

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 249               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

Full Name (Last, First, Middle Initial)  
**A. Margaret M. Dunn**

Mailing Address 3640 Colonel Glenn Hwy  
Wright State Univ Boonshoft School

City Dayton State OH Zip Code 45435-0001

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

Name of Employer Wright State University School of Medi Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : 4080996C22A1E44D333B**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. David Eddleman**

Mailing Address 2800 Blue Ridge Rd  
Ste 300

City Raleigh State NC Zip Code 27607-6476

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 05 / 2015  
**Transaction ID : D8706249B5FACABA699**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Stephen B. Edge**

Mailing Address Baptist Cancer Center  
Baptist Memorial Health Care Corpo

City Memphis State TN Zip Code 38120

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

Name of Employer Roswell Park Cancer Institute Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 04 / 2015  
**Transaction ID : E8C4E2A1C6576FD0C85**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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