

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

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

FOR LINE NUMBER: PAGE 28 OF 51
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

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

A. Lemmon, Gary, W, Dr.,

Mailing Address 2200 Philadelphia Dr.
Suite 400

City
Dayton

State
OH

Zip Code
45406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Hosp

Occupation (for Individual)
Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2019

Transaction ID : SA11AI.10061

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lerner, Benjamin, M., Dr.,

Mailing Address 120 Westlake Ave. North
Suite 519

City
Seattle

State
WA

Zip Code
98109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Private Practice

Occupation (for Individual)
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2019

Transaction ID : SA11AI.10158

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Lugo, Joanelle, Z., Dr.,

Mailing Address 510 E. 23th Street

City
New York

State
NY

Zip Code
10010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lenox Hill Hospital

Occupation (for Individual)
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2019

Transaction ID : SA11AI.10192

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00