congress						Date o	f Dis	sburs	en	nent			
	Mailing Address PO Box 442						06	/		01			015	Y
	City S Allentown	State PA	Zip Code 18105-0442				Trans	sacti	ion II) :	12B18	36C2	28194	13D2BC
	Purpose of Disbursement 2016 Primary Contribution			C	011		Amoun	t of	Each	۱C	Disburse	men	t this	Period
	Candidate Name Charles W. Dent	Cat T	egoi ype				,		. ,		250	0.00		
	Office Sought: House Disburser Senate President State: PA District: 15	2016 General ecify) ▼												
В.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda San	chez					Date o	f Dis	sburs	en	nent			
	Mailing Address 410 1st St SE Suite 310						06	/		01			015	Ŷ
	City S Washington	State DC	Zip Code 20003				Tran	sact	ion II	D:	B3659	74A4	68CE	167ED8
	Purpose of Disbursement 2016 Primary Contribution			(011		Amoun	t of	Each	ם ו	Disburse	men	t this	Period
	Candidate Name			Cat									100	0.00
		nent For: Primary	2016 General	T	ype				7					
	State: CA District: 38	Other (sp	ecify) ▼											
C.	Full Name (Last, First, Middle Initial) Crowley for Congress						Date o	_	_		_		Ý	
	Mailing Address 84-56 Grand Avenue						06			01			015	Ŷ
	Elmhurst	State NY	Zip Code 11373				Tran	sact	ion II	D :	627341	3D6E	D6AA7	78CB52B
	Purpose of Disbursement 2016 Primary Contribution		C)11		Amoun	t of	Each	ιC	Disburse	men	t this	Period	
	Candidate Name Joseph Crowley			Cat T	ego ype				,		. ,		100	0.00
	Office Sought: House Disburser Senate President State: NY District: 14	2016 General ecify) ▼												
s	UBTOTAL of Disbursements This Page (optional)												4500).00
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S	CHEDULE B (FEC Form 3X)			OR	LINI	E NU	JMBER	:			PA	GE	226	OF 249
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(C	hec	k or 21k 27	´ _	ne) 22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional Associatio	on P/	٩C	;									
Α.	Full Name (Last, First, Middle Initial) David Scott for Congress						Date o	_	sburse		nt	Y	Ŷ	Y
	Mailing Address PO Box 960821						06			4			015	
	Riverdale	State Zip Code GA 30296					Trans	sacti	on ID	: C(6B943	BE6E	53FD	21A008
	Purpose of Disbursement 2016 Primary Contribution		C)11			Amoun	t of	Each	Dist	ourse	ment	t this	Period
	Candidate Name David Albert Scott	ego ype					,		- 7		100	0.00		
	Office Sought: House Disburser Senate President State: GA District: 13													
в.	State: GA District: 13 Full Name (Last, First, Middle Initial) Democratic Congressional Campa				Date o			emer	nt		Y	Y		
	Mailing Address 430 South Capitol Street, SE 2nd Floor						02	ĺ		24	Ĺ		015	·
	Washington	StateZip CodeDC20003					Trans	sacti	ion ID) : F{	5B6C	672 <i>F</i>	A37C5	46AD0B
	Purpose of Disbursement 2015 Contribution Candidate Name		Cate)11 ego	ry/		Amoun	t of	Each	Disl	ourse	ment	t this 1500	_
	Senate	Ign Committee ment For: 2015 Primary General Other (specify) ▼ Contribution		ype					7		7		1000	0.00
c.	Full Name (Last, First, Middle Initial) Diana DeGette for Congress						Date o	_		-	nt			N.
	Mailing Address PO Box 61337						м м 06	/	0	D 1			015	T
	City S Denver Purpose of Disbursement					Trans	sacti	ion ID	: 15	35D6	5251	81F6E	EC0EFF	
	2016 Primary Contribution Candidate Name		Cate)11 ego	ry/		Amoun	t of	Each	Disl	ourse	ment		_
	Diana L. DeGette Office Sought: House Disburser Senate President X State: CO District: 01	ment For: 2016 Primary General Other (specify) ▼		ype					7		7		1000	5.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 227 OF 249
	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(check only	v one)
		Detailed Summary Pag		21b	22 X 23 24 25 26 28a 28b 28c 29 30
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan			by any perso	on for the purpose of soliciting contributions
\square	NAME OF COMMITTEE (In Full)				
	American College of Surgeons Pro	ofessional Associa	ation	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Raul Ruiz for Congress				Date of Disbursement
	Mailing Address PO Box 3433				02 24 2015
	Palm Desert	StateZip CodeCA92261			Transaction ID : F689CA46ABC1C9677A
	Purpose of Disbursement 2016 Primary Contribution			011	Amount of Each Disbursement this Period
	Candidate Name Raul Ruiz		C	Category/ Type	2500.00
		ment For: 2016 Primary Genera Other (specify) V	al	Туре	
	State: CA District: 36				
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 120 Maryland Ave NE				02 24 2015
	Washington	StateZip CodeDC20002			Transaction ID : 3EB45640DE546420F0A
	Purpose of Disbursement 2015 Contribution			011	Amount of Each Disbursement this Period
	Candidate Name DSCC		C	Category/ Type	15000.00
	Office Sought: House Disburser Senate President	nent For: 2015 Primary Genera Other (specify) v		<u> </u>	
	State: District: Full Name (Last, First, Middle Initial)	Contribu	ition		
C.	Dutch Ruppersberger for Congress	s Committee			Date of Disbursement
	Mailing Address PO Box 231				02 24 2015
	Lutherville	StateZip CodeMD21094			Transaction ID : A7B010AA34C8EC7CE9
	Purpose of Disbursement 2016 Primary Contribution		IГ	011	Amount of Each Disbursement this Period
	Candidate Name C.A. Dutch Ruppersberger		C	Category/ Type	2500.00
	Office Sought: House Disburser Senate President X State: MD District: 02	ment For: 2016 Primary Genera Other (specify) ▼	al		
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar					/ perso	on for t	ne pu	irpos	se o	f solicit	ing c	contribu	itions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	, .		-										
	American College of Surgeons Pro	ofessiona	al Associatio	on P/	4C	;								
Α.	Full Name (Last, First, Middle Initial) Fleming for Congress						Date	of D)isbu	ırser	nent			
	Theming for Congress						M	M	/	D	D /	Y	YY	Y
	Mailing Address PO Box 1236						0	6		24		2	2015	
	,	State	Zip Code				Tra	insac	tion	D ID :	BC7C	B650	0896D5	F83C59
	Minden Purpose of Disbursement	LA	71058-1236											
	2016 Primary Contribution			C)11		Amo	unt o	f Ea	ach [Disburs	emei	nt this	Period
	Candidate Name	egoi	rv/							100	2.00			
	John Calvin Fleming Jr.				ype				- 7	_		_	100	5.00
	Office Sought: House Disburser Senate	ment For: 2												
	President	Primary Other (spec	General											
	State: LA District: 04		Sily) 🔻											
_	Full Name (Last, First, Middle Initial)													
В.	Friends for Jim McDermott						Date	of D)isbu	urser	nent			
	Mailing Address DO D. organ						M		/				Y Y	Y
	Mailing Address PO Box 21786						0	6		24			2015	
	5	State	Zip Code				Tra	insac	tior	ו ID ו	: 93FD	8376	95691	A01AEC
	Seattle Purpose of Disbursement	WA	98111											
	2016 Primary Contribution			C)11		Amo	unt o	f Ea	ach [Disburs	emer	nt this	Period
	Candidate Name			Cate	eqoi	rv/							400	0.00
	James A. McDermott				ype			_	7			_	100	0.00
			2016											
	President	Primary Other (spec	General											
	State: WA District: 07	Other (spec	siry) ▼											
	Full Name (Last, First, Middle Initial)													
C.	Friends of Dave Reichert						Date	of D)isbu	urser	nent			
	Mailing Address DO Dev 2000						M		/	24			Y Y 2015	Y
	Mailing Address PO Box 2032						0	0		24		4	2015	
	City	State	Zip Code				Tra	insac	tior	ו D	56170	41D	168D98	3C63E5
	Issaquah Purpose of Disbursement	WA	98027											
	2016 Primary Contribution	C)11		۸mo	unt o	f Es	ach [Disburs	مسما	nt this	Period		
	Candidate Name			Cate	edoi	rv/	Ano				2130013	cinci		_
	David George Reichert				ype				7		7		1000	0.00
		ment For: 2												
	Senate X	Primary Other (cpc)	General											
	State: WA District: 08	Other (spec	uy) ▼											
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar												
\square	NAME OF COMMITTEE (In Full)												
	American College of Surgeons Pro	ofessional Assoc	ciation	۱PA	١C								
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Friends of Joe Heck Congress						Date of	f Dis	sburse		Y Y	Y	Y
	Mailing Address PO Box 750114						03		2			015	
	5	State Zip Code	•				Trans	acti	on ID	: 7FB58	B83C	8F51	23DBD0
	Las Vegas Purpose of Disbursement	NV 89136											
	2016 Primary Contribution		- 11	01	11		Amount	t of	Each	Disburs	ement	t this	Period
	Candidate Name			Cate		1						2500	0.00
	Joseph John Heck Jr. Office Sought: X House Disburser	ment For: 2016		Ту	pe			-	7				
	Senate	Primary Gen	eral										
	State: NV District: 03	Other (specify)											
_	Full Name (Last, First, Middle Initial)												
В.	Friends of Joe Heck Congress						Date of	f Dis	sburse	ment			
	Mailing Address PO Box 750114						06	/		D / 4		015	Y
	City Las Vegas	State Zip Code NV 89136	9				Trans	acti	ion ID	: 31C84	236C	FA62	8986C9
	Purpose of Disbursement 2016 Primary Contribution			0	11	1	Amount	t of	Each	Disburs	ement	t this	Period
	Candidate Name			Cate	qorv	/						250	2.00
	Joseph John Heck Jr.				pe			-	7		_	250	5.00
		ment For: 2016 Primary Gene Other (specify) ▼	eral										
	Full Name (Last, First, Middle Initial)												
C.	Friends of Joe Pitts						Date of	f Dis	sburse	ment			
	Mailing Address PO Box 775						^M M 02	/	2	D / 4		015	Y
	City	State Zip Code	•				Tuono				0070		807D1D
	Unionville	PA 19375					Trans	acti		: D/EV/	.021U	00003	007010
	Purpose of Disbursement 2016 Primary Contribution		- I I	01	11	11	A.m.o.u.n.	ı of	Tash	Diahura		t thin	Deried
	Candidate Name			Cate	1	1	Amoun		Each	Disburs	entern		renou
	Joseph Russell Pitts				pe	′						2500	0.00
	Senate President	ment For: 2016 Primary Gen Other (specify) ▼	eral						,				
_	State: PA District: 16												
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
\setminus	NAME OF COMMITTEE (In Full)														
	American College of Surgeons Pro	ofession	al Associatio	on P/	۹C	2									
Α.	Full Name (Last, First, Middle Initial) Friends of John Boehner							Date o	f Dis	sburse	eme	ent			
	Mailing Address 7908 Cincinnati Dayton Road							02	/	D 2	24	/		015	Y
		State OH	Zip Code 45069-6628					Trans	sacti	on ID):[001390)8D6	A649	B853B9
	Purpose of Disbursement 2016 Primary Contribution			C)11		1	Amoun	t of	Each	Di	sburse	ment	t this	Period
	Candidate Name			Cate	ego	ory/								500	0.00
	John Andrew Boehner			Ţ	ype)				7	_			500	5.00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (sp	General												
_	State: OH District: 08														
в.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt							Date o	f Dis	sburse	eme	ent			
	Mailing Address PO Box 10178							03	/	D 2	25			015	Y
	Columbia	State MO	Zip Code 65205-4002					Trans	sacti	ion ID):2	28E1D	ECF	0186E	68367A
	Purpose of Disbursement 2016 Primary Contribution			(011			Amoun	t of	Each	Di	sburse	ment	t this	Period
	Candidate Name Roy Dean Blunt			Cate			'							250	0.00
		ment For:	2016	I.	ype	9				7		,			
	Senate Y President	Primary Other (spo	General												
_	State: MO District:														
C.	Full Name (Last, First, Middle Initial) Friends of Schumer							Date o				ent		Y	
	Mailing Address 192 Lexington Avenue Suite 1001							02	<i>'</i>	2	24			015	Ŷ
	New York	State NY	Zip Code 10016					Trans	sacti	ion ID):5	56FB3	5C45	57EA4	4C108B
	Purpose of Disbursement 2016 General Contribution			C)11	2		Amoun	t of	Each	Di	sburse	ment	t this	Period
	Candidate Name Charles E. Schumer			Cate			·							250	0.00
	Office Sought: House Disburser	ment For: Primary	K General	1	ype	•				7		- 7			
	State: NY District:	Other (sp	ecity) 🔻												
⊢	UBTOTAL of Disbursements This Page (optional)					-	_	<u> </u>		5		- 1		10000	0.00
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	CHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)	-		NE NUMBER: PAGE 231 OF 249
	EMIZED DISBURSEMENTS	for each	a category of the I Summary Page		21 27	
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\square	NAME OF COMMITTEE (In Full)					
	American College of Surgeons Pro	ofession	al Associatio	on PA	C	
_	Full Name (Last, First, Middle Initial)					Date of Disbursement
А.	Friends of Susan Brooks					
	Mailing Address 9425 N Meridian Street # 237					06 02 2015
	- 3	State IN	Zip Code			Transaction ID : F6E63C1DAC6698E2239
	Indianapolis Purpose of Disbursement		46260-1308			_
	2016 Primary Contribution			01	1	Amount of Each Disbursement this Period
	Candidate Name Susan W. Brooks			Cate		1000.00
		ment For:	2016	Ту	pe	
	Senate	Primary	General			
	President	Other (spe	ecify)			
	State: IN District: 05 Full Name (Last, First, Middle Initial)					
в.	Georgians for Isakson					Date of Disbursement
						M = M / D = D / Y = Y = Y = Y
	Mailing Address Post Office Box 250116					06 01 2015
	City Atlanta	State GA	Zip Code 30325			Transaction ID : 20D3FC70EBBC9C1D164
	Purpose of Disbursement 2016 Primary Contribution			01	11	Amount of Each Disbursement this Period
	Candidate Name			Cate	gory/	1000.00
	Johnny H. Isakson			Ту		1000.00
		ment For: Primary	2016 General			
	President	Other (spe				
	State: GA District:		•			
C	Full Name (Last, First, Middle Initial)					Date of Disbursement
0.	Gregg Harper for Congress					
	Mailing Address Post Office Box 54344					06 24 2015
	City Pearl	State MS	Zip Code 39288			Transaction ID : 22786241230DB64192A
	Purpose of Disbursement 2016 Primary Contribution					1
	Candidate Name			01		Amount of Each Disbursement this Period
	Gregory Harper			Cate Ty		1500.00
	Senate President	ment For: Primary Other (spe	General			
	State: MS District: 03					
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SC	HEDULE B (FEC Form 3X)			F)R I I		JMBER:			PA	GE 23	32 OF	249
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		heck	only or	ne)			_			
			Summary Page			21b 27	22 28a	× 23 28	b –	24 28c		25 29	26 30b
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$\left \right $	NAME OF COMMITTEE (In Full)												
\square	American College of Surgeons Pro	fessiona	al Associatio	on P/	4C								
^	Full Name (Last, First, Middle Initial)						Data of	Diahuu		nt			
А.	Guthrie for Congress						Date of						
	Mailing Address PO Box 9639						02		24	7 Y	201		
	City	State	Zip Code				Trana	aatian	م. ما				24.02E
	Bowling Green	KY	42102-9639				Trans	action	ID : 8/	AFBJE	:0A0D	DIFB	3123F
	Purpose of Disbursement 2016 Primary Contribution			0	11	1	Amount	of Ead	ch Dis	burser	nent tl	his Pe	riod
	Candidate Name				egory/	/					2	2500.0	0
	S. Brett Guthrie			T	уре			- 7	-	- 7 -		-500.0	0
	Senate X President	nent For: 2 Primary Other (spec	General										
	State: KY District: 02												
В.	Full Name (Last, First, Middle Initial) Healthcare Freedom Fund						Date of	Disbu	seme	nt			
	Mailing Address PO Box 2485						02	/ D	24	/ Y	201		
	Springfield	State VA	Zip Code 22152				Trans	action	ID : 7	564751	DA056	F3005	5F90
	Purpose of Disbursement 2015 Contribution			C)11]	Amount	of Ead	h Dis	burser	nent tl	nis Pe	riod
	Candidate Name				egory/	/					Ę	5000.0	0
	Healthcare Freedom Fund Office Sought: House Disbursen	nent For: 2	045	Ţ	ype			7	-	7	-		
	Senate	Primary	General										
	State: District:	Other (spec	Contribution										
_	Full Name (Last, First, Middle Initial)		Contribution										
C.	HEARTDOCPAC						Date of	Disbu	seme	nt			
	Mailing Address PO Box 628						м м 03	/ D	25	/ Y	201		
	City	State	Zip Code				-						
	Evansville	IN	47704-0628				Trans	action	ID : 5	51D02	ACA6	1BF83	4075
	Purpose of Disbursement 2015 Contribution			0	11	1	Amount	of Ead	h Dis	burser	nent tl	nis Pe	riod
	Candidate Name				egory/	/					5	5000.00	0
	HEARTDOCPAC			T	ype			- 7				5000.0	0
	Senate	nent For: 2 Primary	General										
	State: District:	Other (spec	Contribution										
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	CHEDULE B (FEC Form 3X)		oroto cohodula(-)		-		-	MBER:				PAC	ΞE	233 (OF 249
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	hec	k only 21b 27		e) 22 28a	X	23 28b		24 28c		25 29	26 30b
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\mathbb{N}	NAME OF COMMITTEE (In Full)			_											
	American College of Surgeons Pro	fession	al Associatio	n P/	АС 	;									
Α.	Full Name (Last, First, Middle Initial) Holding Onto Oregon's Priorities						[Date of	Dis	sburse	eme	ent			
	Mailing Address PO Box 3314							05	/		B1	/ Y		015	Y
	City S Portland	State OR	Zip Code 97208					Trans	acti	ion ID):5	D66AE	BDI	F7502	EBC7E5
	Purpose of Disbursement Voided 6/10/14 Contribution			C	011		A	Amount	of	Each	Dis	sbursen	nent	t this	Period
	Candidate Name			Cat	eao	rv/			1		-		1	5000	
	Holding Onto Oregon's Priorities				ype				-	7	_	- 7		-5000	0.00
	Senate President	nent For: Primary Other (spe	General Gerify)												
	State: District:		Contribution												
в.	Full Name (Last, First, Middle Initial) Hoyer for Congress						1	Date of	Dis			ent			
	Mailing Address 700 13th Street NW Suite 600							м м 06	ĺ		D D1	/ Y		015	Y
	Washington	State DC	Zip Code 20005					Trans	acti	ion ID) : E	E83573I	DB2	2B317	DE2F98
	Purpose of Disbursement 2016 Primary Contribution			(011		Å	Amount	of	Each	Dis	sbursen	nent	t this	Period
	Candidate Name			Cat										150	0.00
	Senate X	nent For: Primary Other (spe	General		ype					7					
с.	Full Name (Last, First, Middle Initial) Hudson for Congress						[Date of	Dis	sburse	eme	ent			
	Mailing Address PO Box 5053							м м 05	/		D 31	/ Y		015 015	Y
	City S Concord	State NC	Zip Code 28027-1500					Trans	acti	ion ID) : F	-50886 1	16F2	2B3AI	DDF4FF
	Purpose of Disbursement Voided 9/12/14 Disbursement	_		C)11			Amount	of	Each	Dis	sbursen	nent	t this	Period
	Candidate Name Richard Lane Hudson Jr.			Cat T	ego ype				. 01	Luon	Bit			-5000	_
	Office Sought: House Disburser Senate President State: NC District: 08	nent For: Primary Other (spe	K General							,					
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S	CHEDULE B (FEC Form 3X)			F)b			JMBER				PA	GE	234 (OF 249
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k o	nly o	ne)		1	_				
			Summary Page			21 27	L	22 	×	23 28b	-	24 28c		25 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan					у ре	erson	for the		pose (solicitir		ntribu	tions
\backslash	NAME OF COMMITTEE (In Full)														
	American College of Surgeons Pro	fession	al Associatic	on P/	٩C	;									
<u>~</u>	Full Name (Last, First, Middle Initial)							Detr	<u>د م</u>	ob		ont			
А.	Johnson for Congress							Date o	_	sburse		_	Y V	Y	Y
	Mailing Address PO Box 906							06	ĺ)1			015	
	City S Marietta	State OH	Zip Code 45750					Trans	sact	ion ID):	9DCC6	BC9	8C9B	A8059DA
	Purpose of Disbursement 2016 Primary Contribution			0)11			Amoun	t of	Each	D	isburse	ment	t this	Period
	Candidate Name			Cate		rv/									
	William L. Johnson				ype					7	_			1000	0.00
	Office Sought: X House Disburser Senate X President	nent For: Primary Other (spe	General												
_	State: OH District: 06														
D	Full Name (Last, First, Middle Initial)							Date o	f Di	oburoc	~ m	ont			
р.	Kind for Congress Committee								_	D				Y	V
	Mailing Address 3061 Edgewater Ln							06	Í		01			015	I
	City S La Crosse	State WI	Zip Code 54603					Trans	sact	ion ID):	F63FF1	1201	29B3I	DE10EE
	Purpose of Disbursement 2016 Primary Contribution			C	011			Amoun	t of	Each	D	isburse	ment	t this	Period
	Candidate Name			Cate										100	0.00
	Ronald James Kind Office Sought: Y House Disburser	nent For:	2016	Ţ	ype		_			7		,	-		
		Primary Other (spe	General												
_	Full Name (Last, First, Middle Initial)														
C.	Kirk for Senate							Date o	_						
	Mailing Address PO Box 2594							м м 03	/	2	25			015 [°]	Y
	City S Chicago	State IL	Zip Code 60690					Trans	sact	ion ID):	40B76 1	I D99	C8E5	CD0234
	Purpose of Disbursement			-											
	2016 Primary Contribution Candidate Name			0)11			Amoun	t of	Each	D	isburse	ment	t this	Period
	Mark Steven Kirk			Cate T	egoi ype									2500	0.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General		<u> </u>					7					
	State: IL District:								_					_	
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S	CHEDULE B (FEC Form 3X)			FC	OR	LINE N	NUMBER:	:			PAC	GE 235	OF 249
IT	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(cl	hec	k only					0.4		
			Summary Page			21b 27	22 28a	×	23 28b	$\left - \right $	24 28c	25	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the		oose o		liciting		utions
$\left \right $	NAME OF COMMITTEE (In Full)			_									
	American College of Surgeons Pro	fessiona	l Associatior	ר P/									
Δ	Full Name (Last, First, Middle Initial) Kurt Schrader for Congress						Date of	f Dis	sburse	men	t		
	Ruit Schlader for Congress						M M		D	_		Y Y	Y
	Mailing Address PO Box 3314						06		2		L	2015	
	,	State	Zip Code				Trans	acti	on ID	· F3	824C	78A0828	
	Oregon City Purpose of Disbursement	OR	97045				mana	acti		. 23	0240	IONUCZU	
	2016 Primary Contribution			0	11		Amoun	t of	Each	Disb	ursen	nent this	Period
	Candidate Name			Cate		ry/						100	0.00
	Kurt Schrader Office Sought: Y House Disburser	nent For: 20	16	ly	ype				7		- 7		
		Primary	General										
	President	Other (speci	ify) 🔻										
	State: OR District: 05 Full Name (Last, First, Middle Initial)												
В.	Kyrsten Sinema for Congress						Date of	f Dis	sburse	men	t		
							M M	/	D	D	/ Y	Y Y	Y
	Mailing Address PO Box 25879						06		2	4		2015	_
	City S Tempe	State AZ	Zip Code 85285				Trans	sacti	ion ID	: 08	CB65	E5BA6D	E50082A
	Purpose of Disbursement 2016 Primary Contribution												
	Candidate Name)11		Amoun	t of	Each	Disb	ursen	nent this	Period
	Kyrsten Sinema			Cate T\	egor ype	ry/			_			100	00.00
		nent For: 2	016	.,	ype				7		7		
	Senate X	Primary	General										
	State: AZ District: 09	Other (speci	fy) 🔻										
	Full Name (Last, First, Middle Initial)												
C.	Levin for Congress						Date of	f Dis	sburse	men	t		
	Mailing Address PO Box 37						м м 04	/	3		/ Y	2015	Y
										•			
	,	State MI	Zip Code 48066				Trans	sacti	ion ID	: 14	A0472	2896659	DDFD29
	Roseville Purpose of Disbursement		40000	_	_								
	2016 Primary Contribution			0	11		Amoun	t of	Each	Disb	ursen	nent this	Period
	Candidate Name			Cate		ry/						250	0.00
	Sander M. Levin Office Sought: Y House Disburser	mant Fare a		Ту	ype				7		7	200	0.00
	Office Sought: X House Disburser	nent For: 20 Primary	General										
	President	Other (speci											
	State: MI District: 09												
Γ												150	0.00
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	EMIZED DISBURSEMENTS	\ I	-	c only	one)						
		for each category of the Detailed Summary Page			21b 27	22 	×	23 28b	24 28c	25	
	y information copied from such Reports and Staten for commercial purposes, other than using the nam										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_								
/	American College of Surgeons Pro	tessional Associati	on P	AC							
<u> </u>	Full Name (Last, First, Middle Initial)										
Α.	Lone Star Leadership PAC					Date of	f Dis	burse	ment		
	Mailing Address PO Box 30844					03	/	2		2015	
	5	State Zip Code				Trans	actio	n ID	· 4C07D	812FFB	B3BFB21D
		MD 20824-0844				TTalla	acin	שוווכ	. 40070		DJDFDZID
	Purpose of Disbursement 2015 Contribution			011		Amoun	t of E	Each	Disburse	ment thi	is Period
	Candidate Name		Cat	egor	v/						
	Lone Star Leadership PAC			уре	<u> </u>			,	7	50	000.00
		nent For: 2015 Primary General									
		Other (specify)									
	State: District:	Contribution	า								
_	Full Name (Last, First, Middle Initial)										
в.	Lynn Jenkins for Congress					Date of	t Dis				
	Mailing Address PO Box 1441					02	/	2		2015	
	Topeka	State Zip Code KS 66601-1441				Trans	actio	on ID	: 7EB52	62F1E8	5C127DF1
	Purpose of Disbursement 2016 Primary Contribution			011		Amoun	t of F	- ach	Disburse	ment thi	is Period
	Candidate Name			egor	×/				2100 4100		
	Lynn Michelle Jenkins			Суре	y/		_	,	7	2	500.00
	Senate X	nent For: 2016 Primary General Other (specify) ▼									
_	Full Name (Last, First, Middle Initial)										
C.	McConnell Senate Committee					Date of	f Dis	burse		YYY	V V
	Mailing Address PO Box 1496					06	ľ	0,		2015	
	City S	State Zip Code KY 40201				Trans	actio	on ID	: A25C9	9B5144	D15E558E
	Purpose of Disbursement	10201		-							
	2020 Primary Contribution			011		Amoun	t of E	Each	Disburse	ment thi	is Period
	Candidate Name Mitch McConnell			egor Type	у/					25	500.00
		nent For: 2020		he			-	,	7		
	Senate President	Primary General Other (specify)									
	State: KY District:										
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S	CHEDULE B (FEC Form 3X)		FC	DR	LINE N		:			PAC	GE 237	OF 249
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C	hecl	k only			00				
		Detailed Summary Page			21b 27	22 28a	×	23 28b	\square	24 28c	25	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam				perso	n for the		oose d		liciting		outions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		-	. ~								
	American College of Surgeons Pro	fessional Associatio	on PA	40								
۸	Full Name (Last, First, Middle Initial)					Date o	f Die	burco	mon			
А.	Michael Burgess for Congress										Y Y	V
	Mailing Address PO Box 2334					02	ĺ	2			2015	
	City	State Zip Code				Trans	acti	on ID	· 49	56341	1305236	785A5F
	Denton	TX 76202-2334				mana	acti		. 40.	50547	1000200	105451
	Purpose of Disbursement 2016 Primary Contribution		0	11		Amoun	t of	Each	Disb	ursen	nent this	s Period
	Candidate Name		Cate	eaor	v/						50	
	Michael Clifton Burgess			ype	, 			7		- 7	50	00.00
	Senate X President	nent For: 2016 Primary General Other (specify) ▼										
	State: TX District: 26											
в.	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate					Date o	f Dis		_	t		
	Mailing Address PO Box 1948					04	/		0	/ Y	2015	Y
	Boise	State Zip Code ID 83701				Trans	sacti	on ID	: 77	FC28	4019F0	A01A249
	Purpose of Disbursement 2016 Primary Contribution		C)11		Amoun	t of	Each	Disb	ursen	nent this	s Period
	Candidate Name		Cate		y/						30	00.00
	Michael Dean Crapo		Ty	ype			-	7	-	7	00	00.00
	X Senate	nent For: 2016 Primary ☐ General Other (specify) ▼										
	Full Name (Last, First, Middle Initial)											
C.	Mike Thompson for Congress					Date o	f Dis		-	t		
	Mailing Address 5429 Madison Avenue					06	<i>'</i>	0	D 1	/ Y	2015	- Y
	City Sacramento	State Zip Code CA 95841				Trans	sacti	on ID	: D0	49EA	E588AI	EE2BA584
	Purpose of Disbursement		-	-								
	2016 Primary Contribution		0	11		Amoun	t of	Each	Disb	ursen	nent this	s Period
	Candidate Name		Cate		·y/		1				10	00.00
	Michael C. Thompson Office Sought: Y House Disburser	ment For: 2016	Т	ype			-	7	-	- 7		
	Senate President	Primary General Other (specify)										
	State: CA District: 05					_						
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				• ~											
	American College of Surgeons Pro	fessiona	al Associatio	n P	AC	,										
<u> </u>	Full Name (Last, First, Middle Initial)							D .	(D)							
А.	Nancy Pelosi for Congress							Date o	_	sburse		nt		Y	V	
	Mailing Address 700 13th Street, NW Suite 600							06			1	/		015	T	
	,	State DC	Zip Code					Trans	sacti	ion ID	: 34	40A7E	5D9	B6D6	6715	БЕВ
	Washington Purpose of Disbursement	DC	20005	_		_	-									
	2016 Primary Contribution			(011			Amoun	t of	Each	Dis	burser	nent	this	Perio	d
	Candidate Name				ego									5000	0.00	
	Nancy Pelosi Office Sought: Y House Disbursen	nent For: 2	2016	I	уре		-			7		- 7			_	
		Primary	General													
		Other (spe	cify) 🔻													
	State: CA District: 12 Full Name (Last, First, Middle Initial)															
В.								Date o	f Dis	sburse	eme	nt				
								M M	/	D	D	/ Y	Y	Y	Y	
	Mailing Address 700 13th Street, NW Suite 600							02		2	24		20	015		
	City S Washington	State DC	Zip Code 20005					Trans	sacti	ion ID) : D	6F594	045	D18C	70A3	C5
	Purpose of Disbursement 2015 Contribution				044			Amoun	+ ~ f	Took	Die	huraa		thia	Daria	d
	Candidate Name				011			Amoun		Each	DIS	burser	nent	uns	reno	u
	New Democrat Coalition PAC				egoi ype			L.,		7	_	7		5000	0.00	
		nent For:														
		Primary Other (spec	General													
	State: District:	Other (spec	Contribution													
_	Full Name (Last, First, Middle Initial)															
C.	NRCC							Date o	f Dis			nt				
	Mailing Address 320 First Street SE							м м 02	/	2	D 4	/ Y)15	Y	
	5	State DC	Zip Code 20003					Trans	sacti	ion ID	: 42	28BB2	2F10	9382[065B	47
	Purpose of Disbursement					-										
	2015 Contribution			(011			Amoun	t of	Each	Dis	burser	nent	this	Perio	d
	Candidate Name NRCC				egoi ype									15000	0.00	
		nent For: 2	2015	1	ype					7		- 7			-	
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)										P	AGE	239	OF 249
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page			ck only 21b 27) 22 28a	×	23 28b		24	;	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	American College of Surgeons Pro	ofession	al Associatio	n P	АС 	;									
Α.	Full Name (Last, First, Middle Initial)						D	ate o	f Di	sburs	en	nent			
	Mailing Address 425 2nd Street NE							02	/	D	24			2015	Y
	City Washington	State DC	Zip Code 20002				-	Frans	sact	ion II	D :	0A212	F156	CEDE	ABEF2D
	Purpose of Disbursement 2015 Contribution			()11		Aı	noun	t of	Each	۱C	Disburs	emer	nt this	Period
	Candidate Name NRSC			Cat T	ego ype					7	1	. ,		1500	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General												
	State: District: Full Name (Last, First, Middle Initial)		Contribution												
В.									_	sburs					
	Mailing Address PO Box 3986						Ľ	06	/		24			2015	Y
	Washington	State DC	Zip Code 20027					Frans	sact	ion II	D:	7D3C	9AA3	E1797	3AA726
	Purpose of Disbursement 2015 Contribution			(011		Aı	noun	t of	Each	۱C	Disburs	emer	nt this	Period
	Candidate Name ORRINPAC			Cat T	ego ype					7		,		250	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General												
	State: District:		Contribution												
C.	Full Name (Last, First, Middle Initial) Pallone for Congress						_		_	sburs					
	Mailing Address PO Box 3176						Ľ	02			24			2015	Ŷ
	City Long Branch	State NJ	Zip Code 07740				-	Frans	sact	ion II	D:	5C5F/	A5E	32275E	EF99D40
	Purpose of Disbursement 2016 Primary Contribution			()11		A	noun	t of	Each	۱D	Disburs	emer	nt this	Period
	Candidate Name Frank Pallone Jr.			Cat T	ego ype						Ī			500	0.00
	Senate President	ment For: Primary Other (spe	General												
Г	State: NJ District: 06						<u> </u>	-	-	-			-	0050	
s	UBTOTAL of Disbursements This Page (optional)					• •	ŀ	+	-	7	-		-	22500).00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 240 OF 249
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and States or for commercial purposes, other than using the nar		d by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional Associatio	n PAC	
Full Name (Last, First, Middle Initial) A- Pat Meehan for Congress			Date of Disbursement
Mailing Address 50 S Providence Road			06 / D D / Y Y Y Y 06 01 / 2015
Media	State Zip Code PA 19063-3531		Transaction ID : 69DE0AE525989765690
Purpose of Disbursement 2016 Primary Contribution Candidate Name		011	Amount of Each Disbursement this Period
Patrick L. Meehan	ment For: 2016	Category/ Type	1000.00
Senate President	Primary General Other (specify) ▼		
State: PA District: 07 Full Name (Last, First, Middle Initial) B. People for Enterprise Trade and E	conomic Growth (PE	TE PAC)	Date of Disbursement
Mailing Address 7804 Evening Lane			06 24 2015
City Alexandria Purpose of Disbursement	State Zip Code VA 22306-2754		Transaction ID : 75933E5DFC70C1C78F5
2015 Contribution Candidate Name People for Enterprise Trade and Economic	Growth (PETE PAC)	011 Category/ Type	Amount of Each Disbursement this Period 2500.00
	nent For: 2015 Primary General Other (specify) Contribution	Туре	
Full Name (Last, First, Middle Initial) C. People for Patty Murray			Date of Disbursement
Mailing Address PO Box 3662			06 01 / Y Y Y Y 2015
City Seattle Purpose of Disbursement	StateZip CodeWA98124		Transaction ID : 13574500E1E4AED9580
2016 Primary Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period
Patricia Lynn Murray Office Sought: House Disburser X Senate President X State: WA District: X	ment For: 2016 Primary General Other (specify) ▼	Туре	3000.00
SUBTOTAL of Disbursements This Page (optional)			6500.00

S	CHEDULE B (FEC Form 3X)			=	י אנ		UMBER:				PAGF	241	OF 249
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	y information copied from such Reports and Staten for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessiona	I Associatio	on P/	٩C								
Α.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress Mailing Address PO Box 823047						Date of		burse	D /		2015	Ŷ
	City S Dallas	State TX	Zip Code 75382-3047				Trans	actio	on ID	: 710	6DA9E	39E23	E1C93F
	Purpose of Disbursement 2016 Primary Contribution			0)11		Amoun	t of E	Each	Disbu	rseme	nt this	Period
	Candidate Name Peter Anderson Sessions Office Sought: X House Disbursen	nent For: 2	016		egory ype	y/			,		,	500	0.00
	Senate X	Primary Other (spec	General										
В.	Full Name (Last, First, Middle Initial) Portman for Senate Committee						Date of	f Dis	burse		Y	YY	Ŷ
	Mailing Address 9856 Archer Lane						06		2	4	<u> </u>	2015	
	Dublin	State OH	Zip Code 43017-8914				Trans	sactio	on ID	: 0D8	DE420	CCACF	4F40605
	Purpose of Disbursement 2016 Primary Contribution Candidate Name Rob J. Portman			Cate)11 egory ype	y/	Amoun	t of E	Each	Disbu	rseme		Period 0.00
	Senate	nent For: 2 Primary Other (speci	General										
C.	Full Name (Last, First, Middle Initial) Price for Congress						Date of		burse	_	V	YY	N/
	Mailing Address PO Box 425						02	1	24			2015	
	,	State GA	Zip Code 30077				Trans	actio	on ID	: E1C	64388	A9B15	4835FF
	Candidate Name Thomas E. Price M.D.			Cate)11 egory ype	y/	Amoun	t of E	Each	Disbu	rseme		Period 0.00
	Senate X	nent For: 20 Primary Other (spec	General										
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
	NAME OF COMMITTEE (In Full) American College of Surgeons Pro	fessional	Associatio	n P/	٩C										
Α.	Full Name (Last, First, Middle Initial) Renee Ellmers for Congress Comm	nittee					C	Date of	f Dis	sburse			Y	Y Y	Y
	Mailing Address PO Box 99567							03		2	25		2	2015	
	Raleigh	State NC	Zip Code 27624					Trans	acti	on ID):'	735CI	E5583	BE277	9A55CE
	Purpose of Disbursement 2016 Primary Contribution			0	11	٦	A	Amoun	t of	Each	D	isburs	emer	nt this	Period
	Candidate Name Renee L. Ellmers			Cate Ty	egor /pe	y/				,		. ,		150	0.00
	Senate X President	nent For: 20 Primary Other (specit	General												
в.	State: NC District: 02 Full Name (Last, First, Middle Initial) Ryan for Congress, Inc.							Date of	f Dis		em	ent	Y	Y Y	Y
	Mailing Address PO Box 1488						1	02		2	24		2	2015	
	Janesville	State WI	Zip Code 53547-1488					Trans	sacti	ion ID):	D81D	3732	13C3C	F8DB56
	Purpose of Disbursement 2016 Primary Contribution Candidate Name			0 Cate	11 egor	y/	Δ	Amoun	t of	Each	D	isburs	emer		Period
	Senate X	nent For: 20 Primary Other (specif	016 General ý) ▼	Ту	vpe					7		7		230	0.00
c.	Full Name (Last, First, Middle Initial) Scalise for Congress						0	Date of	f Dis			ent			
	Mailing Address PO Box 23219						l	02	1		24	/		2015	Y
	City S Jefferson Purpose of Disbursement	State LA	Zip Code 70183-3219					Trans	sacti	ion ID):	DF1D	EB10	43634	1B55EB
	2016 Primary Contribution Candidate Name			Cate		y/	Δ	Amoun	t of	Each	D	isburs	emer		Period
	Stephen Joseph Scalise Office Sought: House Disburser Senate President X State: LA District: 01	nent For: 20 Primary Other (specil	General		/pe					7				250	0.00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
\square	NAME OF COMMITTEE (In Full)															
	American College of Surgeons Pro	fession	al Associatio	n P/	٩C	;										
Α.	Full Name (Last, First, Middle Initial) Tenn Political Action Committee In	c (TENI	N PAC)					Date o	f Dis	sburse	en	nent				
	Mailing Address 228 S Washington Street Suite 115	;						06	/	D (01) /		015	Y	
	Alexandria	State VA	Zip Code 22314					Trans	acti	on IC):	0553D	3FA9	9A20D	9B294F	
	Purpose of Disbursement 2015 Contribution			C	11			Amoun	t of	Each	n D	Disburs	emen	t this	Period	
	Candidate Name			Cate							7			100	0.00	
	Tenn Political Action Committee Ind			T	ype	•		_	-	7	-		-	100	0.00	
	Senate President	nent For: Primary Other (spe	General													
	State: District:		Contribution				_									
в.	Full Name (Last, First, Middle Initial) The Freedom Project							Date o		sburse			Y Y	Y	Y	
	Mailing Address 320 1st Street SE							02	Í		24			015		
	Washington	State DC	Zip Code 20003					Trans	sacti	ion IE) :	50666	9373	F75AI	E93817	
	Purpose of Disbursement 2015 Contribution Candidate Name			C)11			Amoun	t of	Each	D	isburs	emen	t this	Period	
	The Freedom Project			Cate	ego ype									500	0.00	
	Office Sought: House Disburser Senate	nent For: Primary	General		ype											
	State: District:	Other (spe	Contribution													
c.	Full Name (Last, First, Middle Initial) The Richard Burr Committee							Date o	f Dis							
	Mailing Address Post Office Box 5928							03	/	2	25) /		015	Y	
	Winston-Salem	State NC	Zip Code 27113					Trans	sacti	ion IE) :	873C1	2BD7	7E622	235677	
	Purpose of Disbursement 2016 Primary Contribution			C	11			Amoun	t of	Each	ı C	Disburs	emen	t this	Period	
	Candidate Name Richard M. Burr			Cate	ego ype						1			250	0.00	
	Office Sought: House Disburser Senate President State: NC District:	nent For: Primary Other (spe	General							,						
Г								_	-	-			-			
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S	CHEDULE B (FEC Form 3X)		FOR	I INF N	IUMBER:	PAGE 244 OF 249
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		21b 27		24 25 26 28c 29 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					
\square	NAME OF COMMITTEE (In Full)					
	American College of Surgeons Pro	ofessional Association	on PAC	,		
~	Full Name (Last, First, Middle Initial)					
А.	The Richard Burr Committee				Date of Disburseme	
	Mailing Address Post Office Box 5928				06 24	2015
	City	State Zip Code			Transaction ID · 6	A180FF7686811AD810
	Winston-Salem	NC 27113			Transaction iD . 0	
	Purpose of Disbursement 2016 Primary Contribution		011		Amount of Each Dis	sbursement this Period
	Candidate Name		Categor			1000.00
	Richard M. Burr		Туре	-		1000.00
		ment For: 2016 Primary General Other (specify) ▼				
	State: NC District:					
в.	Full Name (Last, First, Middle Initial)				Date of Disburseme	ent
	Mailing Address PO Box 10847				06 / D D 01	/ Y Y Y Y 2015
	City S Rochester	State Zip Code NY 14610-0847			Transaction ID : 1	2D2439F2C268FF1FD3
	Purpose of Disbursement 2016 Primary Contribution		011		Amount of Each Dis	sbursement this Period
	Candidate Name		Categor	ry/		2500.00
	Thomas W. Reed II.		Туре			2300.00
	Senate X	ment For: 2016 Primary General Other (specify) ▼				
_	Full Name (Last, First, Middle Initial)					
C.	Upton for All of Us				Date of Disburseme	ent
	Mailing Address PO Box 490				02 24	2015
	City	State Zip Code			Transaction ID , 1	1CC0794046FCE9508B
	St. Joseph	MI 49085			Transaction ID : 1	1CC0794040FCE9506D
	Purpose of Disbursement 2016 Primary Contribution		011		Amount of Each Dis	sbursement this Period
	Candidate Name		Categor			5000.00
	Fredrick Stephen Upton Office Sought: V House Disburser	ment For: 2016	Туре			
	State: MI District: 06	Primary General Other (specify)				
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	American College of Surgeons Pro	fession	al Associatio	on P/	٩C								
_	Full Name (Last, First, Middle Initial)						D .	(D.					
А.	Volunteers for Shimkus						Date c						
	Mailing Address PO Box 661						03		2	25		2015	Y
	City	State	Zip Code				Tron		ion ID		E400	05704	007575
	Collinsville	IL	62234-0661				Trans	sact			E409	0E/UA	827575
	Purpose of Disbursement 2016 Primary Contribution			C)11		Amour	nt of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cat		·y/						2500	0.00
	John M. Shimkus			Т	ype				7			2000	
	Senate X President	nent For: Primary Other (spe	General										
	State: IL District: 15												
В.	Full Name (Last, First, Middle Initial) Volunteers for Shimkus						Date c	of Di	sburse	ement			
	Mailing Address PO Box 661						06	/	0)1		2015	Y
	Collinsville	State IL	Zip Code 62234-0661				Tran	sact	ion ID) : 028F	1D72	3D9979	94419A
	Purpose of Disbursement 2016 Primary Contribution			(011		Amour	nt of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cat		y/						100	0.00
	John M. Shimkus Office Sought: Y House Disburser	ment For:	2010	Т	уре				7				
		Primary Other (spe	General										
	State: IL District: 15		· · · · · · · · · · · · · · · · · · ·										
с.	Full Name (Last, First, Middle Initial) Walden for Congress						Date c	of Di	sburse	ement			
	Mailing Address PO Box 1091						M M 03	/	2	D /		y y 2015	Y
	City	State	Zip Code										
	Hood River	OR	97031-0037				Tran	sact	ion ID):5BD	C4F38	BAOAA:	3A16A36
	Purpose of Disbursement 2016 Primary Contribution			C)11		Amour	nt of	Fach	Disbur	amar	nt thie	Period
	Candidate Name			Cat	egor	·v/	7 (mour		Luon	Diobui	Jointoi		_
	Gregory Paul Walden				ype	<i>y</i> ,						2500	0.00
	Senate President	nent For: Primary Other (spe	General										
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S	CHEDULE B (FEC Form 3X)			F	י אכ		IUMBE	B∙			PAGE	246	OF	249
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the			c only 21b		п. Х	23	2		25		26
		Detailed	Summary Page			27	288		28b	2	8c	29		30b
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\square	NAME OF COMMITTEE (In Full)													
	American College of Surgeons Pro	fession	al Associatio	n P/	٩C									
-	Full Name (Last, First, Middle Initial)													
Α.	Walorski for Congress Inc						Date		sburse		V	Y Y	V	
	Mailing Address PO Box 954						00			01		2015		
	City	State	Zip Code				Tro	n	ion ID	: 06C		-25000	140	
	Mishawaka	IN	46546-0954				IId	iisaci		. 000;	ALDI	_3F000	2110/	АГО
	Purpose of Disbursement 2016 Primary Contribution			0	11		Amo	unt of	Each	Disbu	seme	nt this	Perio	bd
	Candidate Name			Cate	eaor	v/						400		
	Jacqueline Walorski				ype	,			7		7	100	0.00	_
		nent For:												
	Senate X	Primary Other (spe	General											
	State: IN District: 02	Other (ope	ony) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	Wyden for Senate						Date	of Di	sburse	ement				
							M			D /		Y Y	Y	
	Mailing Address 232 NE 9th Avenue						0:	2	2	24	-	2015		
	City S Portland	State OR	Zip Code 97232				Tra	nsact	ion ID) : BC9	51369	8D66E	7D0[D1A
	Purpose of Disbursement	-		_	-									
	2016 General Contribution			C)11		Amo	unt of	Each	Disbu	seme	nt this	Perio	bd
	Candidate Name			Cate		y/						250	0.00	
	Ron L. Wyden Office Sought: House Disburser	nent For:	2016	Ľ	ype				7		7			
		Primary	General											
	President	Other (spe												
	State: OR District:													
~	Full Name (Last, First, Middle Initial)						Dete	of Di		mont				
C.									sburse		N.		N	
	Mailing Address						M	M 7	D		Y =	Y Y	Ŷ	
	City	State	Zip Code											
	Purpose of Disbursement													
							Amo	int of	Fach	Disbu	seme	nt this	Perio	hd
	Candidate Name			Cate	egor	y/			Laon	Biobai				
	Office Sought: House Disburser	nent For		1	ype			-	7		,			
		Primary	General											
	President	Other (spe	cify) 🔻											
_	State: District:													
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S	CHEDULE B (FEC Form 3X)			F	OR	LIN		JMBEF	<u>}:</u>		P	AGE	247 (OF 249
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nar						erson	for the						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	1			^ ~									
	American College of Surgeons Pro	pression	al Associatio	on P/	40	,								
Α.	Full Name (Last, First, Middle Initial) Martin Alexander Croce							Date	of Di	sburse	ement			
	Mailing Address Univ of Tennessee Department of	Su					_	м 04		D	D / 8		2015	Y
	City Memphis	State TN	Zip Code 38163-0001					Tran	sact	ion ID	: 2DB1	27A	D9914	643E2C
	Purpose of Disbursement Refund of Contribution			C	010			Amou	nt of	Each	Disburs	emen	nt this	Period
	Candidate Name			Cate	ego ype	ry/				,	,		80	0.00
	Senate President	ment For: Primary Other (spe	General ecify) ▼											
в.	State: District: Full Name (Last, First, Middle Initial) Martin Alexander Croce							Date	of Di	sburse	ement			
	Mailing Address Univ of Tennessee Department of	Su						04		C)8		2015	Y
	Memphis	State TN	Zip Code 38163-0001					Trar	sact	ion ID) : B59C	C4B8	C690/	7FE6BA
	Purpose of Disbursement Refund of Contribution			(010			Amou	nt of	Each	Disburs	emen	nt this	Period
	Candidate Name			Cate	ego ype					,			80	0.00
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼											
<u>с</u> .	Full Name (Last, First, Middle Initial) Jay Johannigman							Date	of Di	sburse	ement			
	Mailing Address 2708 Johnstone PI							м 03	И /	2	7		2015	Y
	Cincinnati	State OH	Zip Code 45206-1822					Trar	sact	ion ID) : 45D7E	331E	4A190	4FCE36
	Purpose of Disbursement Refund of Contribution Candidate Name			C	010			Amou	nt of	Each	Disburs	emen	nt this	Period
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\square	NAME OF COMMITTEE (In Full)														
	American College of Surgeons Pro	ofessiona	al Associatio	n P/	٩C	,									
Α.	Full Name (Last, First, Middle Initial) Jacob Moalem							Date	of Di	isburse	en	nent			
	Mailing Address 601 Elmwood Ave # Surg						-	04		D (03			015	Y
	City Rochester	State NY	Zip Code 14642-0001					Tran	sact	tion ID):	08F53E	BCA1	I8E61	A4BCBF
	Purpose of Disbursement Refund of Contribution			0	10			Amou	nt of	Each		Disburse	men	t this	Period
	Candidate Name			Cate	ego ype	,				7	2			17(0.00
	Senate President	ment For: Primary Other (spe	General cify) ▼												
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В.	Jacob Moalem							Date		isburs			Y Y	Y	Y
	Mailing Address 601 Elmwood Ave # Surg							04		(03		2	015	
	Rochester	State NY	Zip Code 14642-0001					Trar	sact	tion IE) :	7F652F	-31F	E4F14	7BDD5
	Purpose of Disbursement Refund of Contribution			C)10			Amou	nt of	Each	1 C	Disburse	men	t this	Period
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	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General Gify) ▼												
	State: District: Full Name (Last, First, Middle Initial)						+								
C.	Michael J. Sutherland							Date		isburse				Y	V
	Mailing Address 4301 W Markham St Uams Department of Surgery, # 52	20-						03			27			015	
	Little Rock	State AR	Zip Code 72205-7101					Trar	sact	tion IE):	6D508	-338	11FE	25FDE4
	Purpose of Disbursement Refund of Contribution			0	10			Amou	nt of	Fach	Г	Disburse	men	t this	Period
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	State: District:							_	_	_			_	_	
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SCHEDULE B (FEC Form 3X)		FOR LINE	
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Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American College of Surgeons Pro	ofessional Association	n PAC	
Full Name (Last, First, Middle Initial) A. Michael J. Sutherland			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 4301 W Markham St Uams Department of Surgery, # 52	20-		03 27 2015
City	State Zip Code		Transaction ID : 941EB8617D1F2E206A5
Little Rock Purpose of Disbursement	AR 72205-7101		
Refund of Contribution		010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	300.00
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
С.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify)		
SUBTOTAL of Dichurgemente This Dags (anti-			300.00
SUBTOTAL of Disbursements This Page (optional)		•••••	
TOTAL This Period (last page this line number only))	••••••	1200.00