

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

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

A. Hartsaw, Sara, L., ,

Mailing Address 3100 W Lakeway Rd
Ste 1

City
Gillette

State
WY

Zip Code
82718-6373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
High Plains Surgical Associates, PC

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2019

Transaction ID : EE334CB469494B3095A1

Amount of Each Receipt this Period

2250.00

☐ Memo Item

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

B. Hawley, Kristy, , ,

Mailing Address 3700 Toone St
Apt 1320

City

Baltimore

State
MD

Zip Code
21224-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar

Occupation (for Individual)
General Surgery Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2019

Transaction ID : 630C4ABF-64F6-4F5C-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Hebert, James, C., ,

Mailing Address 111 Colchester Ave
Fahc Campus, Fletcher 462

City

Burlington

State
VT

Zip Code
05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Vermont

Occupation (for Individual)
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
10 / 29 / 2019

Transaction ID : 4F988C833EDD4033A58E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2750.00