

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | | 604234.72 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 401201.16 | |
| (c) Total Receipts (from Line 19) | 44057.49 | 470562.93 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 445258.65 | 1074797.65 |
| 7. Total Disbursements (from Line 31)..... | 200000.00 | 829539.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 245258.65 | 245258.65 |
| 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: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 30742.49 | 368596.46 |
| (ii) Unitemized | 13315.00 | 96966.47 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 44057.49 | 465562.93 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 44057.49 | 465562.93 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 44057.49 | 470562.93 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 44057.49 | 470562.93 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 627500.00 |
| 24. Independent Expenditures (use Schedule E) | 200000.00 | 200000.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2039.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 2039.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 200000.00 | 829539.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 200000.00 | 829539.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 44057.49 | 465562.93 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2039.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 44057.49 | 463523.93 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 43 |
| | <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 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Edward Lee Alexander III
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 S New St
 City Dover State DE Zip Code 19904-3540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt **10 / 03 / 2014**
Transaction ID : 80F1950233B1890D5ED
 Amount of Each Receipt this Period **2500.00**

B. Constantine T. Andrew
 Full Name (Last, First, Middle Initial)
 Mailing Address 1935 Marlton Pike E
 City Cherry Hill State NJ Zip Code 08003-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Group Of South Jersey Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : 0654628231A51990272
 Amount of Each Receipt this Period **500.00**

C. Robert Mason Arensman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 S Michigan Ave Apt 2008
 City Chicago State IL Zip Code 60604-4368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Memorial Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : 797F8B10AF63104D869
 Amount of Each Receipt this Period **250.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 7 OF 43 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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. Sharon Liebe Bachman | | Date of Receipt |
| Mailing Address 3300 Gallows Rd Department of Surgery | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Falls Church | State VA | Zip Code 22042-3307 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : BA923ED03960D4F7091 |
| Name of Employer Self Employed | | Amount of Each Receipt this Period |
| Occupation Surgeon | | <input type="text" value="500.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="500.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Patrick Vance Bailey | | Date of Receipt |
| Mailing Address 20 F St NW American College of Surgeons, Ste | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Washington | State DC | Zip Code 20001-6701 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 43EEB4FFA7EC3258F5F2 |
| Name of Employer Maricopa Integrated Health System | | Amount of Each Receipt this Period |
| Occupation Surgeon | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="2000.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Erik Sven Barquist | | Date of Receipt |
| Mailing Address 700 W Oak St Admin- Trauma- Suite 201 | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Kissimmee | State FL | Zip Code 34741-4924 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 0D4F2862F4D41E81272 |
| Name of Employer Public Health Institute | | Amount of Each Receipt this Period |
| Occupation Surgeon | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 9 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Samuel Corwin Bieligm
 Full Name (Last, First, Middle Initial)
 Mailing Address 10109 E 79th St
 Cancer Treatment Centers of Americ
 City State Zip Code
 Tulsa OK 74133-4564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Agnes Hospital Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014
Transaction ID : 40328E07C573BDBA2B5D
 Amount of Each Receipt this Period
 250.00

B. James Harper Bledsoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 Sky Mountain Dr
 City State Zip Code
 Rogers AR 72756-3016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : F8B6DE6BB7C8792753E
 Amount of Each Receipt this Period
 500.00

C. Karen R. Borman
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Westwood Dr
 City State Zip Code
 Aberdeen MD 21001-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : FE382EFE57EF7CD6F95
 Amount of Each Receipt this Period
 1500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2025.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 43 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Albert Bothe Jr.
Full Name (Last, First, Middle Initial)

Mailing Address Geisinger Health System
Mc 22-01

City Danville State PA Zip Code 17822-0001

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

Name of Employer Geisinger Health System Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 03 / 2014
Transaction ID : **CD96F66C43A09ADF6C9**

Amount of Each Receipt this Period
500.00

B. Mary-Margaret Brandt
Full Name (Last, First, Middle Initial)

Mailing Address 118 S Washington St

City Ypsilanti State MI Zip Code 48197-5427

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

Name of Employer St. Joseph Mercy Hospital Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 09 / 2014
Transaction ID : **4A3BA1F8F685F292FB7E**

Amount of Each Receipt this Period
25.00

C. L.D. D. Britt
Full Name (Last, First, Middle Initial)

Mailing Address Department of Surgery
Eastern Virginia Medical School

City Norfolk State VA Zip Code 23507-1912

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

Name of Employer Eastern Virginia Medical School Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **6E88F7837E65FF13C1C**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 43 |
| | <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

A. Kristine Elizabeth Calhoun
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 356410
 1959 Northeast Pacific Street
 City Seattle State WA Zip Code 98195-6410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : BCB3C6920F7564D8848
 Amount of Each Receipt this Period
 250.00

B. David J. Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Mary St
 Ste 520
 City Evansville State IN Zip Code 47710-1682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evansville Surgical Assoc. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 40AB88DF51D76120ED21
 Amount of Each Receipt this Period
 50.00

C. Adela Teresa Casas-Melley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 W 22nd St
 PO Box 5039
 City Sioux Falls State SD Zip Code 57105-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A I Dupont Hospital for Children Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2014
Transaction ID : 4409B84645F81EE18DA7
 Amount of Each Receipt this Period
 100.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 43 |
| | <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

A. Michael Chi-Ming Chang
Full Name (Last, First, Middle Initial)

Mailing Address Wake Forest University Health Scie
Department of Surgery

City Winston Salem State NC Zip Code 27157-0001

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

Name of Employer Wake Forest Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 03 / 2014
Transaction ID : 42A199F2D881669ACD9E

Amount of Each Receipt this Period
100.00

B. Melvin S. Cole
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 150820

City Lufkin State TX Zip Code 75915-0820

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

Name of Employer Kaiser Permanente Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 08 / 2014
Transaction ID : 2A2D0790DD4989D3BD2

Amount of Each Receipt this Period
250.00

C. Martin Alexander Croce
Full Name (Last, First, Middle Initial)

Mailing Address Univ of Tennessee Department of Su

City Memphis State TN Zip Code 38163-0001

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

Name of Employer UTHSC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
10 / 03 / 2014
Transaction ID : 4345B51EAA0C9D3A956C

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 43 |
| | <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. Anthony Lawrence Cuppari | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : 53352D6759174020ADF |
| Mailing Address 29 Columbia Tpke Ste 202 | | Amount of Each Receipt this Period 250.00 |
| City Florham Park | State NJ | Zip Code 07932-2240 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Robert Francis D'Esposito | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : 910E49F82C6A36F9CFB |
| Mailing Address 601 Franklin Ave | | Amount of Each Receipt this Period 250.00 |
| City Garden City | State NY | Zip Code 11530-5795 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Advanced Urology of NY | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Michael Cletus Dalsing | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : 28B40BBB662D6D95673 |
| Mailing Address 1801 Senate Blvd Mpc-2, Suite 3500 | | Amount of Each Receipt this Period 500.00 |
| City Indianapolis | State IN | Zip Code 46202-1228 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Indiana University School of Medicine | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 43 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Matthew Lowell Davis
Full Name (Last, First, Middle Initial)

Mailing Address 11122 Overlook Cv

City Belton State TX Zip Code 76513-6528

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

Name of Employer Scott and White Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014

Transaction ID : 40B7AE3869EE8FA39DBC

Amount of Each Receipt this Period
 300.00

B. Rodney Davis
Full Name (Last, First, Middle Initial)

Mailing Address 4301 W Markham St
University of Arkansas for Medical

City Little Rock State AR Zip Code 72205-7101

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

Name of Employer Vanderbilt Univ Med Ctr Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014

Transaction ID : 41AC91991BD6FC7E872A

Amount of Each Receipt this Period
 50.00

C. James John Dehen Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 212 Ridge Ct

City Brainerd State MN Zip Code 56401-4551

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

Name of Employer Brainerd Medical Center Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2014

Transaction ID : 478DA04A19D9836FCC92

Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 130.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 43 |
| | <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

A. Dale Patrick Denning
Full Name (Last, First, Middle Initial)

Mailing Address 1130 W 4th St
Ste 2051

City Lawrence State KS Zip Code 66044-1336

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

Name of Employer General Surgery PA Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **C1700543B3C1DCFFB81**

Amount of Each Receipt this Period
250.00

B. Dale Patrick Denning
Full Name (Last, First, Middle Initial)

Mailing Address 1130 W 4th St
Ste 2051

City Lawrence State KS Zip Code 66044-1336

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

Name of Employer General Surgery PA Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **0D643E31CE5C9E606BC**

Amount of Each Receipt this Period
250.00

C. Corey L. Detlefs
Full Name (Last, First, Middle Initial)

Mailing Address 925 E McDowell Rd
FI 2

City Phoenix State AZ Zip Code 85006-2502

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 ▼
350.00

Date of Receipt
10 / 02 / 2014
Transaction ID : **4E5AADB7F89ADD0761D**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 43 |
| | <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"/> | <input type="checkbox"/> 17 |

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

A. Gary Allan Drascher
Full Name (Last, First, Middle Initial)

Mailing Address 1253 Dogwood Dr

City Bridgewater State NJ Zip Code 08807-1223

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

Name of Employer Surgical Associates of Central NJ Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 69DC9A137A956EBC694

Amount of Each Receipt this Period
 500.00

B. Juan Duchesne
Full Name (Last, First, Middle Initial)

Mailing Address Trauma Program
North Oaks Medical Center

City Hammond State LA Zip Code 70403

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : 4ABAB0ED9B62CC84F826

Amount of Each Receipt this Period
 50.00

C. Brian James Dunkin
Full Name (Last, First, Middle Initial)

Mailing Address Methodist Hospital Department of S
Suite Sm 1661

City Houston State TX Zip Code 77030

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

Name of Employer Methodist Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014
Transaction ID : 48D29B1037D029E490A4

Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 43 |
| | <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 | <input type="checkbox"/> 17 |

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

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

Mailing Address 128 E Apple St
Wright State Univ Department of Su

City Dayton State OH Zip Code 45409-2902

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

Name of Employer Wright State University School of Medi Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 15 / 2014
Transaction ID : 4446AACAB003D8FE76F4

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. 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
10 / 08 / 2014
Transaction ID : 5FB4909B254017D0E03

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. David Thomas Efron

Mailing Address Johns Hopkins Hospital
Sheikh Zayed Tower, Suite 6107F

City Baltimore State MD Zip Code 21287-0001

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

Name of Employer Johns Hopkins Univ Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
10 / 08 / 2014
Transaction ID : 6B68F656FC5CEF2C054

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 43 |
| | <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

A. Blaine L. Enderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 Alcoa Hwy
 Ste U-11
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University General Surgeons Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 4C7AA55F9182B79C7774
 Amount of Each Receipt this Period
 50.00

B. John Fildes
 Full Name (Last, First, Middle Initial)
 Mailing Address Univ of Nevada School of Medicine
 Department of Surgery Suite 302
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Nevada School of Medicin Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : 4C2098ED335390AE0462
 Amount of Each Receipt this Period
 50.00

C. H. Stephen Fletcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Stoney Brook Way
 City Morristown State NJ Zip Code 07960-7912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 786D1B81DFAA0AD14C2
 Amount of Each Receipt this Period
 500.00

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 43 |
| | <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. George Michael Fuhrman | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : 732835DF6CD306CB3B5 |
| Mailing Address 1514 Jefferson Hwy Ochsner Clinic Department of Surge | | Amount of Each Receipt this Period 500.00 |
| City New Orleans | State Zip Code LA 70121-2429 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Ochsner Clinic Foundation | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Patrick Francis Gartland | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : CA546EA902D55024CC9 |
| Mailing Address 1333 Piedmont Rd Ste 101 | | Amount of Each Receipt this Period 250.00 |
| City San Jose | State Zip Code CA 95132-2475 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer Self Employed | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Edwin Shewman Gerrish | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : F384310560FB829DCC6 |
| Mailing Address 506 1st Ave SE Brown Clinic | | Amount of Each Receipt this Period 250.00 |
| City Watertown | State Zip Code SD 57201-4402 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer Brown Clinic | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 43 |
| | <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"/> | <input type="checkbox"/> 17 |

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

A. James M. Goff Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5409 Canyon Bluff Trl NE

City Albuquerque State NM Zip Code 87111-8240

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2014
Transaction ID : 496C83E16BF86A35CFB2

Amount of Each Receipt this Period 500.00

B. Ross Frederick Goldberg
Full Name (Last, First, Middle Initial)

Mailing Address Maricopa Medical Center Department of Surgery

City Phoenix State AZ Zip Code 85008

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

Name of Employer Maricopa Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 12 / 2014
Transaction ID : 4FFE8E3B2C3B223F89E5

Amount of Each Receipt this Period 250.00

c. Charles Albert Harris
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Lamb Cir Carilion Clinic Surgery Cnrv, Suit

City Christiansburg State VA Zip Code 24073-6344

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

Name of Employer Carilion Clinic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2014
Transaction ID : 42DAB2CCD2F21C5D8F86

Amount of Each Receipt this Period 25.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 325.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 43 |
| | <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

A. Richard Mark Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3970

City Charleston State WV Zip Code 25339-3970

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

Name of Employer Retina Consultants PLLC Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : 6767E0FC17225C31F5A

Amount of Each Receipt this Period
 250.00

B. Mary Lenora Hilfiker
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Childrens Way Ste 107

City San Diego State CA Zip Code 92123-4226

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

Name of Employer UCSD Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 4021881C80822883A5F6

Amount of Each Receipt this Period
 210.00

C. Jan K. Horn
Full Name (Last, First, Middle Initial)

Mailing Address Surgical Service, Mc112 Sf Va Medical Center

City San Francisco State CA Zip Code 94121

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

Name of Employer San Francisco General Hospital Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : A417BBBA-9115-4812-

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 710.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 43 |
| | <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. Brenda Kay Huenergardt | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : 2920C988B142B1BAA37 |
| Mailing Address 1650 Main St Ste B | | Amount of Each Receipt this Period 250.00 |
| City Woodward | State OK | FEC ID number of contributing federal political committee. C |
| | Zip Code 73801-3046 | Name of Employer Brenda K Huenergardt, MD, PC |
| Occupation Surgeon | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|---------------------|---|
| Full Name (Last, First, Middle Initial) B. Seth David Izenberg | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2014 Transaction ID : 475A83BE500E14E18B04 |
| Mailing Address 501 N Graham St Pacific Surgical Pc, Ste 580 | | Amount of Each Receipt this Period 50.00 |
| City Portland | State OR | FEC ID number of contributing federal political committee. C |
| | Zip Code 97227-2003 | Name of Employer Pacific Surgical PC |
| Occupation Surgeon | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|---|---------------------|---|
| Full Name (Last, First, Middle Initial) C. Jeffrey Ronald Jenkins | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : 808C733CE87907AE377 |
| Mailing Address 3257 Professional Dr Ste E | | Amount of Each Receipt this Period 300.00 |
| City Auburn | State CA | FEC ID number of contributing federal political committee. C |
| | Zip Code 95602-2460 | Name of Employer Self Employed |
| Occupation Surgeon | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 43 |
| | <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. Jay Johannigman | | Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014 Transaction ID : 46859C08F7AE4D47D4E4 |
| Mailing Address 2708 Johnstone Pl | | Amount of Each Receipt this Period 100.00 |
| City Cincinnati | State OH | Zip Code 45206-1822 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UC Surgeons | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Danielle A. Katz | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 Transaction ID : 28E01DAD5477539CCED |
| Mailing Address 6620 Fly Rd Ste 200 | | Amount of Each Receipt this Period 1500.00 |
| City East Syracuse | State NY | Zip Code 13057-4282 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Leon Victor Katz | | Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014 Transaction ID : 8A6A6184-C67C-4EC1- |
| Mailing Address 1 Medical Center Blvd Ccmc PO Box 2 - Suite 326 | | Amount of Each Receipt this Period 250.00 |
| City Chester | State PA | Zip Code 19013-3902 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Crozer Chester Medical Center | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 43 |
| | <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

A. Howard Scott Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Congress St
 Ste 300
 City Pasadena State CA Zip Code 91105-3027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 16B4F81B-D8DC-4988-
 Amount of Each Receipt this Period
500.00

B. Harold Lee Kent
 Full Name (Last, First, Middle Initial)
 Mailing Address 3226 Hampton Ave
 Ste F
 City Brunswick State GA Zip Code 31520-4252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : F2FD6394-DCF4-4498-
 Amount of Each Receipt this Period
600.00

C. Daniel Michael Kirgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2946 Painted Lilly Dr
 City Las Vegas State NV Zip Code 89135-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNSON Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 85292C915DA4311E09E
 Amount of Each Receipt this Period
250.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 43 |
| | <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. Richard Hudson Koehler | | Date of Receipt 10 / 11 / 2014 Transaction ID : 956327F2-D08E-4D7D- |
| Mailing Address 57 Prospect St Nantucket Cottage Hospital, Ste 10 | | Amount of Each Receipt this Period 250.00 |
| City Nantucket State MA Zip Code 02554-2799 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Nantucket Cottage Hospital Occupation Surgeon | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 833.33 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Richard Hudson Koehler | | Date of Receipt 10 / 12 / 2014 Transaction ID : 435981D0BC30314296DE |
| Mailing Address 57 Prospect St Nantucket Cottage Hospital, Ste 10 | | Amount of Each Receipt this Period 83.33 |
| City Nantucket State MA Zip Code 02554-2799 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Nantucket Cottage Hospital Occupation Surgeon | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 833.33 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Adam Kopelan | | Date of Receipt 10 / 06 / 2014 Transaction ID : 40BAA3EAEF2DB26909B8 |
| Mailing Address Department of Surgery L3 Newark Beth Israel Medical Center | | Amount of Each Receipt this Period 25.00 |
| City Newark State NJ Zip Code 07112 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Newark Beth Israel Medical Center Occupation Surgeon | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 358.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 43 |
| | <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. Rajesh Lal | | Date of Receipt |
| Mailing Address 14 Torrey Pines Ln | | M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2014 |
| City | State | Zip Code |
| Newport Beach | CA | 92660-5139 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 453F8286590FC60A8F1B |
| C | | Amount of Each Receipt this Period |
| | | 250.00 |
| Name of Employer | Occupation | |
| Self Employed | Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 250.00 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Robert Warren Letton Jr. | | Date of Receipt |
| Mailing Address Ouhsc Children's Hospital Pediatric Surgery Suite 2320 | | M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 |
| City | State | Zip Code |
| Oklahoma City | OK | 73104 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 4B0F9F5EDE682D98EAC7 |
| C | | Amount of Each Receipt this Period |
| | | 210.00 |
| Name of Employer | Occupation | |
| OUHSC Children's Hospital | Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 1680.00 | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Keith D. Lillemoe | | Date of Receipt |
| Mailing Address 55 Fruit St Massachusetts General Hospital, Wh | | M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 |
| City | State | Zip Code |
| Boston | MA | 02114-2621 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 059883A51417CFABA67 |
| C | | Amount of Each Receipt this Period |
| | | 500.00 |
| Name of Employer | Occupation | |
| Massachusetts General Hospital | Surgeon | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | 1000.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 735.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 43 |
| | <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

A. David A. Litvak
Full Name (Last, First, Middle Initial)

Mailing Address Cancer Treatment Centers of Americ
Western Regional Medical Center

City Goodyear State AZ Zip Code 85338

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

Name of Employer Cancer Treatment Centers of America Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 15 / 2014
Transaction ID : 4C36AB0C090E9122BC00

Amount of Each Receipt this Period
100.00

B. Scott E. Maizel
Full Name (Last, First, Middle Initial)

Mailing Address 4021 Twilight Grove Ct

City Ellicott City State MD Zip Code 21042-5011

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
10 / 08 / 2014
Transaction ID : 46AB24E766BADBCDE24

Amount of Each Receipt this Period
250.00

C. Daniel McKenna
Full Name (Last, First, Middle Initial)

Mailing Address 5771 Whippoorwill Way

City Carmel State IN Zip Code 46033-8963

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

Name of Employer Indiana University School of Medicine Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 05 / 2014
Transaction ID : 40CEA2D99EBED760572E

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 43 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Mariana I. Mendible
Full Name (Last, First, Middle Initial)

Mailing Address 1259 Albair Rd

City Caribou State ME Zip Code 04736-3999

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

Name of Employer Heinz Health Services Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : 4B73939BC0D861B45470

Amount of Each Receipt this Period
 100.00

B. Faith Abbe Menken
Full Name (Last, First, Middle Initial)

Mailing Address 325 E 79th St

City New York State NY Zip Code 10075-0954

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

Name of Employer Self Employed Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 19375AE17E8C88908E5

Amount of Each Receipt this Period
 250.00

C. Christopher Paul Michetti
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Gallows Rd
Trauma Services

City Falls Church State VA Zip Code 22042-3307

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

Name of Employer Inova Health Systems Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 67654F6BAB3C59CE9CC

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 43 |
| | <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

A. Sidney F. Miller
Full Name (Last, First, Middle Initial)

Mailing Address University Hosps Department of Sur
N717 Doan Hall

City Columbus State OH Zip Code 43210-1228

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

Name of Employer Ohio State University Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **B5432810C9C61EEC725**

Amount of Each Receipt this Period
250.00

B. Mary Jeannine Milroy
Full Name (Last, First, Middle Initial)

Mailing Address 1104 W 8th St
Yankton Medical Clinic

City Yankton State SD Zip Code 57078-3306

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

Name of Employer Yankton Medical Clinic Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **0DAEE0ED777BF6EA3F6**

Amount of Each Receipt this Period
1000.00

C. Alan Marc Mindlin
Full Name (Last, First, Middle Initial)

Mailing Address 1750 S Telegraph Rd
Ste 303

City Bloomfield Hills State MI Zip Code 48302-0179

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

Name of Employer Mindlin-Koh Ctr for Ophthalmic Medicin Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
10 / 08 / 2014
Transaction ID : **C991004D7A8D243D6A8**

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1610.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 43 |
| | <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. Vincent Paul Miraglia | | Date of Receipt |
| Mailing Address 2398 SE Ocean Blvd # A | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City State Zip Code Stuart FL 34996-3310 | | Transaction ID : 9F7DFE010B83361D0B |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer Self Employed | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Antoine S. Munther | | Date of Receipt |
| Mailing Address 215 Wood St | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City State Zip Code Mansfield OH 44903-2260 | | Transaction ID : 489444B6E328FDBD97B |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Name of Employer Richland Surgical Inc. | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Leigh A. Neumayer | | Date of Receipt |
| Mailing Address 1501 N Campbell Ave PO Box 245066, Rm 4410 | | <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City State Zip Code Tucson AZ 85724-0001 | | Transaction ID : 4F909EC51CBADD7A1911 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Name of Employer Utah University | Occupation Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="850.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 31 OF 43 |
| | <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

A. Barry Douglas Newsom
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 University Blvd E
 Ste 808
 City Tuscaloosa State AL Zip Code 35401-7479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thoracic and Cardiovascular Associates Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 6F9CC04118676C79F98
 Amount of Each Receipt this Period
500.00

B. Michael S. Nussbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Florida
 College of Medicine - Jacksonville
 City Jacksonville State FL Zip Code 32209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Cincinnati Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 16C7662EE634A32AA80
 Amount of Each Receipt this Period
1500.00

C. Brian E. O'Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2860 Channing Way
 Ste 117
 City Idaho Falls State ID Zip Code 83404-7532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : E918143DE42C215DA78
 Amount of Each Receipt this Period
250.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 43 |
| | <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

A. Aurora Dawn Pryor
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 600
 Stony Brook University Medical Cen
 City Stony Brook State NY Zip Code 11790-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stony Brook University Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 98B5AEEA36EAD2EE0E1
 Amount of Each Receipt this Period
250.00

B. Jeffrey Mitchell Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 8065 Barony Woods
 City Pittsford State NY Zip Code 14534-4164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rochester General Hospital Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : AAB9F58536CB1E910EC
 Amount of Each Receipt this Period
250.00

C. L. Richard Roedersheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Mercy West Boulevard
 City Cincinnati State OH Zip Code 45247-7548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cranley Surgical Associates Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 29A086AE42D78D046FD
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 43 |
| | <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

A. Jeffrey Paul Salomone
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 Maricopa Medical Center
 City Phoenix State AZ Zip Code 85008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Univ Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 4603B012C326664CB601
 Amount of Each Receipt this Period
50.00

B. Lauren Ann Schnaper
 Full Name (Last, First, Middle Initial)
 Mailing Address Greater Baltimore Medical Center
 Suite 5140
 City Baltimore State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 77C37F5CE231364AD22
 Amount of Each Receipt this Period
300.00

C. Paresh C. Shah
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 1st Ave
 Director Division of General Surge
 City New York State NY Zip Code 10016-6402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lennox Hill Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2014
Transaction ID : 4ECCB70AE5A0E0D48F0C
 Amount of Each Receipt this Period
75.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 425.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 43 |
| | <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

A. Edwin W. Shearburn III
Full Name (Last, First, Middle Initial)

Mailing Address **Grand View Surgical Associates**
Sellersville Outpatient Center

City **Sellersville** State **PA** Zip Code **18960**

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

Name of Employer **Grand View Surgical Associates** Occupation **Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
10 / 11 / 2014

Transaction ID : 4304AEAAA020F43C1BE1

Amount of Each Receipt this Period
100.00

B. John Logan Shuss
Full Name (Last, First, Middle Initial)

Mailing Address **775 Pole Line Rd W**
Ste 216

City **Twin Falls** State **ID** Zip Code **83301-5820**

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
10 / 08 / 2014

Transaction ID : E86004035FA4103F06C

Amount of Each Receipt this Period
250.00

C. Kenneth Bernard Simon
Full Name (Last, First, Middle Initial)

Mailing Address **2255 Switzer Rd**
Apt J203

City **Gulfport** State **MS** Zip Code **39507-3855**

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

Name of Employer **Gulf Coast Veterans Healthcare System** Occupation **Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
10 / 12 / 2014

Transaction ID : 4FBD97CC17E7B3761006

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **400.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 43 |
| | <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. William Charles Sternfeld | | Date of Receipt |
| Mailing Address 4235 Secor Rd Toledo Clinic Inc | | <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> |
| City Toledo | State OH | Zip Code 43623-4231 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 4CE9B8D2C7CC33F977BC |
| Name of Employer Toldeo Clinic, Inc | Occupation Surgeon | Amount of Each Receipt this Period <input type="text" value="208.33"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="2083.30"/> | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ronald M. Stewart | | Date of Receipt |
| Mailing Address Department of Surgery Uthsc at San Antonio Mc 7840 | | <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> |
| City San Antonio | State TX | Zip Code 78229-3900 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 4BF6B62BA20DCD7245AD |
| Name of Employer UTHSCSA | Occupation Surgeon | Amount of Each Receipt this Period <input type="text" value="210.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1770.00"/> | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. James D. Thayer | | Date of Receipt |
| Mailing Address 1625 Dorwart Dr Ste B | | <input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/> |
| City Sidney | State NE | Zip Code 69162-2505 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 1B818380-0230-4554- |
| Name of Employer none | Occupation Surgeon | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="668.33"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 36 OF 43 |
| | <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

A. Geoffrey Bruce Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address Mayo Clinic
 Department of Surgery
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 70101F67F1135FFDEB0
 Amount of Each Receipt this Period
250.00

B. Glen Herman Tinkoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 4735 Ogletown Stanton Rd
 Ste 3301
 City Newark State DE Zip Code 19713-7021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christinia Care Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4C8BB9D382EF0A963BDC
 Amount of Each Receipt this Period
100.00

C. Robert Udelsman
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Cedar St
 Yale University School of Medicine
 City New Haven State CT Zip Code 06510-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University School of Medicine Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 52C7047AC7DF39A3EF9
 Amount of Each Receipt this Period
500.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 37 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Eric Glenn Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 5686 Westminster Ave
 City Boca Raton State FL Zip Code 33496-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Florida Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 484EA57A2B3C4CA88A48
 Amount of Each Receipt this Period
 208.30

B. Frank Joseph Wessels
 Full Name (Last, First, Middle Initial)
 Mailing Address 3814 Browning Pl Ste 100
 City Raleigh State NC Zip Code 27609-7166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 717C956428975773CAE
 Amount of Each Receipt this Period
 250.00

C. Oliver Christian Whipple
 Full Name (Last, First, Middle Initial)
 Mailing Address 4700 Waters Ave Cam Bld Suite 403
 City Savannah State GA Zip Code 31404-6220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MHUMC Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 8E194B532924B9D0E77
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.83
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 43 |
| | <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. James F. Whiting | | Date of Receipt |
| Mailing Address 887 Congress St Ste 400 | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Portland | State ME | Zip Code 04102-3163 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 0235AA88B9BF6CED701 |
| Name of Employer Self Employed | Occupation Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="300.00"/> |
| | <input type="text" value="300.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Michael A. Williams | | Date of Receipt |
| Mailing Address 303 Harris Industrial Blvd Ste 3 | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City Vidalia | State GA | Zip Code 30474-8854 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : AF18F6E9C4AC7F4848E |
| Name of Employer Vidalia Surgical Associates | Occupation Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="250.00"/> |
| | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Martha Pauline Wills | | Date of Receipt |
| Mailing Address 4375 Booth Calloway Rd Ste 507 | | <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City North Richland Hil | State TX | Zip Code 76180-8368 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 2D84DBE6CC13328A3EC |
| Name of Employer Self Employed | Occupation Surgeon | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/> |
| | <input type="text" value="500.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1050.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 39 OF 43 |
| | <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

A. Robert David Winfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 8117 Kingsbury Blvd
 City Saint Louis State MO Zip Code 63105-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University in St. Louis Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **10 / 15 / 2014**
Transaction ID : 4C6CB619CDB21018CD5C
 Amount of Each Receipt this Period **300.00**

B. Mathew Francis Yetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Edgemont Rd
 City Asheville State NC Zip Code 28801-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Boyd MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : 4933C1D5A2E83A80BD3
 Amount of Each Receipt this Period **250.00**

C. Mathew Francis Yetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Edgemont Rd
 City Asheville State NC Zip Code 28801-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Boyd MD PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2014**
Transaction ID : 7C7608A045180A9874D
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **530.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 43 |
| | <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. Douglas B. Yingling

Mailing Address 1212 Turnpike Ave

City Clearfield State PA Zip Code 16830-3028

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
10 / 08 / 2014
Transaction ID : FC05744DE7D223916A1

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert M. Zwolak

Mailing Address Dartmouth-Hitchcock Medical Center Medical Center Drive

City Lebanon State NH Zip Code 03756

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

Name of Employer Dartmouth-Hitchcock Medical Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 07 / 2014
Transaction ID : D6AB95E1-3CD1-4890-

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | 30742.49 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) American College of Surgeons Professional Association PAC | FEC IDENTIFICATION NUMBER ▼ C C00382424 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | |

| | |
|---|---|
| Full Name of Payee Mentzer Media Services, Inc. | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 600 Fairmount Ave, Suite 306 | Amount 92000.00 |
| City State Zip Code Towson MD 21286 | Transaction ID : V490F37D1D9CE18D7017 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 |
| Purpose of Expenditure TV Ads | Category/Type |
| Name of Federal Candidate Rep. Daniel J. Benishek | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought 100000.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| Full Name of Payee Prevail Strategies | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 400 First St SE Second Fl | Amount 8000.00 |
| City State Zip Code Washington DC 20003 | Transaction ID : V8BC47AFE3B895337AC4 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 |
| Purpose of Expenditure Administrative expenses | Category/Type |
| Name of Federal Candidate Rep. Daniel J. Benishek | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>01</u> State: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought 100000.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 100000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christian Shalgian [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 01 / 2014

Signature

