

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Surgeons Professional Association PAC

ADDRESS (number and street) ▼

20 F St NW, Ste 1000

Attn: Sara Morse

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382424

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christian Shalgian

Signature of Treasurer

Christian Shalgian

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		134769.80
(b) Cash on Hand at Beginning of Reporting Period.....	143622.41	
(c) Total Receipts (from Line 19)	308597.00	551770.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	452219.41	686540.30
7. Total Disbursements (from Line 31)	72047.12	306368.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380172.29	380172.29
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)

Page 3

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

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).....

246471.00

441591.00

(ii) Unitemized

62126.00

110179.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

308597.00

551770.50

(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) ▶

308597.00

551770.50

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

0.00

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))..... ▶

308597.00

551770.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

308597.00

551770.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	471.12	3292.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	471.12	3292.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	299000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	2076.00	4076.00
(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)).....	2076.00	4076.00
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)) ..	72047.12	306368.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72047.12	306368.01

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)	308597.00	551770.50
34. Total Contribution Refunds (from Line 28(d))	2076.00	4076.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	306521.00	547694.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	471.12	3292.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	471.12	3292.01

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 209

☒ 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 (Last, First, Middle Initial)

A. Robert Dean Acton

Mailing Address 3490 Wolfberry Ct

City
Eagan

State
MN

Zip Code
55123-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Minn

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2011

Transaction ID : AA39CB762BBC785A4FF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Andrew Adams Jr.

Mailing Address Suite 453

Apc Building 4th Floor

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Associates Inc.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 269022D10A8B6218853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David B. Adams

Mailing Address 25 Courtenay Dr

Suite 7100A, MS 290

City

Charleston

State

SC

Zip Code

29425-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2011

Transaction ID : CA9CBA99-481F-497D-

Amount of Each Receipt this Period

500.00

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

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

1000.00

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 209

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Robert Adolph

Mailing Address Ochsner Clinic

Pediatric Surgery - 5th Floor Lobb

City

New Orleans

State

LA

Zip Code

70121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : 7707B7C7C1436DF125A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Idatonye Ibibama Afonya

Mailing Address 605 Summit Ave

City

Crookston

State

MN

Zip Code

56716-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Riverview Health System

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2011

Transaction ID : FB7E7ADCE8A03A33BF7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carson Kendall Agee

Mailing Address 20 Progress Point Pkwy

Ste 100

City

O Fallon

State

MO

Zip Code

63368-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BJC Medical Group

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 6324C6F926E2A825CBE

Amount of Each Receipt this Period

365.00

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

865.00

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)

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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 (Last, First, Middle Initial)

A. Harry Agis

Mailing Address 95 Madison Ave
 Fl 1

City State Zip Code
 Morristown NJ 07960-6092

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 ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 9A8FBE9A10B6BD6E077

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Attaway Akins

Mailing Address 1800 Medical Center Pkwy
 Ste 430

City State Zip Code
 Murfreesboro TN 37129-3181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mid State Surgery

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 3285071225DB470F7EE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jose Ignacio Almeida

Mailing Address 1501 S Miami Ave

City State Zip Code
 Miami FL 33129-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 74133332B6B015CED6F

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 209

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Constantine T. Andrew

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID : 8068D71027FAD17C9EE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Devashish Jayant Anjaria

Mailing Address 21 Blue Ridge Cir

City

Scotch Plains

State

NJ

Zip Code

07076-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ Univ Hosp

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	1	1

Transaction ID : 15D3DA60495F4C51383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lecia M. Apantaku

Mailing Address 1214 N Branch Rd

City

Wilmette

State

IL

Zip Code

60091-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chicago Medical School Department of S

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	1

Transaction ID : D31E29ACAF04D3ED9A3

Amount of Each Receipt this Period

1000.00

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

1500.00

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 10 OF 209

(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

Full Name (Last, First, Middle Initial)

A. Robert Mason Arensman

Mailing Address 330 S Michigan Ave
Apt 2008

City State Zip Code
Chicago IL 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

M M / D D / Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 8670FCDC81EDA356BB7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Hulse Armstrong

Mailing Address 688 SE 47th Loop

City State Zip Code
Ocala FL 34480-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 9DD9D9C4B9F828813A0

Amount of Each Receipt this Period

2250.00

Full Name (Last, First, Middle Initial)

C. Mark A. Arredondo

Mailing Address 1400 S Coulter St
Texas Tech Medical Center

City State Zip Code
Amarillo TX 79106-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University Health Sciences

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
11 / 01 / 2011

Transaction ID : DCC27E0A72DB3B8BD57

Amount of Each Receipt this Period

250.00

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

2750.00

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 11 OF 209

(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

Full Name (Last, First, Middle Initial)

A. James Wellington Asaph

Mailing Address 4401 SW Westdale Dr

City State Zip Code
 Portland OR 97221-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 29 2011

Transaction ID : E1637E98173A5508B25

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dennis W. Ashley

Mailing Address 777 Hemlock St
 Msc #103

City State Zip Code
 Macon GA 31201-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

GA Hospital

Occupation

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 Y
 09 16 2011

Transaction ID : E32361A340C46C3FA6A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Albert Aucar

Mailing Address 602 W University Ave

City State Zip Code
 Urbana IL 61801-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 29 2011

Transaction ID : 0800729ED1F8DAD2A21

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 12 OF 209

(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

Full Name (Last, First, Middle Initial)

A. Huseyin Nail Aydin

Mailing Address 3403 Quail Run Rd

City

West Plains

State

MO

Zip Code

65775-3882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : F55D36DE3D940441162

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ralph Williams AyeMailing Address 1101 Madison St
Ste 850

City

Seattle

State

WA

Zip Code

98104-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : B18E5A64BB05F92DFC5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Khawaja AzimuddinMailing Address 1125 Cypress Station Dr
G3

City

Houston

State

TX

Zip Code

77090-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Health Service

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : A40DF7E7F7860F17EC2

Amount of Each Receipt this Period

500.00

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

1050.00

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

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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

Mailing Address Department of Surgery
Dc075.00

City State Zip Code
Columbia MO 65212-0001

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 / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 7B2E00AD3FE9C30913F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Vance Bailey

Mailing Address 2601 E Roosevelt St
Mihs Department of Surgery

City State Zip Code
Phoenix AZ 85008-4973

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 11F217704297E9661AF

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Linda Marie Barney

Mailing Address Center for Health Education
Suite 7000

City State Zip Code
Dayton OH 45409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wright State University

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
11 / 29 / 2011

Transaction ID : 40C81DFF6255F560AAE

Amount of Each Receipt this Period

250.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Maclin Barnwell

Mailing Address 18709 Meyers Rd

City
Detroit

State
MI

Zip Code
48235-1310

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 / 11 / 2011

Transaction ID : 5FD745F51AEB7F69E62

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher John Bartels

Mailing Address 200 Lexington Ave

City
Pittsburgh

State
PA

Zip Code
15215-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 11 / 2011

Transaction ID : A872B67CE8A75FE19B9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samuel Vincent Bartholomew

Mailing Address 9155 SW Barnes Rd
Ste 532

City
Portland

State
OR

Zip Code
97225-6632

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Oregon Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 05 / 2011

Transaction ID : E1F80066E8953DFFED1

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sophie A. Bartsich

Mailing Address 300 E 59th St
Apt 805

City State Zip Code
New York NY 10022-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Hospital Queens

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

12 / 13 / 2011

Transaction ID : 4A5A88B8949457F78324

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Barbara Lee Bass

Mailing Address Methodist Hosp Department of Surg
Suite 1661A

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Methodist Hospital

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 5D7DF751-CAFE-4A0E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. J. David Beatty

Mailing Address 1221 Madison St
Ste 400

City State Zip Code
Seattle WA 98104-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Cancer Institute

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 05 / 2011

Transaction ID : EC05788428E884DB9B6

Amount of Each Receipt this Period

500.00

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

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

1025.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin Eugene Behrns

Mailing Address 1600 SW Archer Rd

Univ of Florida Department of Surg

City Gainesville State FL Zip Code 32610-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : F11BE9A47E9BD17EDDC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter Donald Beitsch

Mailing Address 7777 Forest Ln

Ste C760

City Dallas State TX Zip Code 75230-6801

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

09 / 16 / 2011

Transaction ID : 926A5B0420D3A776790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Linda Jo Beltra

Mailing Address 5808 Falls Gate Ct

City Falls Church State VA Zip Code 22041-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bureau of Medicine and Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 09 / 2011

Transaction ID : 8838C35FC99E229FE09

Amount of Each Receipt this Period

750.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Bender

Mailing Address PO Box 26901

Department of Surgery

City

Oklahoma City

State

OK

Zip Code

73126-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 3CDADB4F7DBC8BA51A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ramon M. Benedicto

Mailing Address 4662 Parsons Blvd

City

Flushing

State

NY

Zip Code

11355-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wyckoff Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 07 / 2011

Transaction ID : 7BEAA2D7D09506F99C9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. M. Srinivas Bhandarkar

Mailing Address Henry Ford Medical Center

General Surgery, Suite #107,

City

Dearborn

State

MI

Zip Code

48126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 1D492028FFAD4EFCF6C

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Arthur W. Bikangaga

Mailing Address PO Box 6467

City

Clearlake

State

CA

Zip Code

95422-6467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : 0AEC14F2F2182AB361C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marilu Bintz

Mailing Address 610 E Taylor St

City

Prairie Du Chien

State

WI

Zip Code

53821-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gunderson Lutheran

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011

Transaction ID : 3E68817754AC65A679C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Aaron David Bleznak

Mailing Address 5365 Millstone Ct

City

Orefield

State

PA

Zip Code

18069-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lehigh Valley Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : AA4E691567567B62E42

Amount of Each Receipt this Period

250.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Elliott Boccaccio

Mailing Address Van Elslander Cancer Center
Suite 38

City State Zip Code
Grosse Pointe Wood MI 48236

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

11 / 09 / 2011

Transaction ID : AEACD5BFD1C8CED0A64

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel James Bonville

Mailing Address Department of Surgery, Mc-61
Albany Medical College

City State Zip Code
Albany NY 12208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 3B6FCC22EAF3D721484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Marilyn Jane Borst

Mailing Address 2545 Broadway St

City State Zip Code
Toledo OH 43609-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2011

Transaction ID : 588C1555F38049DFEFD

Amount of Each Receipt this Period

250.00

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1250.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Anthony Peter Borzotta

Mailing Address 11037 Woodlands Way

City State Zip Code
 Blue Ash OH 45241-2448

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 / D D / Y Y Y Y Y Y
 09 08 2011

Transaction ID : DB793AF0D8732277FAA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Langdon BosargeMailing Address 408 N State of Franklin Rd
Trauma Services

City State Zip Code
 Johnson City TN 37604-6089

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Univ of South Alabama

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 Y
 09 21 2011

Transaction ID : 473D2F6146114EE8011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Albert Bothe Jr.Mailing Address Geisinger Health System
Mc 22-01

City State Zip Code
 Danville PA 17822-0001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Geisinger Health System

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
 07 08 2011

Transaction ID : 33C85B68BE858A4DF9F

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Steven Bouton

Mailing Address 737 Broadway N

Department of Surgery, Route 36

City

Fargo

State

ND

Zip Code

58102-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 08 / 2011

Transaction ID : DE8A5BCDC0A3271393E

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mark William Bowyer

Mailing Address 5717 Burke Towne Ct

City

Burke

State

VA

Zip Code

22015-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOD

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 7C2F950D51018775F95

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Martin C. Bozeman

Mailing Address 8001 Youree Dr

Ste 820

City

Shreveport

State

LA

Zip Code

71115-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 5EEFFBED730C9BDF76

Amount of Each Receipt this Period

250.00

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

875.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mary-Margaret Brandt

Mailing Address Suite 2482

5301 East Huron River Drive

City

Ann Arbor

State

MI

Zip Code

48105

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 ▼

225.00

Date of Receipt

07 / 13 / 2011

Transaction ID : 41A38B4373E3D7D8F86B

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Susan Miller Briggs

Mailing Address 8 Hawthorne Pl

Ste 114

City

Boston

State

MA

Zip Code

02114-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGH

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 5E414577BF8BFAB74A9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael H. Brisman

Mailing Address 100 Merrick Rd

City

Rockville Centre

State

NY

Zip Code

11570-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Nassau Communities Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 194B1897584A6499693

Amount of Each Receipt this Period

500.00

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1045.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. L.D. D. Britt

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 ▼

1000.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 2423578C3354D3BA7A7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William J. Bromberg

Mailing Address 4700 Waters Ave

City

Savannah

State

GA

Zip Code

31404-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial University Med Center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : D765238502377D8F5BF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. James Gordon Brooks Jr.

Mailing Address 9330 Poppy Dr

Ste 300

City

Dallas

State

TX

Zip Code

75218-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dallas Bone and Joint Clinic

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 08 / 2011

Transaction ID : A7E19A0B5A8EDDB3BD3

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bruce Douglas Browner

Mailing Address Medical Arts and Research Building
 Department of Orthopaedic Surgery

City Farmington State CT Zip Code 06034-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Connecticut

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
 09 / 18 / 2011

Transaction ID : 69301ED8-7AC9-405C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael William Bryan

Mailing Address 436 Broken Sword Dr

City Lewisville State TX Zip Code 75056-5586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Associates of the Mid-Cities

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 / 07 / 2011

Transaction ID : 389C321043F37218944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David Shaun Bryant

Mailing Address 765 Liberty St
 Ste 105

City Meadville State PA Zip Code 16335-2567

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 / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : EC1095D4015BA49B955

Amount of Each Receipt this Period

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Timothy Gordon Bryant

Mailing Address 5330 Cliffside Cir

City

Ventura

State

CA

Zip Code

93003-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 998BF054EE90D9FC0DD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City

Baltimore

State

MD

Zip Code

21239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 29 / 2011

Transaction ID : 2306F1F76C00CC72EF6

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City

Baltimore

State

MD

Zip Code

21239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2011

Transaction ID : 418CA3E5FC4B869EAA00

Amount of Each Receipt this Period

75.00

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

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

650.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City State Zip Code
Baltimore MD 21239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
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 Y
09 / 29 / 2011

Transaction ID : 43A78BE8B58854142ACF

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City State Zip Code
Baltimore MD 21239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
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 Y
10 / 29 / 2011

Transaction ID : 4D03B652CE419E9AD7F9

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City State Zip Code
Baltimore MD 21239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
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 Y
11 / 01 / 2011

Transaction ID : 7659AD142B12BCF4C6C

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City Baltimore State MD Zip Code 21239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 29 / 2011

Transaction ID : 4652A00A31D1A64E729F

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dale Buchbinder

Mailing Address Good Samaritan Hospital
Rmb Suite 412

City Baltimore State MD Zip Code 21239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : 46EAAEF958607ABE72FA

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

c. Lynn Randolph Buckner

Mailing Address PO Box 1029
1405 Seventh Street Southeast

City Decatur State AL Zip Code 35602-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Assoc. of North Alabama

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2011

Transaction ID : 03184411-5002-4B84-

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. R. Phillip Burns

Mailing Address 979 E 3rd St
Ste 401

City State Zip Code
Chattanooga TN 37403-2139

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 / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : C948EDDF263EC2472EF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norman Ted Byers

Mailing Address PO Box 6003
1000 S Columbia Road

City State Zip Code
Grand Forks ND 58206-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Altru Health System

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 Y
11 / 01 / 2011

Transaction ID : BBE0DC8CD132C0A2133

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David J. Carlson

Mailing Address 520 Mary St
Ste 520

City State Zip Code
Evansville IN 47710-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Evansville Surgical Assoc.

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2011

Transaction ID : 49FA61CFE02B3864580

Amount of Each Receipt this Period

50.00

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

1550.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David J. Carlson

Mailing Address 520 Mary St
Ste 520

City State Zip Code
Evansville IN 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2011

Transaction ID : 31816FD6A995E724EE2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Philip Caropreso

Mailing Address 1813 Grand Ave

City State Zip Code
Keokuk IA 52632-2943

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 / D D / Y Y Y Y Y Y
07 / 11 / 2011

Transaction ID : C2FB78EFBFF98143898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Darrell W. Carpenter

Mailing Address 7709 Barnum Rd

City State Zip Code
Bethesda MD 20817-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walter Reed National Military Medical

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
09 / 22 / 2011

Transaction ID : 6705B4C4689822E528A

Amount of Each Receipt this Period

250.00

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Daniel M. Caruso

Mailing Address 8601 S Dorsey Ln

City State Zip Code
 Tempe AZ 85284-2466

FEC ID number of contributing federal political committee.

C

Name of Employer

MedPro Inc

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
 12 07 2011

Transaction ID : 81FB74C49E6E8FE34FD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Cashero

Mailing Address PO Box 1720

City State Zip Code
 Clinton OK 73601-1318

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 12 2011

Transaction ID : 22F625A74841E6A0C93

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Chace

Mailing Address 4000 Worthington Dr

City State Zip Code
 Norman OK 73072-1777

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 / D D / Y Y Y Y Y Y
 09 15 2011

Transaction ID : 18562296B494B20405C

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sumy Hankyi Chang

Mailing Address 30 Columbia St

City State Zip Code
Poughkeepsie NY 12601-3906

FEC ID number of contributing federal political committee.

C

Name of Employer

Mid Hudson Medical

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
11 / 29 / 2011

Transaction ID : BDCBB29CF86970FD3FC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eugene Chen

Mailing Address 5226 San Jacinto Ct

City State Zip Code
Pueblo CO 81005-3919

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : B132AAFF1BE765F79E0

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Charles Cheng

Mailing Address 1818 N Meade St
Fox Valley Surgical Associates, St

City State Zip Code
Appleton WI 54911-3454

FEC ID number of contributing federal political committee.

C

Name of Employer

Fox Valley Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : 744ED488-2012-4A26-

Amount of Each Receipt this Period

300.00

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

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

915.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Nicole Choi

Mailing Address 545 Barnhill Dr
EH505

City State Zip Code
Indianapolis IN 46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 7BE6ED84EC8E48089F1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William G. Cioffi Jr.

Mailing Address Chairman's Office, Apc 431
Department of Surg.

City State Zip Code
Providence RI 02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 8D7541C87A05915A342

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark David Cipolle

Mailing Address 4755 Ogletown Stanton Rd
Christiana Care Health System, Ste

City State Zip Code
Newark DE 19718-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : A4EDA67A781C67ADB6D

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas V. Clancy

Mailing Address 2131 S 17th St

New Hanover Reg Med Center Seahec

City

State

Zip Code

Wilmington

NC

28401-7407

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 7D39C993B6E6513B8A0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Amalia Lenora Cochran

Mailing Address 30 N 1900 E

Department of Surgery

City

State

Zip Code

Salt Lake City

UT

84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Utah

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : 7A4A1D0D-4134-4CAE-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Amalia Lenora Cochran

Mailing Address 30 N 1900 E

Department of Surgery

City

State

Zip Code

Salt Lake City

UT

84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Utah

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : DADD8E52-3BA2-4BA1-

Amount of Each Receipt this Period

500.00

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

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

1800.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Alen Cohen MDMailing Address 7345 Medical Center Dr
Ste 510

City	State	Zip Code
West Hills	CA	91307-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
09	/	28	/	2011

Transaction ID : 6E4D629FCD9B7A4EF00

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melvin S. Cole

Mailing Address PO Box 150820

City	State	Zip Code
Lufkin	TX	75915-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kaiser Permanente

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
12	/	15	/	2011

Transaction ID : E30DEEA1BFA5FFC3647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Colleen Linda ColemanMailing Address 1401 Avocado Ave
Ste 303

City	State	Zip Code
Newport Beach	CA	92660-8728

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
11	/	14	/	2011

Transaction ID : D328BEDA72A283BA00B

Amount of Each Receipt this Period

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Paul E. Collicott

Mailing Address 34 River Ln

City

State

Zip Code

Cody

WY

82414-7704

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Surgeons

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 0E28FEAAA4663975299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward James Collins

Mailing Address 2100 Webster St
Ste 222

City

State

Zip Code

San Francisco

CA

94115-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 23 / 2011

Transaction ID : 16686350DD3875B50CF

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Robert D. Comperatore

Mailing Address 7150 W 20th Ave
Ste 215

City

State

Zip Code

Hialeah

FL

33016-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 15 / 2011

Transaction ID : F704A5EE11155B212FD

Amount of Each Receipt this Period

300.00

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

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

1150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Alasdair Keith Thurburn Conn

Mailing Address Massachusetts General Hospital
 Founders 1 Building

City State Zip Code
 Boston MA 02114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Massachusetts General Hospital

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 6FED2BA9ABA46C04BFD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John E. Connolly

Mailing Address 333 City Blvd W
 Uci Medical Center Department of S

City State Zip Code
 Orange CA 92868-2903

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

09 / 15 / 2011

Transaction ID : E1A575BFFBBE2B9672B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Charles Conway

Mailing Address 1514 Jefferson Hwy
 Ochsner Clinic Court-8

City State Zip Code
 New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ochsner Clinic

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2011

Transaction ID : CA13A598B9050DF7FA8

Amount of Each Receipt this Period

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph A. Corrado

Mailing Address 809 Medical Park Dr
Ste 103

City State Zip Code
Mexico MO 65265-3753

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 / D D / Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 5ED61FFECB5DFE6E98A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James T. Courtney

Mailing Address 3535 W 13 Mile Rd
Ste 209

City State Zip Code
Royal Oak MI 48073-6770

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 / D D / Y Y Y Y Y
11 / 02 / 2011

Transaction ID : AB3CA0F93CAE74958B4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Darell Tyrone Covington

Mailing Address 500 Plaza Ct
447 Office Plaza

City State Zip Code
East Stroudsburg PA 18301-8262

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 / D D / Y Y Y Y Y
07 / 11 / 2011

Transaction ID : C86914E33AAAB0D11EC

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kent W. Cox

Mailing Address 5448 Highway 260
Ste 140

City State Zip Code
Lakeside AZ 85929-5750

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 1F0270495E3DB10087E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Susan Craig Scott

Mailing Address 150 E 77th St

City State Zip Code
New York NY 10075-1922

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 / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : BED4E96FB3A871314C7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joseph A. Crapotta

Mailing Address 12 Knolls Dr

City State Zip Code
New Hyde Park NY 11040-1146

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 / D D / Y Y Y Y Y Y
07 / 11 / 2011

Transaction ID : 0B459A697F6DC91210

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
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ovidiu Gratian Cristea

Mailing Address 1300 W Jefferson St
Ste C

City State Zip Code
Franklin IN 46131-9121

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Network

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 29 / 2011

Transaction ID : 7DF55926CEA1472F591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su
Ste 220

City State Zip Code
Memphis TN 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 ▼

660.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 0BDD0ABF-FE85-4831-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su
Ste 220

City State Zip Code
Memphis TN 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 ▼

660.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 4038A382E68E213047C6

Amount of Each Receipt this Period

80.00

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

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

1080.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Martin Alexander Croce

Mailing Address Univ of Tennessee Department of Su
Ste 220

City State Zip Code
Memphis TN 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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2011

Transaction ID : 43C194A4D32B9AF23673

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. David M. Crouch

Mailing Address PO Box 29385

City State Zip Code
San Antonio TX 78229-0385

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 9D9199DAC276ABA1FB1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Armando Cruzado-Ramos

Mailing Address 1420 Calle Marbella
Mansiones Vistamar Marina

City State Zip Code
Carolina PR 00983-1591

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 9B03A83E3C5572E3F3A

Amount of Each Receipt this Period

375.00

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

705.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Peter L. Cunningham

Mailing Address 1000 1st Dr NW

Austin Medical Center

City

Austin

State

MN

Zip Code

55912-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 21 / 2011

Transaction ID : BCAABA2D89AB15FF0B8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher J. Daly

Mailing Address 1507 Three Degree Rd

City

Mars

State

PA

Zip Code

16046-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Daqueshe University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 712D414F168B520141C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Walter Curtis Dandridge Jr.

Mailing Address 2817 Mc Clelland Blvd

Ste 256

City

Joplin

State

MO

Zip Code

64804-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John's Physicians

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 6BA7C9FF5CFF4C9952F

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Jack Steven Daubert

Mailing Address 1050 SE Monterey Rd
Ste 104

City	State	Zip Code
Stuart	FL	34994-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Vision Lasik

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
09	/	26	/	2011

Transaction ID : 3FCB82D4EDAC80EA1C7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. J. Thomas Davidson

Mailing Address 1 Morning Glory Ct

City	State	Zip Code
Princeton	NJ	08540-9413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Surgical

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
09	/	15	/	2011

Transaction ID : 99F142D0EDA2C8028DA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jesse Davidson III

Mailing Address 1234 Franklin Rd SW

City	State	Zip Code
Roanoke	VA	24016-4606

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : 8314BC1E470064BCAE7

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Christian Davies

Mailing Address 1773 Kings Mountain Dr

City State Zip Code
 Stone Mountain GA 30087-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pen Bay Healthcare

Occupation

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 Y
 09 / 30 / 2011

Transaction ID : 5B1318520292CDEE69A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel Geoffrey Davis

Mailing Address 166 W Broad St
 Ste 303

City State Zip Code
 Stamford CT 06902-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawrence Hospital Center

Occupation

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 Y
 11 / 03 / 2011

Transaction ID : 1ACB59970E94988D322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kimberly Anne Davis

Mailing Address 330 Cedar St
 Yale University Department of Surg

City State Zip Code
 New Haven CT 06510-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

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 Y
 07 / 13 / 2011

Transaction ID : 905CFCDF-E2CA-419F-

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael P. Davoren

Mailing Address 20375 W 151st St
Ste 463

City State Zip Code
Olathe KS 66061-7210

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 / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 40596104833BF545D48

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Merril Taylor Dayton

Mailing Address Buffalo General Hospital
Department of Surgery D352

City State Zip Code
Buffalo NY 14203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Buffalo General Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2011

Transaction ID : A9A7D8C515EA7F14A19

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Phillip A. Dean

Mailing Address 5415 Fashion Square Blvd
Midmichigan Surgical Specialists

City State Zip Code
Saginaw MI 48604-8200

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 14A6FBBA1D4F544539E

Amount of Each Receipt this Period

2500.00

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

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

3300.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Michael Deitz

Mailing Address South Sound Surgical Associates
Suite 203

City Olympia State WA Zip Code 98502-8702

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 ▼

300.00

Date of Receipt

07 / 18 / 2011

Transaction ID : 5A3C02291D3E6764D4A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James Clinton Denny III

Mailing Address 101 E Blount Ave
Ste G10

City Knoxville State TN Zip Code 37920-1637

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 ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 2C770A7EE06DC49F5FC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karen E. Deveney

Mailing Address Ohsu Department of Surgery
Mailcode L-223

City Portland State OR Zip Code 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oregon Health Sciences Univ Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 4174E7FAADE4E5E4D63

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. David William Dexter

Mailing Address 104 E 2nd St
 FL 7

City	State	Zip Code
Erie	PA	16507-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hamot Medical Center

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
11	/	01	/	2011

Transaction ID : 17A34A928F76691F1C6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Diana Dickson-Witmer

Mailing Address 4735 Ogletown Stanton Rd
 Med Arts Pavilion 2 Suite 2112

City	State	Zip Code
Newark	DE	19713-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Christiana Care

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
11	/	01	/	2011

Transaction ID : F6B7AB5E6C9F497DB88

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John S. Dillon

Mailing Address 1106 Flor Ln

City	State	Zip Code
Mc Lean	VA	22102-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

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	/	07	/	2011

Transaction ID : 85AD4E51C251434D729

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**

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Mark Dixon

Mailing Address PO Box 2160

City

Litchfield Park

State

AZ

Zip Code

85340-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

DMGAZ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 14 / 2011

Transaction ID : 66B8911A-BA7F-48C8-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Edward Dougherty

Mailing Address 1801 Maine St

City

Quincy

State

IL

Zip Code

62301-4231

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 ▼

400.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 91C8895AF1E302E1FD6

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Gary Allan Drascher

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

10 / 05 / 2011

Transaction ID : E603F5C678B8BAF1D81

Amount of Each Receipt this Period

500.00

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

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

1900.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Simon Paul Drew

Mailing Address 140 Hospital Dr
Ste 203

City Bennington State VT Zip Code 05201-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer

SVHC

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
11 / 03 / 2011

Transaction ID : F61FE1E0-DF58-4E25-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stanley Edward Dudek

Mailing Address 2115 Riverwood Dr

City Okemos State MI Zip Code 48864-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Semi-Retired

Occupation

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 Y
12 / 07 / 2011

Transaction ID : 7CED6EE47785803DF0B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Geoffrey Parker Dunn

Mailing Address 2050 S Shore Dr

City Erie State PA Zip Code 16505-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hamot Hospital

Occupation

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 Y
09 / 26 / 2011

Transaction ID : 8E0276B0EAD0474AA22

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Valerie Rolanda Dunn

Mailing Address Department of Surgery
Suite 245, M.O.B.

City State Zip Code
Rochester NY 14621

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : BFDB99375B6D37EC782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Enrique Duprat

Mailing Address 5211 20th Ave

City State Zip Code
Valley AL 36854-3556

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 936485ED9FF2ACBD69D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Generoso D. Duremdes

Mailing Address PO Box 1374
Princeton Medical Arts Clinic

City State Zip Code
Princeton WV 24740-1374

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 / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : 1437ED7AA426FFF5E37

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Bryan Earle

Mailing Address 759 Chestnut St

City

Springfield

State

MA

Zip Code

01107-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : 97573FD2-DBC5-4A82-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. A. Brent Eastman

Mailing Address 4275 Campus Point Ct
CP222

City

San Diego

State

CA

Zip Code

92121-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Health

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2011

Transaction ID : B95B2B0C511B19D0ED6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jefferson Rathburn Edwards III

Mailing Address 14546 St. Augustine Road
Suite 305

City

Jacksonville

State

FL

Zip Code

32258

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Surgeons

Occupation

General Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2011

Transaction ID : 5FDB68CE05FCC9915FA

Amount of Each Receipt this Period

250.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. George Michel Eid

Mailing Address Minimally Invasive Surgery, Islay'
Suite 390

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2011

Transaction ID : 60BF177B740A56BDD30

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Souzan Ezzat El-Eid

Mailing Address 2747 Paradise Rd
Unit 705

City State Zip Code
Las Vegas NV 89109-9056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Cancer

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 9BF98BF9363BDCDB880

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua David Israel Ellenhorn

Mailing Address 1500 Duarte Rd
City of Hope National Medical Cent

City State Zip Code
Duarte CA 91010-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

City of Hope National Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 082F19FB-9113-4165-

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. E. Christopher Ellison

Mailing Address Ohio State University Medical Cent
Room 692

City State Zip Code
Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Medical Center

Occupation

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 Y
09 / 15 / 2011

Transaction ID : F6FA4E8CC0B7BDE92A2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Blaine L. Enderson

Mailing Address 1924 Alcoa Hwy
Ste U-11

City State Zip Code
Knoxville TN 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 / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 9D16F2B273A1D437F04

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Edmund Ettinghausen

Mailing Address 1415 Portland Ave
Ste 245

City State Zip Code
Rochester NY 14621-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Rochester

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
07 / 05 / 2011

Transaction ID : 4B6AA7DA9AEA4129E84

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Eugene

Mailing Address PO Box 8130

City

Anaheim

State

CA

Zip Code

92812-0130

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 ▼

0.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 8D28B8AAC6E092C0B16

Amount of Each Receipt this Period

264.00

Full Name (Last, First, Middle Initial)

B. John Eugene

Mailing Address PO Box 8130

City

Anaheim

State

CA

Zip Code

92812-0130

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 ▼

0.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 724FE11D4CCFA24956C

Amount of Each Receipt this Period

312.00

Full Name (Last, First, Middle Initial)

C. David Ray Farley

Mailing Address 200 1st St SW
Mayo Clinic

City

Rochester

State

MN

Zip Code

55905-0001

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

07 / 18 / 2011

Transaction ID : FE7F5B1CF084F000239

Amount of Each Receipt this Period

250.00

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

826.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David V. Feliciano

Mailing Address 1244 Village Run NE

City State Zip Code
 Atlanta GA 30319-5303

FEC ID number of contributing federal political committee.

C

Name of Employer

Emory University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2011

Transaction ID : 2940373852D537A87DB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David V. Feliciano

Mailing Address 1244 Village Run NE

City State Zip Code
 Atlanta GA 30319-5303

FEC ID number of contributing federal political committee.

C

Name of Employer

Emory University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011

Transaction ID : 8E46033CFFE444E0272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matthew FicenecMailing Address 1224 3rd St
Ste 8

City State Zip Code
 Corpus Christi TX 78404-2354

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 05 / 2011

Transaction ID : 437DD8EC412B90C2932

Amount of Each Receipt this Period

500.00

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Richard Jennings Field III

Mailing Address PO Box 339

260 Main Street

City

Centreville

State

MS

Zip Code

39631-0339

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 / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 7210270881F1F4B8E87

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Ellis Fine

Mailing Address 790 Church St NE

Ste 410

City

Marietta

State

GA

Zip Code

30060-7281

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Burn Center

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
07 / 29 / 2011

Transaction ID : 3FAE2C00B06B3559988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nicholas A. Fiore

Mailing Address 4909 Lane Branch Street

City

Houston

State

TX

Zip Code

77004

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 / D D / Y Y Y Y Y Y
07 / 11 / 2011

Transaction ID : 478579E2F28D0AA4D37

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Payne Fiser Jr.

Mailing Address 2111 N Spruce St

City

Little Rock

State

AR

Zip Code

72207-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARORA

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : DB3F9C5885C80836685

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James W. Fleshman Jr.

Mailing Address 660 S Euclid Ave
Campus Box 8109

City

Saint Louis

State

MO

Zip Code

63110-1010

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 ▼

3500.00

Date of Receipt

09 / 15 / 2011

Transaction ID : DF893A6D573879E1B8F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James W. Fleshman Jr.

Mailing Address 660 S Euclid Ave
Campus Box 8109

City

Saint Louis

State

MO

Zip Code

63110-1010

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 ▼

3500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 9F7848ADA14D5821EB6

Amount of Each Receipt this Period

2500.00

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

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

3750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. H. Stephen Fletcher

Mailing Address 200 S Orange Ave
Ste 203

City Livingston State NJ Zip Code 07039-5817

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

09 / 13 / 2011

Transaction ID : 903E812E-35E6-4E5E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard J. Fogler

Mailing Address 1 Brookdale Plz
Rm 186

City Brooklyn State NY Zip Code 11212-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brookdale Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 3677EF9A9236FFE34A6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank A. Folk

Mailing Address 446 S Columbia St

City Naperville State IL Zip Code 60540-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 8454F01CE5DED9AF733

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lee Andrew Forestiere

Mailing Address 1609 W 40th Ave
Ste 403

City State Zip Code
Pine Bluff AR 71603-6365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : E5AA098CBAA8B8E8546

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey M. Fowler

Mailing Address Ohio State Univ College of Medicin
M-210 Starling-Loving Hall

City State Zip Code
Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State Univ College of Medicine

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 832948B650E9584F493

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Clyde Foxworthy

Mailing Address 3220 Banberry Dr

City State Zip Code
Statesville NC 28625-4569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Piedmont Health Care

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 05 / 2011

Transaction ID : FD0D522CA007803C830

Amount of Each Receipt this Period

300.00

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

1800.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Julie A. Freischlag

Mailing Address Department of Surgery
Johns Hopkins Hospital

City State Zip Code
Baltimore MD 21205-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins Hospital

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : 9C3CF8E2-1DD2-45E2-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Frey

Mailing Address 309 Asbury Rd

City State Zip Code
Lafayette LA 70503-3637

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2011

Transaction ID : FDB78E2C2CBFFBEA37E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Luther L. Fry

Mailing Address 310 E Walnut St

City State Zip Code
Garden City KS 67846-5572

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2011

Transaction ID : 2D7DE2338F560611EC4

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Rajesh Ramesh Gandhi

Mailing Address 1500 S Main St

John Peter Smith, Opc 303

City

Fort Worth

State

TX

Zip Code

76104-4917

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

09 / 15 / 2011

Transaction ID : 14AF8335AAA432C9E98

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Francis Gartland

Mailing Address 1333 Piedmont Rd

Ste 101

City

San Jose

State

CA

Zip Code

95132-2475

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

12 / 30 / 2011

Transaction ID : 7E4DBF024AC11047DCE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis D. Garvin

Mailing Address 1802 Braeburn Dr

Lewis Gale Clinic

City

Salem

State

VA

Zip Code

24153-7357

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 ▼

400.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 19ACE38BF157B2FA45A

Amount of Each Receipt this Period

400.00

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Genuit

Mailing Address 227 Gateswood Rd

City

Lutherville Timoni

State

MD

Zip Code

21093-5244

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical Center

Occupation

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 Y
12 / 09 / 2011

Transaction ID : E9F8F18CEF6327FE223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edwin Shewman Gerrish

Mailing Address 506 1st Ave SE
Brown Clinic

City

Watertown

State

SD

Zip Code

57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Clinic

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
07 / 18 / 2011

Transaction ID : 8F59A21AFF9E4AC6BD2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Gibson

Mailing Address Winchester Surgery Clinic
Suite 100

City

Winchester

State

VA

Zip Code

22604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Surgery Clinic

Occupation

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 Y
09 / 27 / 2011

Transaction ID : CD46BA77809547D7915

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Alan Gittleman

Mailing Address 250 Cetronia Rd
Ste 302

City Allentown State PA Zip Code 18104-9168

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

09 / 23 / 2011

Transaction ID : 960673D9252FE1817DF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John D. Gladney

Mailing Address 850 Monrovia St

City Shreveport State LA Zip Code 71106-1126

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

11 / 01 / 2011

Transaction ID : DED96BDA255EBC1C3CB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul G. Godfrey

Mailing Address 1700 N Waterman Ave

City San Bernardino State CA Zip Code 92404-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

San Bernardino Medical Group

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 21 / 2011

Transaction ID : F07D087E9D363C62877

Amount of Each Receipt this Period

150.00

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Amitabh P. Goel

Mailing Address 3958 Red Mill Cv

City

Perry

State

OH

Zip Code

44081-8635

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : D0652155C340294482D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amy Joy Goldberg

Mailing Address 3401 N Broad St

Temple University Hospital, Fl 4

City

Philadelphia

State

PA

Zip Code

19140-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2011

Transaction ID : C6111176F69B0E9CEEC

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Nelson Howard Goldberg

Mailing Address University of Maryland Hospital

Division of Plastic Surgery

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2011

Transaction ID : 69823DD3-13F6-4307-

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Nelson Howard Goldberg

Mailing Address University of Maryland Hospital
 Division of Plastic Surgery

City State Zip Code
 Baltimore MD 21201

FEC ID number of contributing
 federal political committee.

C

Name of Employer

University of Maryland Hospital

Occupation

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 Y
 09 / 10 / 2011

Transaction ID : 728ABAC4-90AE-4714-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City State Zip Code
 Ponte Vedra Beach FL 32082-1217

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2011

Transaction ID : 4497AB04869A7E944A87

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City State Zip Code
 Ponte Vedra Beach FL 32082-1217

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2011

Transaction ID : 421694FEE3F675014750

Amount of Each Receipt this Period

85.00

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

670.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1217

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 ▼

1120.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 4E508682BD7C24F0E6E6

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1217

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 ▼

1120.00

Date of Receipt

10 / 16 / 2011

Transaction ID : 4716A59727CB8BC5BAB6

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1217

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 ▼

1120.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 45EA9DE7AA56E1183C37

Amount of Each Receipt this Period

85.00

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

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

255.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ross Frederick Goldberg

Mailing Address 212 Island Harbor Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1217

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 40D5828D3D193226EA07

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Charles David Goldman

Mailing Address 761 Knolls Ct

City

West Des Moines

State

IA

Zip Code

50265-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

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 Y
12 / 07 / 2011

Transaction ID : ADA21AB84F4C0B6DD75

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Julian Gomez III

Mailing Address 1801 S 5th St
Ste 124

City

McAllen

State

TX

Zip Code

78503-2919

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 / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 41F04DCE16020A9920A

Amount of Each Receipt this Period

500.00

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

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

1085.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bruce Roderick Gordon

Mailing Address 65 Cedar St

City

Hyannis

State

MA

Zip Code

02601-3009

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 / D D / Y Y Y Y Y Y
 08 / 04 / 2011

Transaction ID : EFA501E337458006DD1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randal Oliver Graham

Mailing Address 1819 W Clinch Ave
Ste 200

City

Knoxville

State

TN

Zip Code

37916-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premeir Surgical Ass. LLC

Occupation

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 Y
 11 / 11 / 2011

Transaction ID : D451F8AC-7855-437D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Darla Kae Granger

Mailing Address St. John Hosp and Med Center
Prof Building li Suite 480

City

Detroit

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harper University 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
 11 / 01 / 2011

Transaction ID : B0F9F1A91218D1E812E

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert N. Grant

Mailing Address PO Box 22000

Shannon Clinic

City

San Angelo

State

TX

Zip Code

76902-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shannon Clinic

Occupation

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 Y
11 / 01 / 2011

Transaction ID : B7BA418ACD705A5C1C8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jon M. Greif

Mailing Address 1 Lakeside Dr

Apt 1907

City

Oakland

State

CA

Zip Code

94612-4692

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Breast Surgeons, Inc.

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
07 / 03 / 2011

Transaction ID : 32CA0926-5A79-429B-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wisam B. Haddad

Mailing Address 969 Talcey Ter

City

Riverside

State

CA

Zip Code

92506-7517

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : 2A95E2C8282251F2463

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Barrett George Haik

Mailing Address University of Tennessee
Ste 100

City State Zip Code
Memphis TN 38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

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 Y
07 / 25 / 2011

Transaction ID : BAB3440C1E5FC2B0C97

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter Thomas Hallowell

Mailing Address 1743 Mattox Ct

City State Zip Code
Charlottesville VA 22903-8802

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia

Occupation

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 Y
11 / 09 / 2011

Transaction ID : BDA7898D-E810-4F1D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vivienne Jeanette Halpern

Mailing Address 6101 N 31st St

City State Zip Code
Phoenix AZ 85016-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer

carl t hayden phoenix va medical cente

Occupation

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 Y
12 / 30 / 2011

Transaction ID : 48FA004A-A8C4-4FAD-

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James Joseph Hamilton Jr.

Mailing Address 6001 SW 6th Ave
 Ste 220

City State Zip Code
 Topeka KS 66615-1004

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Tall Grass Surgical Specialists

Occupation

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 Y
 11 / 01 / 2011

Transaction ID : 3F605A5ADC69F061EAE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Max D. Hammer

Mailing Address 4416 Foxhall Ln

City State Zip Code
 Springfield IL 62711-6759

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Springfield Clinic

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
 09 / 29 / 2011

Transaction ID : DFE60E200FCB2FEC455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Zane Hammoud

Mailing Address 16108 Cog Hill Dr

City State Zip Code
 Northville MI 48168-8624

FEC ID number of contributing
 federal political committee.

C

Name of Employer

University of Indiana

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
 09 / 15 / 2011

Transaction ID : 7D499C3D405CDBB9C9D

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Regina Hampton

Mailing Address 8116 Good Luck Rd
Ste 215

City Lanham State MD Zip Code 20706-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature Breast Care

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 36644AF77234F6B805C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerry Medaris Hardacre II

Mailing Address 3811 Spring St
Ste 201

City Mount Pleasant State WI Zip Code 53405-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wheaton Franciscan Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 2B5F57B1DADE97AFE15

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alfred Dwain Harding Jr.

Mailing Address 3867 Arden St

City Jacksonville State FL Zip Code 32205-9301

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

07 / 08 / 2011

Transaction ID : 4DA7DCFDDDB3DA34472C

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sara L. Hartsaw

Mailing Address 3100 W Lakeway Rd
Ste 1

City State Zip Code
Gillette WY 82718-6373

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Plains Surgical Associates, PC

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

11 / 14 / 2011

Transaction ID : 7BE1245F3EF1A344BDE

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Langdon All Hartsock

Mailing Address S Carolina
Department Orthopaedic Surgery - C

City State Zip Code
Charleston SC 29425-2239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical University of South Carolina

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 66326DDA715C32C71BF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Bryant Haser

Mailing Address 1 Robert Wood Johnson Pl
Meb-541

City State Zip Code
New Brunswick NJ 08901-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ-RWJMS

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2011

Transaction ID : 1213ED19736C9C00B40

Amount of Each Receipt this Period

300.00

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

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

3550.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kenneth Robert Hauswald

Mailing Address 11330 Saddleview Ct

City Raleigh State NC Zip Code 27613-6807

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 07 / 2011

Transaction ID : F10227E5D95F1EDCCF3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrea Anita Hayes-Jordan

Mailing Address 6431 Fannin St
Ste 5.248

City Houston State TX Zip Code 77030-1501

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 6F9785DE0B0E299EB4A

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

C. Dean Alan Healy

Mailing Address 707 Carriage Dr

City Wexford State PA Zip Code 15090-8798

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

West Penn Allegheny Health System

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2011

Transaction ID : FAA01385C54ABFF0BD2

Amount of Each Receipt this Period

300.00

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

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

1075.00

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

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 C. Hebert

Mailing Address University of Vermont

Fahc Campus, Fletcher 462

City

Burlington

State

VT

Zip Code

05405-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	2		2	0	1	1		

Transaction ID : 99A74A14-C918-4C8B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas Keith Held

Mailing Address 1300 Union Tpke

City

New Hyde Park

State

NY

Zip Code

11040-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	1		

Transaction ID : D801D39690ED30D2D64

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Norman Heller

Mailing Address 123 Mohawk Rd

City

Short Hills

State

NJ

Zip Code

07078-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	1		

Transaction ID : 61A1594F384FB4E8702

Amount of Each Receipt this Period

365.00

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

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sharon M. Henry

Mailing Address 520 S Hanover St

City
Baltimore

State
MD

Zip Code
21201-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 25 / 2011

Transaction ID : 8188A3C3BCB7C9C0F31

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sharon M. Henry

Mailing Address 520 S Hanover St

City
Baltimore

State
MD

Zip Code
21201-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : B99A09F2CBBC45FFDD6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth Irvin Henson

Mailing Address 8650 Sudley Rd
Ste 206

City
Manassas

State
VA

Zip Code
20110-4416

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 / 20 / 2011

Transaction ID : 2D577252475DDE27425

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Howard F. Hermans

Mailing Address 8102 Desoto Memorial Hwy

City	State	Zip Code
Bradenton	FL	34209-9710

FEC ID number of contributing federal political committee.

C

Name of Employer
Tampa Bay Surgical Group

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
09	/	23	/	2011

Transaction ID : 5C9BAB8C5E81E789D8A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin Richard HilerMailing Address 1700 California St
Ste 550

City	State	Zip Code
San Francisco	CA	94109-4591

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
07	/	29	/	2011

Transaction ID : 6386956D4292F9550D7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christine Hodyl

Mailing Address 6 Belton Ct

City	State	Zip Code
Babylon	NY	11702-3323

FEC ID number of contributing federal political committee.

C

Name of Employer
South Nassau Comm Hospital

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2011

Transaction ID : 730998C215ADA87F7F4

Amount of Each Receipt this Period

400.00

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

1900.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Joseph Hoffman

Mailing Address 12 Bragman Rd

City
Randolph

State
NJ

Zip Code
07869-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 27629A4911AB29200C6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter Wilson Hollimon

Mailing Address 8534 Village Dr
Ste E

City
San Antonio

State
TX

Zip Code
78217-5501

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

07 / 21 / 2011

Transaction ID : 2F9998021B8CAA54B84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. W. Briggs Hopson Jr.

Mailing Address 2100 Highway 61 N
River Regional Health

City
Vicksburg

State
MS

Zip Code
39183-8211

FEC ID number of contributing
federal political committee.

C

Name of Employer

River Regional Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 6750DC94B0E00CC7962

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Joel Herbert Horovitz

Mailing Address 4802 10th Ave

Maimonides Medical Center, Dept of

City State Zip Code
 Brooklyn NY 11219-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maimonides 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
 12 15 2011

Transaction ID : 34DF4D8F2248198D45D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Grace Hou

Mailing Address 6320 N La Cholla Blvd
 Ste 340

City State Zip Code
 Tucson AZ 85741-3816

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 23 2011

Transaction ID : 8597CE25530797DEDE5

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Robert Edward Hruby

Mailing Address 550 Twin Cities Blvd
 Ste C

City State Zip Code
 Niceville FL 32578-1050

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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 14 2011

Transaction ID : 647AC0BBDB5B4D65EAB

Amount of Each Receipt this Period

300.00

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

1200.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Emina Hui-Na Huang

Mailing Address Univ of Florida College of Medicin
 Department of Surgery

City State Zip Code
 Gainesville FL 32610-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer

University of Florida

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
 11 / 02 / 2011

Transaction ID : 90A3F0A9D9161868991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger L. Humphrey

Mailing Address 2801 New Hartford Rd

City State Zip Code
 Owensboro KY 42303-1320

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Ohio Valley Surgical Specialists

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
 12 / 28 / 2011

Transaction ID : 127A1238EFA1EBFB18D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. P. David Hunter

Mailing Address 535 NW 9th St
 Ste 300

City State Zip Code
 Oklahoma City OK 73102-1073

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 / D D / Y Y Y Y Y Y
 07 / 21 / 2011

Transaction ID : 7E1FD0492DABE354093

Amount of Each Receipt this Period

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Daniel Michael Ihnat

Mailing Address 30 N 1900 E
Rm 3C344

City State Zip Code
Salt Lake City UT 84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of AZ

Occupation

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 Y
12 / 14 / 2011

Transaction ID : 4C8EC374-194D-43E1-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karl Armistead Illig

Mailing Address University of Rochester Medical Ct
Box 652

City State Zip Code
Rochester NY 14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester Medical Center

Occupation

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 Y
11 / 09 / 2011

Transaction ID : 1C3CC2EC9B42CB6F703

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sunggeun Samuel Im

Mailing Address 11199 3 1/2 Mile Rd

City State Zip Code
Battle Creek MI 49015-9370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

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
12 / 09 / 2011

Transaction ID : 970ADDDCF939C299CAA

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Haywood Melton Ingram

Mailing Address 1805 Worsham Pl

City Greensboro State NC Zip Code 27408-3113

FEC ID number of contributing federal political committee.

C

Name of Employer
Central Carolina Surgery

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
12 / 28 / 2011

Transaction ID : 6243F4830F4BC97C052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bohdan Askold IwanetzMailing Address 1600 167th St
Ste 150

City Calumet City State IL Zip Code 60409-5484

FEC ID number of contributing federal political committee.

C

Name of Employer
J.T. Iwanetz, MD, Corp

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
09 / 29 / 2011

Transaction ID : 2F62F7C9447CDB0DF15

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald Dale Jaecks

Mailing Address 380 Jerris Ave SE

City Salem State OR Zip Code 97302-5278

FEC ID number of contributing federal political committee.

C

Name of Employer
KAISER PERMENENTE

Occupation
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 Y
08 / 25 / 2011

Transaction ID : DA9C782CE54E3B984CC

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

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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 (Last, First, Middle Initial)

A. Lynne Marie Jalovec

Mailing Address 900 Main St
Ste 310

City State Zip Code
Peoria IL 61602-5015

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 960F3DB24B4A037F6BA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Linda Kay James

Mailing Address PO Box 9
721 River Dr. #B

City State Zip Code
Fort Bragg CA 95437-0009

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2011

Transaction ID : CB99715D7B34EEEE6F0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Benjamin Thomas Jarman

Mailing Address 1900 South Ave
Mail Stop C05-001

City State Zip Code
La Crosse WI 54601-5467

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : E855830C35617F10EA7

Amount of Each Receipt this Period

2000.00

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

3500.00

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

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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 (Last, First, Middle Initial)

A. Stephen Ward Jarrard

Mailing Address 95 Natures Summit Ln

City

Lakemont

State

GA

Zip Code

30552-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain Lakes Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 04E7392AD158C72D33C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay Raleigh Jeffrey

Mailing Address 175 Bone Ln

City

Batesville

State

AR

Zip Code

72501-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : 29D81FA8426CF01C078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald Howard Jenkins

Mailing Address 200 1st St SW

Tcgs Division, Saint Marys Hospita

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : AB74ACC8A1C9F44C0B4

Amount of Each Receipt this Period

250.00

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

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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 (Last, First, Middle Initial)

A. Ronald Kent Jex

Mailing Address 7440 S 91st St
PO Box 82585

City Lincoln State NE Zip Code 68526-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Heart Institute

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : BBC6BCD0E2CE012A7BD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jay Johannigman

Mailing Address 2708 Johnstone Pl

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 29 / 2011

Transaction ID : 1DE3C5DCA8932D2056F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Samir Dankha Johna

Mailing Address 9961 Sierra Ave
Kaiser Permanente

City Fontana State CA Zip Code 92335-6720

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 ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 867873E9F416DCE0991

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Francis Johns

Mailing Address 400 Oakbrook Dr
Ste 2100

City Greensburg State PA Zip Code 15601-6403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Artisan Plastic Surgery

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2011

Transaction ID : B1B8319F5994103003C

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Brad Larvin Johnson

Mailing Address Usf Health South Tampa Center
Suite 7001

City Tampa State FL Zip Code 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
USF

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2011

Transaction ID : 506FD8BF624786974AE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edwin P. Kane II

Mailing Address 1100 Clifton Ave

City Clifton State NJ Zip Code 07013-3631

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 ▼

400.00

Date of Receipt

07 / 29 / 2011

Transaction ID : 30F9F5DEEFE455B22CC

Amount of Each Receipt this Period

400.00

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

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

1015.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Neil Akira Kaneshiki

Mailing Address 2525 9th Ave

Puritan Park Medical Center, Ste 1

City

Altoona

State

PA

Zip Code

16602-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blair Surgical Associates, PC

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : 8B7E113A-4C14-4252-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael G. Kanosky

Mailing Address 2550 Flowood Dr

Ste 200

City

Flowood

State

MS

Zip Code

39232-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : 413BEF621B21592E0D8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John Joseph Kelly

Mailing Address 55 Lake Ave N

Ummmc

City

Worcester

State

MA

Zip Code

01655-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : D73A089C-F4E4-4349-

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Fitzgerald Kendall

Mailing Address 4818 Diamonds Palm Loop

City

Wesley Chapel

State

FL

Zip Code

33543-7159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 22 / 2011

Transaction ID : CEF2372FC2AFA03742B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Harold Lee Kent

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 23 / 2011

Transaction ID : 9202E7E8BBCD5FF4081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew James Kerwin

Mailing Address Ufhsc-J
 Division of Acute Care Surgery

City

Jacksonville

State

FL

Zip Code

32209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 21 / 2011

Transaction ID : E6B4AB6AA1A984A84A9

Amount of Each Receipt this Period

250.00

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

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

800.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Atif Khan

Mailing Address 32 Sparhawk St

City
BrightonState
MAZip Code
02135-2832FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2011

Transaction ID : EF0B4611C92A69DD438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rajesh Khanijou

Mailing Address 725 W La Veta Ave
Ste 210ACity
OrangeState
CAZip Code
92868-4446FEC 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 / D D / Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : E7B6DF685572BC0D72C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Amit Kharod

Mailing Address 495 Iron Bridge Rd
Ste 4City
FreeholdState
NJZip Code
07728-5306FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 11 / 16 / 2011

Transaction ID : 5AD877F3BB46B2D2F4A

Amount of Each Receipt this Period

500.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 209
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Roger K. Khouri

Mailing Address 2750 SW 37th Ave

City

Coconut Grove

State

FL

Zip Code

33133-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Hand Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID : 9BC10D6DD297048DBB3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Wellesley Kilkenny IIIMailing Address Department of Surgery
Ufhsc-J

City

Jacksonville

State

FL

Zip Code

32209-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of FLorida

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID : 6338339C16BE8208CA4

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Bradford King

Mailing Address 4548 Empire Ct

City

Fredericksburg

State

VA

Zip Code

22408-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Associates of Fredericksburg

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	1

Transaction ID : 5B139D1C289A6F153E2

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jon A. King

Mailing Address 9305 W Thomas Rd
Ste 250

City State Zip Code
Phoenix AZ 85037-3364

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 / D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 30B720B945EE84C7C13

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel Michael Kirgan

Mailing Address 2040 W Charleston Blvd
Ste 601

City State Zip Code
Las Vegas NV 89102-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNSON

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
07 / 11 / 2011

Transaction ID : D7ECB5939304E02C867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael D. Klein

Mailing Address Children's Hospital of Michigan
Department of Pediatric Surgery

City State Zip Code
Detroit MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Children's Hospital of Michigan

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 / 17 / 2011

Transaction ID : 1C2E7490E742F003B4B

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. V. Suzanne Klimberg

Mailing Address 4301 W Markham St
 Slot 725

City State Zip Code
 Little Rock AR 72205-7101

FEC ID number of contributing
 federal political committee.

C

Name of Employer

UAMS

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 11 2011

Transaction ID : 74BAB2D2FD942732E79

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Clough Knight

Mailing Address 1625 Straits Tpk
 Alliance Medical Group

City State Zip Code
 Middlebury CT 06762-1836

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Alliance Medical Group

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
 09 23 2011

Transaction ID : 514F4BF7-7CDF-4B5D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip J. Knight

Mailing Address 818 N Emporia St
 Ste 200

City State Zip Code
 Wichita KS 67214-3726

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Wichita Surgical Specialists

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
 07 08 2011

Transaction ID : 4310C077DE2D827F2F0

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Clifford Y. Ko

Mailing Address 10833 Le Conte Ave
72-215 Chs

City State Zip Code
Los Angeles CA 90095-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACS

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2011

Transaction ID : EF7A1CF6A04165F707B

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Daniel Robert Kollmorgen

Mailing Address 1212 Pleasant St
Ste 211

City State Zip Code
Des Moines IA 50309-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Iowa Clinic

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
08 / 25 / 2011

Transaction ID : C2BDD007F00D36C920C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gary B. Korus

Mailing Address 1620 Ashbourne Rd

City State Zip Code
Elkins Park PA 19027-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Penn Health System

Occupation

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
08 / 11 / 2011

Transaction ID : 7F197015-BD49-4257-

Amount of Each Receipt this Period

500.00

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

2750.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tomasz Kozlowski

Mailing Address Campus

4023 Burnett-Womack Building, # 72

City

State

Zip Code

Chapel Hill

NC

27599-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 133D62D3-1FE1-48CE-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tomasz Kozlowski

Mailing Address Campus

4023 Burnett-Womack Building, # 72

City

State

Zip Code

Chapel Hill

NC

27599-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 6AA6A697-4329-456A-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Tomasz Kozlowski

Mailing Address Campus

4023 Burnett-Womack Building, # 72

City

State

Zip Code

Chapel Hill

NC

27599-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 1B62D8DA-A2F6-4DBF-

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tomasz Kozlowski

Mailing Address Campus

4023 Burnett-Womack Building, # 72

City

State

Zip Code

Chapel Hill

NC

27599-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNC

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 27B5DE07-DF0D-448F-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bryan J. Krol

Mailing Address 40 N Grand Ave

Ste 101

City

State

Zip Code

Fort Thomas

KY

41075-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Head and Neck Surgery Associates

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : AB6F27E4-CC8A-48C6-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Warren Kronson

Mailing Address 4844 Carmel Rd

City

State

Zip Code

La Canada

CA

91011-2707

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 ▼

250.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 9AED46E0F5CBE65D24D

Amount of Each Receipt this Period

250.00

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

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

850.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas M. Krummel

Mailing Address **Stanford University School of Medi
Department of Surgery**

City State Zip Code
Stanford CA 94305-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University Medical Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 333C6B68DAF52D41E75

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mark Kuhnke

Mailing Address **800 N 1st St
FI 4**

City State Zip Code
Springfield IL 62702-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Clinic LLP

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2011

Transaction ID : B7FC40CD8EB054EAD8E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Albert Man-Chung Kwan

Mailing Address **1820 W 21st St**

City State Zip Code
Clovis NM 88101-4024

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 ▼

1500.00

Date of Receipt

08 / 12 / 2011

Transaction ID : 715357F6965F092F044

Amount of Each Receipt this Period

1500.00

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

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

2500.00

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

Use separate schedule(s)
for each category of the
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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 (Last, First, Middle Initial)

A. Christopher Eugene Lagraize

Mailing Address 155 Hospital Dr
Ste 410

City Lafayette State LA Zip Code 70503-2852

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 / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : 2C7EF733620ADC1B5C6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joshua Scott Landes

Mailing Address 4212 W Congress St
Ste 1600

City Lafayette State LA Zip Code 70506-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hamilton Medical Group

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 Y
12 / 09 / 2011

Transaction ID : 1235CFC52FBACD43280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lorrie A. Langdale

Mailing Address 1660 S Columbian Way
Va Medical Center (112)

City Seattle State WA Zip Code 98108-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Washington

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 277AE529A2F52E7682A

Amount of Each Receipt this Period

750.00

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

1750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Arthur Lavor

Mailing Address 6422 E Speedway Blvd
Ste 150

City Tucson State AZ Zip Code 85710-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seguaro Surgical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 7F6A8F6BD4D54954E1F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randolph Schuyler Lawrence

Mailing Address 1320 Las Tablas Rd
Ste C

City Templeton State CA Zip Code 93465-9711

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 ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : A044CF5FDCFFBC398DF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Anne Lawson

Mailing Address 3 Bandera Ct

City Johnson City State TN Zip Code 37604-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Lawson Surgical Group

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 8D8EFBF4-8C3D-4CDF-

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stefan Leichtle

Mailing Address 400 Nob Hill Ct
Apt 6

City State Zip Code
Ann Arbor MI 48103-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Hospital

Occupation

Surgery resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 41A2AC789C49D0921D31

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ryan Lewis

Mailing Address 236 Lake Cir

City State Zip Code
Madison MS 39110-6303

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 / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 759234A5AEAAA86EEBF

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Peter S. Liao

Mailing Address 9 Barthel Ct

City State Zip Code
Lutherville MD 21093-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

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
12 / 05 / 2011

Transaction ID : 07C94DBA1049351BB0D

Amount of Each Receipt this Period

250.00

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

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

775.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Avery Liberman

Mailing Address 6101 Pine Ridge Rd

Medical Surgical Specialists

City

Naples

State

FL

Zip Code

34119-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

HMA

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 / 05 / 2011

Transaction ID : 97875A910B9845FB797

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith D. Lillemoe

Mailing Address 55 Fruit St

Massachusetts General Hospital

City

Boston

State

MA

Zip Code

02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2011

Transaction ID : F7251AB6-08CE-436C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Neel Linz

Mailing Address 2600 Tuscarawas St W

Canton General Surgery Associates,

City

Canton

State

OH

Zip Code

44708-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer

Canton General Surgery Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2011

Transaction ID : 95898093F4408D7C408

Amount of Each Receipt this Period

400.00

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

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

1150.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Alan Liston

Mailing Address 12822 Rose Grove Dr

City

Oak Hill

State

VA

Zip Code

20171-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2011

Transaction ID : 758F4BF4AD4BA1E1C67

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Eugene Littlejohn

Mailing Address 70 Mill River St

City

Stamford

State

CT

Zip Code

06902-3725

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

11 / 03 / 2011

Transaction ID : B3EE859BFCE6A333A18

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Morrow Livingston

Mailing Address 8756 W Emerald St
Ste 136

City

Boise

State

ID

Zip Code

83704-4840

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 ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : A56A00C05A902FD5AE1

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Laurence Fabian Lo

Mailing Address 1110 Saint Marys Rd
 Flint Hills Surgical Clinic

City State Zip Code
 Junction City KS 66441-4176

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : 126102129F42DCFA4D1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles W. Logan

Mailing Address 1300 Centerview Dr

City State Zip Code
 Little Rock AR 72211-4349

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 9B74638CC436DA94807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Leo Lohmuller

Mailing Address 1228 E Rusholme St
 Medical Office Building 1, Suite 3

City State Zip Code
 Davenport IA 52803-2453

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Davenport Surgical Group, PC

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
 08 / 04 / 2011

Transaction ID : 748DB1BB25EE8044275

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)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Lottenberg

Mailing Address 3054 SW 92nd St

City

Gainesville

State

FL

Zip Code

32608-7933

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : 2657CFB64A796331872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen W. Lu

Mailing Address Department of Surgery
Msc 10-5610

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011

Transaction ID : B904B0663A2DFA1675E

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Charles E. Lucas

Mailing Address 4201 Saint Antoine St

City

Detroit

State

MI

Zip Code

48201-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 21 / 2011

Transaction ID : 166AB6AC96DFBD6434E

Amount of Each Receipt this Period

500.00

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

950.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Nason Lui

Mailing Address 1516 SW 6th Ave

City State Zip Code
 Topeka KS 66606-1696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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 Y
 09 / 27 / 2011

Transaction ID : 1A0582368F901F1C26D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis Paul Lund

Mailing Address 1919 E Thomas Rd
 Phoenix Children's Hospital

City State Zip Code
 Phoenix AZ 85016-7710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Wisconsin-Madison

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
 08 / 10 / 2011

Transaction ID : D385B8E1F1C8405CD45

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles James Lutz

Mailing Address 6833 Holliston Cir

City State Zip Code
 Fayetteville NY 13066-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Upstate Medical University

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
 07 / 18 / 2011

Transaction ID : BF7BD3C55A0B91A5E5E

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Edward G. MacKay

Mailing Address 7601 Dr Martin Luther King Jr St N
Ste C2

City State Zip Code
Saint Petersburg FL 33702-5244

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : 32D182DB9154D587420

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David M. Mahvi

Mailing Address 676 N Saint Clair St
Northwestern Univ Feinberg Sch of

City State Zip Code
Chicago IL 60611-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2011

Transaction ID : E484C29B16DB7C8945B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis W. Maier

Mailing Address 2900 12th Ave N
Surgical Associates Pc, Ste 355W

City State Zip Code
Billings MT 59101-7589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 7DB11BECD12AD8D9BE8

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Scott E. Maizel

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 2B12AD2B1B48E0E7ADA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hope Stephanie Maki

Mailing Address 1000 N Oak Ave

City

Marshfield

State

WI

Zip Code

54449-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 967990FE484C7ED7E5B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory John Mancini

Mailing Address Suite 240
 Building A

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 28 / 2011

Transaction ID : F220A146BC5F5931299

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Mary E. Maniscalco-Theberge

Mailing Address 11408 Towering Oak Way

City

Reston

State

VA

Zip Code

20194-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2011

Transaction ID : 863F2D76EDBF6289C3C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Robert MarohnMailing Address Johns Hopkins Univ Sch of Med
Department of Surg/ Blalock 1222/

City

Baltimore

State

MD

Zip Code

21287-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Univeristy Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2011

Transaction ID : 840E99B1-D2F1-489B-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph Marrazzo III

Mailing Address 2327 Horseshoe Dr

City

Alexandria

State

LA

Zip Code

71301-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2011

Transaction ID : 74277EE5E33A8E5C514

Amount of Each Receipt this Period

300.00

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

800.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin Douglas Martin

Mailing Address 20 Medical Village Dr
Ste 394

City State Zip Code
Edgewood KY 41017-5412

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2011

Transaction ID : 63E6E6BE-FCEA-41DF-

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. David John Martini

Mailing Address 104 Endicott St
Ste 200

City State Zip Code
Danvers MA 01923-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mass General Physicians Org.

Occupation

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 Y
12 / 05 / 2011

Transaction ID : 09997999-AA0C-41C5-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ravikant Maski

Mailing Address 1250 Big Jack Rd
Ste A

City State Zip Code
Platteville WI 53818-8902

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 757797C6C24EFA7538F

Amount of Each Receipt this Period

500.00

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

1600.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Banks Matthews

Mailing Address University of Chicago
Department of Surgery

City State Zip Code
Chicago IL 60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2011

Transaction ID : B9097143-FBE6-4139-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Theodore C. Max

Mailing Address PO Box 401

City State Zip Code
Holland Patent NY 13354-0401

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 ▼

1000.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 5578F9ED2546AD3C67E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Todd Maxson

Mailing Address 1 Childrens Way
Arkansas Childrens Hospital

City State Zip Code
Little Rock AR 72202-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Childrens Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : C41BF6588C3FB507B03

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David B. McAneny

Mailing Address Boston Medical Center
Fgh Building, Suite 5008

City State Zip Code
Boston MA 02118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2011

Transaction ID : 39D319FEE854002751C

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Mary C. McCarthy

Mailing Address Miami Valley Hospital
Department of Surgery Suite 7000

City State Zip Code
Dayton OH 45409-2793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Valley Hospital

Occupation

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 Y
10 / 28 / 2011

Transaction ID : AEE297424E6D83191DE

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Philip E. McCarthy

Mailing Address 825 Washington St
Ste 270

City State Zip Code
Norwood MA 02062-3449

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : E6BD32DB8B84D291E69

Amount of Each Receipt this Period

250.00

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

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

1850.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Joseph McCloskey

Mailing Address 3003 Shortcut Rd

City

Pascagoula

State

MS

Zip Code

39567-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Singing River Health System

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 / 12 / 2011

Transaction ID : 3653527E22C22CCD602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Derek Reign McClusky

Mailing Address 140 Jill Loop

City

Ruston

State

LA

Zip Code

71270-7118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Green Clinic

Occupation

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 Y
12 / 07 / 2011

Transaction ID : 37B4D6B6674B94A52F0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Michael McCune

Mailing Address 405 E Main St

PO Box 554

City

Marshalltown

State

IA

Zip Code

50158-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshalltown Medical and Surgical

Occupation

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 Y
11 / 16 / 2011

Transaction ID : 6A9FD84F7AF9F99AC26

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Francis McGee

Mailing Address 2479 Euclid Heights Blvd

City State Zip Code
 Cleveland Heights OH 44106-2774

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Medical Faculty Foundation

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 27 / 2011

Transaction ID : D98B130C-1D7D-4095-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Francis McGowan

Mailing Address 10120 S 593 Rd

City State Zip Code
 Miami OK 74354-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Integris Baptist Medical Center

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2011

Transaction ID : 000685A458358D80215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles T. McHugh

Mailing Address 71 Broadway St
 PO Box 699

City State Zip Code
 Baileyville ME 04694-3417

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

08 / 12 / 2011

Transaction ID : 1F48A0F9E7C1848F4A4

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Lee McNeill

Mailing Address 530 Clara Barton Blvd
Ste 250

City State Zip Code
Garland TX 75042-5781

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOPA

Occupation

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 Y
12 / 08 / 2011

Transaction ID : 2C1A6562-1294-43ED-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norman E. McSwain Jr.

Mailing Address Tulane University School of Med
Department of Surgery, SI-22

City State Zip Code
New Orleans LA 70112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Med

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
11 / 01 / 2011

Transaction ID : F25ED05799507BAA4F5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amir-Hossein Mehran

Mailing Address 10833 Le Conte Ave
Ucla Department of Surgery, Chs 72

City State Zip Code
Los Angeles CA 90095-3075

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

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
09 / 23 / 2011

Transaction ID : E598CE83-43EA-49F7-

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mariana I. Mendible

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2011

Transaction ID : 63E7DD545E64B4C3BD0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harry F. Meyers

Mailing Address PO Box 261284

City

Plano

State

TX

Zip Code

75026-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 28CA1A29101F809CE93

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ariel Shoshona Millard

Mailing Address 6167 N Fresno St

Ste 102

City

Fresno

State

CA

Zip Code

93710-8610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2011

Transaction ID : 38FCD1AFE7AC9636B81

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Marjorie Miller

Mailing Address 3920 Deer Rd

City

Wisconsin Rapids

State

WI

Zip Code

54494-7438

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

09 / 15 / 2011

Transaction ID : 7F94D59E25A9F720011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vernon Walter Miller

Mailing Address 112 E Arapahoe St

City

Thermopolis

State

WY

Zip Code

82443-2402

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 ▼

1000.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 7A3567939D3F0A0303A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andrew J. Minardi Jr.

Mailing Address 809 Cherry St

City

Mamou

State

LA

Zip Code

70554-2223

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 ▼

365.00

Date of Receipt

07 / 29 / 2011

Transaction ID : 487FD6B3F74D588B06A

Amount of Each Receipt this Period

365.00

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

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

1865.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph Paul Minei

Mailing Address Department of Surgery Btcc

Ut Southwestern Medical Center

City State Zip Code
 Dallas TX 75390-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : 58E9DD2E-50FB-4E7A-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vincent Paul Miraglia

Mailing Address 2398 SE Ocean Blvd

A

City State Zip Code
 Stuart FL 34996-3310

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 / D D / Y Y Y Y Y Y
 07 / 11 / 2011

Transaction ID : E3338042C8289867A10

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frank Louis Mitchell III

Mailing Address 8550 E Krail St

City State Zip Code
 Scottsdale AZ 85250-4931

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 / D D / Y Y Y Y Y Y
 11 / 16 / 2011

Transaction ID : 08B92AE6A7E504EF641

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jacob Moalem

Mailing Address 601 Elmwood Ave

Surg

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 8B730233F79B84DDC3F

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. John Cary Moorhead

Mailing Address 915 Gessner Rd

Ste 225

City

Houston

State

TX

Zip Code

77024-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

TX ENT Specialists

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 12 / 2011

Transaction ID : 0591BD5D-41F3-415E-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sharon Elizabeth Moran

Mailing Address 700 Richards St

Apt 1507

City

Honolulu

State

HI

Zip Code

96813-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Hawaii

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 8FE31499317CCCCCE307

Amount of Each Receipt this Period

300.00

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

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

1800.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Al Moreno

Mailing Address 307 Saint Johns Way

City

Lewiston

State

ID

Zip Code

83501-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 6C4C84DD037342915A7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lee R. Morisy

Mailing Address 6025 Walnut Grove Rd
Ste 201

City

Memphis

State

TN

Zip Code

38120-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 9039245D44E0798A179

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lee R. Morisy

Mailing Address 6025 Walnut Grove Rd
Ste 201

City

Memphis

State

TN

Zip Code

38120-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 86899F55348AE740176

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jason C. Morvant

Mailing Address 4207 E Old Spanish Trl

City

New Iberia

State

LA

Zip Code

70560-0791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Med Group

Occupation

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 Y
09 / 22 / 2011

Transaction ID : 03D5D49111EBA4FB78B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Deborah Lynn Mueller

Mailing Address 309 King William

City

San Antonio

State

TX

Zip Code

78204-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Health Science Center

Occupation

Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 7E7EB7D6B211D33C992

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert E. MurrayMailing Address 1 Shrader St
Ste 550

City

San Francisco

State

CA

Zip Code

94117-1034

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2011

Transaction ID : E20D989974490097A63

Amount of Each Receipt this Period

250.00

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

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Peter Clark Muskat

Mailing Address 231 Albert Sabin Way
PO Box 670558

City State Zip Code
Cincinnati OH 45267-2827

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2011

Transaction ID : F856F4C6A8A9868B014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nagendra Nadaraja

Mailing Address 36 Palcham Dr

City State Zip Code
Rochester NY 14618-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Rochester

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
12 / 15 / 2011

Transaction ID : EA8E0F46B77BFB41B7D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Andrew Napoliello

Mailing Address 8340 Lakewood Ranch Blvd
Ste 101

City State Zip Code
Lakewood Ranch FL 34202-5183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
11 / 01 / 2011

Transaction ID : 001927F9631E7CCF864

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Edward Waller Nelson

Mailing Address 50 N Medical Dr

Department of Surgery

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 8A8A1A71883BA07D6BA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. M. Timothy Nelson

Mailing Address 1 University of New Mexico

Department of Surgery Msc 10 5610

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of New Mexico

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 2A80FE8B1E444DCDA95

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas Willingham Newsome

Mailing Address 5845 Farquhar Ln

City

Dallas

State

TX

Zip Code

75209-3515

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

07 / 08 / 2011

Transaction ID : F417FA53C8864373C1D

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Arthur L. Ney

Mailing Address 701 Park Ave

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : A1CC47FEDD8AECFC724

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Dailey Nicholson

Mailing Address 5100 W Taft Rd

North Medical Center, Suite 4-A

City

Liverpool

State

NY

Zip Code

13088-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 252C01B509E75AB3A3D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David R. Nielsen

Mailing Address 1650 Diagonal Rd

City

Alexandria

State

VA

Zip Code

22314-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Otolaryngology

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 681783E4163FB3A30EB

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Juan Jose Noguera

Mailing Address 7901 Sequoia Ln

City State Zip Code
Parkland FL 33067-2390

FEC ID number of contributing federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : DAA4594A-5508-43E0-

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. William F. Nowlin

Mailing Address 1200 Roosevelt Pl

City State Zip Code
Valparaiso IN 46383-3707

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 6DBEFE153D9FE98FC15

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Patricia J. Numann

Mailing Address 323 Highland Ave

City State Zip Code
Syracuse NY 13203-1607

FEC ID number of contributing federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2011

Transaction ID : 3616CBBBB76499807DC

Amount of Each Receipt this Period

100.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 4B5AA473AF9B66C16341

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 16 / 2011

Transaction ID : 48939EA86EAAF58A3B75

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 16 / 2011

Transaction ID : 4D3FA95F92F14F5814F0

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Patricia J. Numann

Mailing Address 323 Highland Ave

City

Syracuse

State

NY

Zip Code

13203-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospital Health Science Cen

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

12 / 16 / 2011

Transaction ID : 441380E38F9852FDA7D4

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia A. O'Neill

Mailing Address 2 Montague Ter
Apt 4A

City

Brooklyn

State

NY

Zip Code

11201-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 71E4BACE38527E86C90

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mims Gage Ochsner

Mailing Address PO Box 22084

City

Savannah

State

GA

Zip Code

31403-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Univ Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 8DDD97043E0781C60BE

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**

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for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Cari Ann Ogg

Mailing Address 6340 Miami Rd

City

Cincinnati

State

OH

Zip Code

45243-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati General Surgeons, Inc.

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : E2E77E6E942E83CFACE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Garth Alan OldsMailing Address 925 Highland Blvd
Ste 1200

City

Bozeman

State

MT

Zip Code

59715-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 288EA81A8C71A068E97

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dmitry OleynikovMailing Address University of Nebraska Medical Ctr
985126 Nebraska Medical Center

City

Omaha

State

NE

Zip Code

68198-5126

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Neb Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : 958191AC5B687B4A4B0

Amount of Each Receipt this Period

300.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Alfonso Oliva

Mailing Address 530 S Cowley St

City

Spokane

State

WA

Zip Code

99202-1316

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2011

Transaction ID : AB7FB5174BDA4A0581A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond Peter Onders

Mailing Address 2900 Courtland Blvd

City

Shaker Heights

State

OH

Zip Code

44122-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer

U

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : FCDD2FFF-5421-442D-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Frank George Opelka

Mailing Address 10104 Gail Ct

City

River Ridge

State

LA

Zip Code

70123-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA State University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : F0783E4726AF10708AA

Amount of Each Receipt this Period

1000.00

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

1350.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Brian C. Organ

Mailing Address 285 Boulevard Suite 620

City State Zip Code
 Atlanta GA 30312

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 / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 2C64A26F2B78F2ED87C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan Louise Orloff

Mailing Address 3181 SW Sam Jackson Park Rd
 # L590

City State Zip Code
 Portland OR 97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oregon Health and Science University

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
 11 / 01 / 2011

Transaction ID : D07AE103A7A8C8C21B3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark B. Orringer

Mailing Address 1500 E Medical Center Dr
 University of Michigan Medical Cen

City State Zip Code
 Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Michigan

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
 08 / 04 / 2011

Transaction ID : D935F6FA8AD5C646CE4

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Julio A. Ortiz

Mailing Address PO Box 368

City

Humacao

State

PR

Zip Code

00792-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : 1471F68CF6DCD183863

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Leon J. Owens

Mailing Address 5901 River Oak Way

City

Carmichael

State

CA

Zip Code

95608-5548

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2011

Transaction ID : E7A84ADF26684A962FC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J. Alexander Palesty

Mailing Address Department of Surgery
Saint Mary's Health System

City

Waterbury

State

CT

Zip Code

06706

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary's Health System

Occupation

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 Y
12 / 15 / 2011

Transaction ID : 9D935B764AC255492DD

Amount of Each Receipt this Period

500.00

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

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

1365.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Konstantinos Papadakis

Mailing Address Fegan 3rd Floor Department of Surg
Children's Hospital Boston

City State Zip Code
Boston MA 02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital Boston

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2011

Transaction ID : 0383C825779168FB559

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Darin L. Passer

Mailing Address 21414 Indian Hills Rd

City State Zip Code
Albert Lea MN 56007-4207

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2011

Transaction ID : FBA3F41B54E34260BB5

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Lisa A. Patterson

Mailing Address Baystate Medical Ctr
Department of Surgery

City State Zip Code
Springfield MA 01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 82347383D0984ADEBE4

Amount of Each Receipt this Period

500.00

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Daniel Paysinger Jr.

Mailing Address 141 River Birch Ln

City State Zip Code
Columbia SC 29206-4960

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 / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 93ACF61F7FF6D6CF19A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Hugh Pearl

Mailing Address 420 NE Glen Oak Ave
Pediatric Surgery Center, Ste 201

City State Zip Code
Peoria IL 61603-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Children's Hospital of IL

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 962D96F7C0AA774D223

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Joseph Millard Pearson Jr.

Mailing Address 800 E Cheves St
Ste 260

City State Zip Code
Florence SC 29506-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

McLeod Physician Assoc

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 Y
12 / 15 / 2011

Transaction ID : 5320D3A650CD4DDC29E

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles A. V. Perrott

Mailing Address 3950 Joanne Dr

City

Glenview

State

IL

Zip Code

60026-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 14734F1D052D7899B88

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Wesley Person

Mailing Address 19507 Crystal Oak

City

San Antonio

State

TX

Zip Code

78258-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hand Center San Antonio

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 27C63DF8F4869A294A4

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Anne Elizabeth Petersen

Mailing Address 1241 W Stadium Blvd

City

Jefferson City

State

MO

Zip Code

65109-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson City Medical Group

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 63FCD4548ACEA4B83A2

Amount of Each Receipt this Period

1000.00

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

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

1765.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Mario Pezzi

Mailing Address 1245 Highland Ave
Ste 604

City State Zip Code
Abington PA 19001-3727

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 / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : D341E08F81EBC36428D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chinh Pham

Mailing Address 2200 Page Street

City State Zip Code
Camp Hill PA 17011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wellspan Medical Group

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
07 / 25 / 2011

Transaction ID : 841F44032D9C906ADC3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dang-Tuan Pham

Mailing Address 30 N Union Rd
Ste 104

City State Zip Code
Williamsville NY 14221-5367

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Buffalo Minimally Invasive Weight Loss

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
12 / 09 / 2011

Transaction ID : EE582E02859E3AE095A

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Allan S. Philp

Mailing Address 100 Anderson St
Apt 235

City State Zip Code
Pittsburgh PA 15212-5833

FEC ID number of contributing
federal political committee.

C

Name of Employer
West PennAllegheny Health Care System

Occupation
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 Y
11 / 14 / 2011

Transaction ID : CE69495A6832EBB8BFB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Karl Podratz

Mailing Address 200 1st St SW
Mayo Clinic

City State Zip Code
Rochester MN 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 / D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : DA829ACA3A932E6C808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy Hurst Pohlman

Mailing Address 1701 N Senate Ave
B238

City State Zip Code
Indianapolis IN 46202-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer
SWMC

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : FF092B9C80F9040328E

Amount of Each Receipt this Period

365.00

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City State Zip Code
 Buffalo NY 14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Children's Hospital of Buffalo

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2011

Transaction ID : 1BEB9C98E58FD12E667

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City State Zip Code
 Buffalo NY 14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Children's Hospital of Buffalo

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2011

Transaction ID : 78D780A5D0EBEA184DD

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City State Zip Code
 Buffalo NY 14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Children's Hospital of Buffalo

Occupation
 Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 42908B67175F947487C8

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City
Buffalo

State
NY

Zip Code
14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2011

Transaction ID : 4EAA95BE5E3F1A5216BA

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City
Buffalo

State
NY

Zip Code
14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : 45F98FD8856BEE31D00E

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Christopher Peter Poje

Mailing Address 651 Delaware Ave

City
Buffalo

State
NY

Zip Code
14202-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital of Buffalo

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 18 / 2011

Transaction ID : 43E1AB01F1382EF6D6CE

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Saurin Rajnikant Popat

Mailing Address 21 Randwood Ln

City
Buffalo

State
NY

Zip Code
14216-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Medical Assoc

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : C1989929F5EC5E0F23D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. A. John Popp

Mailing Address Department of Neurosurgery, Pbb3
Brigham and Women's Hospital

City
Boston

State
MA

Zip Code
02115-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical College

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : E7B1305FD180C2A8C08

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles Anthony Portera Jr.

Mailing Address Memorial Medical Building West
Suite W-471

City
Chattanooga

State
TN

Zip Code
37404

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

07 / 08 / 2011

Transaction ID : D9E9DB0DD6A033F5A6D

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Thomas Poynter

Mailing Address 887 Country Club Dr

City State Zip Code
 Cincinnati OH 45245-2833

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2011

Transaction ID : DACA5EC5309F019D70A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Praveen Chandra Prasad

Mailing Address 974 73rd St
 Ste 25

City State Zip Code
 Des Moines IA 50324-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Iowa Surgery Center

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 Y
 11 / 18 / 2011

Transaction ID : 030C15636A417119228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raymond Richard Price

Mailing Address 5169 Cottonwood St
 Intermountain Surgical Specialists

City State Zip Code
 Murray UT 84107-6769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Salt Lake Clinic

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 Y
 09 / 16 / 2011

Transaction ID : 58088D043B74FB328FA

Amount of Each Receipt this Period

500.00

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

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1250.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Frances Elizabeth Pritchard

Mailing Address 1072 Island Dr

City

Memphis

State

TN

Zip Code

38103-5815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 6F4BC501E50BA8A4D33

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven G. Proshan

Mailing Address 2002 Medical Pkwy
Ste 360

City

Annapolis

State

MD

Zip Code

21401-7918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : 3BCB0FF3C193133D870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Aurora Dawn Pryor

Mailing Address PO Box 600

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2011

Transaction ID : 9D38CD9B-78FB-4F64-

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Morris Wade Pulliam

Mailing Address 9485 Hunt Club Trl NE

City

Warren

State

OH

Zip Code

44484-1740

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 / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : F67D5DB475DA50B7ADA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph R. Purita

Mailing Address 660 Glades Rd
Ste 460

City

Boca Raton

State

FL

Zip Code

33431-6469

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 2C50C20470AE03CA8D8

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Joe B. Putnam Jr.

Mailing Address Department of Thoracic Surgery
Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : 2A9192D6-8B7A-4B64-

Amount of Each Receipt this Period

300.00

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

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

950.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. N. D. Radtke

Mailing Address 240 Audubon Medical Plaza

City State Zip Code
Louisville KY 40217

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 105DB91A08AA8B2DEA7

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Seshadri Raju

Mailing Address 1020 River Oaks Dr
Ste 420

City State Zip Code
Jackson MS 39232-9500

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 62817FCA7177C4845BE

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Archana Ramaswamy

Mailing Address 1 Hospital Dr
University of Missouri, # DC075.00

City State Zip Code
Columbia MO 65201-5276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Missouri

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2011

Transaction ID : D5ABCA265E04B72F0FB

Amount of Each Receipt this Period

1500.00

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

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

2165.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Rao

Mailing Address 3023 N Ballas Rd
Ste 210D

City State Zip Code
Saint Louis MO 63131-2331

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

11 / 23 / 2011

Transaction ID : 20A52815ED59856E5B2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick R. Reardon

Mailing Address 6550 Fannin St
Ste 2435

City State Zip Code
Houston TX 77030-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Methodist Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 056D2F156B5645D7788

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Carolyn E. Reed

Mailing Address S Carolina
Msc 295 Art 7018

City State Zip Code
Charleston SC 29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Univ of South Carolina

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 358EEE7A0169A1C7A9A

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. R. Lawrence Reed II

Mailing Address 1701 N Capitol Ave

Iu Health Methodist Hospital

City

Indianapolis

State

IN

Zip Code

46202-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 65CD182FBFF344C11D8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Ellis Reeve III

Mailing Address 157 Clinic Ave

Ste 302

City

Carrollton

State

GA

Zip Code

30117-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Surgical Group P.A.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : 2BD1DB44-C4DE-423E-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas Ellis Reeve III

Mailing Address 157 Clinic Ave

Ste 302

City

Carrollton

State

GA

Zip Code

30117-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Surgical Group P.A.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2011

Transaction ID : F7D80ED6-73E2-4F49-

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kaye M. Reid Lombardo

Mailing Address 200 1st St SW

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

11 / 01 / 2011

Transaction ID : 7E60B983851CE64AADF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. H. David Reines

Mailing Address 3300 Gallows Rd

City
Falls Church

State
VA

Zip Code
22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 02 / 2011

Transaction ID : FE6498D70501F2ECD5F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Mitchell Rhodes

Mailing Address 8 Deland Park A

City
Fairport

State
NY

Zip Code
14450-1404

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 ▼

500.00

Date of Receipt

07 / 18 / 2011

Transaction ID : E27EF61958087262B53

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. William Lawrence Rich III

Mailing Address 6231 Leesburg Pike
Ste 608

City Falls Church State VA Zip Code 22044-2102

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 ▼

1000.00

Date of Receipt

11 / 18 / 2011

Transaction ID : 3B883645D3A7EFA5717

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Lawrence Richards

Mailing Address 333 Forsgate Dr
Ste 202

City Jamesburg State NJ Zip Code 08831-1567

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 ▼

250.00

Date of Receipt

08 / 12 / 2011

Transaction ID : 5FB0ED9B6D7675C70B7

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. William O. Richards

Mailing Address 2451 Fillingim St
721 Mastin

City Mobile State AL Zip Code 36617-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vanderbilt Medical Center

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 032186AAC16B7DFEB33

Amount of Each Receipt this Period

1000.00

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

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

2125.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Layton Frederick Ridders

Mailing Address 1111 Highland Ave

Wimr Building Office #5103

City

Madison

State

WI

Zip Code

53705-2275

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin-Madison

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 18 / 2011

Transaction ID : DE32B4B9EFFFFA057D3F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Paul Rioux

Mailing Address 21260 Olean Blvd

Ste 200

City

Port Charlotte

State

FL

Zip Code

33952-6742

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 ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 3FF0C2F02C1A57CFA6C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew Bayard Roberts

Mailing Address Temple Vascular Surgery

Jeanes Physicians Office Building

City

Philadelphia

State

PA

Zip Code

19111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple Vascular Surgery

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2011

Transaction ID : FB911365745E0AB65B4

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kermie Lenard Robinson

Mailing Address 3901 N Central Dr
Apt E108

City Hobbs State NM Zip Code 88240-1191

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 ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : B15227AECBC8F0409D6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marc Stephen Rocklin

Mailing Address 4735 E 91st St
Ste 200

City Tulsa State OK Zip Code 74137-2806

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

07 / 18 / 2011

Transaction ID : 80B8EA4F9D92A8BF01D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gene S. Rosenberg

Mailing Address 20 Prospect Ave
Ste 719

City Hackensack State NJ Zip Code 07601-1974

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Urology Associates

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 18 / 2011

Transaction ID : F94713264BC9EC191D7

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. David Barry Rosenfeld

Mailing Address 2650 Jones Way
Ste 25

City	State	Zip Code
Simi Valley	CA	93065-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
12	/	28	/	2011

Transaction ID : AC969764E496239BD84

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Barry Robert Rossman

Mailing Address 99 Poe Rd

City	State	Zip Code
Princeton	NJ	08540-4119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Urology Group of Princeton

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
09	/	23	/	2011

Transaction ID : 8ED603876C9EDC4DF5B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Rough

Mailing Address 741 Lippincott Ave

City	State	Zip Code
Moorestown	NJ	08057-1907

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 ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

Transaction ID : 8E74A766B05036C1265

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Grace Rozycki

Mailing Address Department of Surgery, 302 Gmb
Emory University

City Atlanta State GA Zip Code 30303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 18 / 2011

Transaction ID : 74709E6346373AFD9FF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marc S. Rubin

Mailing Address Attn: Dawn Galante
Surgical Specialist of the North S

City Danvers State MA Zip Code 01923

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

11 / 09 / 2011

Transaction ID : B03A8F2A8340A159469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Malcolm Joe Rude

Mailing Address 2304 De Lee St

City Bryan State TX Zip Code 77802-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Plastic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 04 / 2011

Transaction ID : 80D0EEF4-2A91-428B-

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. H. Earle Russell Jr.

Mailing Address 3 Saint Francis Dr
 Ste 490

City State Zip Code
 Greenville SC 29601-3973

FEC ID number of contributing
 federal political committee.

C

Name of Employer

St. Francis Health System

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
 09 / 22 / 2011

Transaction ID : 557F587A677F33AD555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond Jude Ryan Jr.

Mailing Address 2624 E Fork Dr

City State Zip Code
 Vandalia IL 62471-3818

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 / D D / Y Y Y Y Y Y
 07 / 11 / 2011

Transaction ID : D46B631BF4B51B3EC1C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Beth Ann Ryder

Mailing Address University Surgical Associates
 Suite 470

City State Zip Code
 Providence RI 02905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

University 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 / 20 / 2011

Transaction ID : F40F02DE6F784227975

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)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Andrew Salama

Mailing Address 8 Newsome Park
2

City State Zip Code
Boston MA 02130-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

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
12 / 07 / 2011

Transaction ID : E10B4D3661BA7F3355C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rodrigo Santamarina-Novella

Mailing Address 10 Eastbrook Ln

City State Zip Code
Pittsfield MA 01201-9121

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : CAEE67B497F404C835A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael Saridakis

Mailing Address 20 Crownpointe Cv

City State Zip Code
Jackson TN 38305-5352

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 / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : 8CF9E9F8-6C15-491D-

Amount of Each Receipt this Period

250.00

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

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

865.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jack Sava

Mailing Address 110 Irving St NW
Ste 4B-39

City Washington State DC Zip Code 20010-3017

FEC ID number of contributing federal political committee.

C

Name of Employer

Med Star Health

Occupation

Surgeons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 3CD7F2DCEEE91ED9B32

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barry Savits

Mailing Address 43 5th Ave

City New York State NY Zip Code 10003-4368

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

08 / 04 / 2011

Transaction ID : 830FA20855C97427F12

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Daniel Sawyer

Mailing Address Enterprise Medical Plaza
Suite 300

City Enterprise State AL Zip Code 36330

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

09 / 21 / 2011

Transaction ID : 5CFD020A5E81987EEC5

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas M. Scalea

Mailing Address Shock Trauma Center
Room T3R31

City Baltimore State MD Zip Code 21201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shock Trauma Center

Occupation

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
12 / 28 / 2011

Transaction ID : E06AC0BCD8B5183FB9F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sharon Kaye Schaefer

Mailing Address 2490 S Woodworth Loop
Ste 300

City Palmer State AK Zip Code 99645-7407

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2011

Transaction ID : 230CD3AA292484EFE27

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven Schechter

Mailing Address 334 East Ave

City Pawtucket State RI Zip Code 02860-3889

FEC ID number of contributing
federal political committee.

C

Name of Employer

RI Colorectal Clinic

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
07 / 08 / 2011

Transaction ID : B89457D946B0BA3737A

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Miren Ava Schinco

Mailing Address 655 W 8th St

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2011

Transaction ID : 28761A34045DAB94CEE

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bruce David Schirmer

Mailing Address Department of Surgery

University of Virginia Hospital

City

Charlottesville

State

VA

Zip Code

22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

Transaction ID : CFBB15D81875CA37453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lauren Ann Schnaper

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 ▼

250.00

Date of Receipt

12 / 28 / 2011

Transaction ID : 174C9034064D041B02F

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sherwin Phan Schrag

Mailing Address 208 Shearwater Ct W
Apt 52

City Jersey City State NJ Zip Code 07305-5402

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

09 / 28 / 2011

Transaction ID : 99A10B74C74F2BD2F01

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Schuster

Mailing Address 330 Cedar St
PO Box 208062, # BB310

City New Haven State CT Zip Code 06510-3218

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 ▼

400.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 066B6F128D016EDD828

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Marshall Z. Schwartz

Mailing Address St. Christopher's Hospital for Chi
Department of Surgery

City Philadelphia State PA Zip Code 19134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Chistopher's Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C66740C65D13E08E3DC

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gary Robert Seabrook

Mailing Address 9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 22D00650E6E8344074E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Raymond Kirk Seiler

Mailing Address 2000 E Greenville St
Ste 2900

City

Anderson

State

SC

Zip Code

29621-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 15 / 2011

Transaction ID : DDF86C4D1544FA9D2C2

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Don Jay Selzer

Mailing Address 545 Barnhill Dr
FI 5

City

Indianapolis

State

IN

Zip Code

46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 11 / 2011

Transaction ID : FE64F50D-A905-466F-

Amount of Each Receipt this Period

100.00

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

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

965.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Don Jay Selzer

Mailing Address 545 Barnhill Dr
 FI 5

City State Zip Code
 Indianapolis IN 46202-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 6625A82F-3116-4FB6-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony Senagore

Mailing Address 1441 Eastlake Ave
 Ste 7218

City State Zip Code
 Los Angeles CA 90089-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Health

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 03 / 2011

Transaction ID : 3AB66921AE679072389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Maheswari Senthil

Mailing Address 1681 S Wabash Ave

City State Zip Code
 Redlands CA 92373-7613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loma Linda University Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 07 / 2011

Transaction ID : 2E4FE1EA211F12B2B03

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ramasamy Seralathan

Mailing Address 560 W Putnam Ave
Ste 8

City State Zip Code
Porterville CA 93257-3269

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2011

Transaction ID : 6851F0BAE3CCA07142B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mohsen Shabahang

Mailing Address Geisinger Med Ctr
Department of General Surgery

City State Zip Code
Danville PA 17822-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Geisinger Medical Center

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 / 21 / 2011

Transaction ID : 7CFC3C39EE71A50E30F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert C. Shamberger

Mailing Address Children's Hospital
Fegan 3

City State Zip Code
Boston MA 02115-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Children's Hospital

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 Y
08 / 17 / 2011

Transaction ID : 91AA1322-2A4C-4600-

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Kenneth Warren Sharp

Mailing Address D5203 McN

Vanderbilt University Medical Cent

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

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 Y
11 / 02 / 2011

Transaction ID : EB0DEECD97F2C14DC55

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Suratkal Vaman Shenoy

Mailing Address Box 929 Route 220 South and Staggs

City

Keyser

State

WV

Zip Code

26726

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 / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 15BE61CA1742B3168CE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George Thomas Shires III

Mailing Address 8200 Walnut Hill Ln

Presbyterian Hospital of Dallas

City

Dallas

State

TX

Zip Code

75231-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital of Dallas

Occupation

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 Y
12 / 05 / 2011

Transaction ID : 784A95983EE27998B8D

Amount of Each Receipt this Period

500.00

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

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

1750.00

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Richard A. Sidwell

Mailing Address 1415 Woodland Ave
Ste 140

City State Zip Code
Des Moines IA 50309-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Iowa Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 2B591315129630CB130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy David Sielaff

Mailing Address Virginia Piper Cancer Institute
Mr 39602

City State Zip Code
Minneapolis MN 55407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allina Hospitals and Clinics

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : D65B3922-F43E-40B9-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Gary Otto Siemons

Mailing Address 502 Centennial Blvd
Ste 5

City State Zip Code
Voorhees NJ 08043-9544

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 / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : 3441FF13612B5FA35D8

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Mika Narad Sinanan

Mailing Address 1959 NE Pacific St
 # 356410

City State Zip Code
 Seattle WA 98195-0001

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : 9D1D1E1C-2965-42F7-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jay Jaspreet Singh

Mailing Address 35 Collier Rd NW
 Ste 475

City State Zip Code
 Atlanta GA 30309-1605

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Piedmont Colorectal Associates

Occupation

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 Y
 09 / 22 / 2011

Transaction ID : 2060FCCD76848A8C6B2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael J. Sise

Mailing Address 550 Washington St
 Ste 641

City State Zip Code
 San Diego CA 92103-2229

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mercy Hosp and Med Center

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
 11 / 01 / 2011

Transaction ID : CA858565CC6D931C31E

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Linda Ann Smith

Mailing Address 101 Hospital Loop NE
Ste 106

City State Zip Code
Albuquerque NM 87109-2100

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 ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : A6ABDD5048AC0C44F05

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Jesse Snyder

Mailing Address 6550 Fannin St
Ste 2307

City State Zip Code
Houston TX 77030-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colon and Rectal Clinic

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2011

Transaction ID : 7D3E980A5BE772416AB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Alex Choffel Solowey

Mailing Address 9 Easthaven Ln

City State Zip Code
White Plains NY 10605-5460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2011

Transaction ID : 45CFD349B1CADDF33C8

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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Detailed Summary Page

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Scott Johannes Soot

Mailing Address 5050 NE Hoyt St
Ste 523

City State Zip Code
Portland OR 97213-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Oncology 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
11 / 02 / 2011

Transaction ID : 8733F672E0E01FA9FB6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan John Sori

Mailing Address 241 Dorothy Dr

City State Zip Code
North Haledon NJ 07508-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Josephs Hospital and Medical Cente

Occupation
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
08 / 12 / 2011

Transaction ID : E286BB46CA04B36D458

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Leland Joseph Soto

Mailing Address 350 Seymour Ave
Ste 101

City State Zip Code
Derby CT 06418-1336

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 / D D / Y Y Y Y Y
11 / 08 / 2011

Transaction ID : F0DAFD1A28DDF74E7DF

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Ian Soto-Lopez

Mailing Address PO Box 770

City

Caguas

State

PR

Zip Code

00726-0770

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 ▼

365.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 5B539156E3677640366

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ramon K. Sotomayor

Mailing Address 300 Ave La Sierra
Apt 61

City

San Juan

State

PR

Zip Code

00926-4338

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 / 12 / 2011

Transaction ID : 1B938858EBDE5ADB793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eduardo Antonio Souchon

Mailing Address 5656 Kelley St
Ste 30S62008

City

Houston

State

TX

Zip Code

77026-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Medical School

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2011

Transaction ID : 3F50CBAC514BDDEF1A8

Amount of Each Receipt this Period

500.00

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

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

1115.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. David Ira Soybel

Mailing Address Department of Surgery H149
General Surgery Specialties

City Hershey State MA Zip Code 17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Medical Center

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 07 / 2011

Transaction ID : 23B4640C5D39FA9C7E6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Lamar Spencer

Mailing Address 2525 Telephone Rd

City Pascagoula State MS Zip Code 39567-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Miss. Surgeons

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 7E7148E7445F4175A95

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James David Spiegel

Mailing Address 1662 Dominican Way

City Santa Cruz State CA Zip Code 95065-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Surgeons of Santa Cruz

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 15 / 2011

Transaction ID : CEFF788AC89CA353F03

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Benjamin M. Stage

Mailing Address 2509 Broadmoor Blvd
Ste B

City State Zip Code
Monroe LA 71201-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 Y
09 22 2011

Transaction ID : 23A987D3302BD6CF448

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James A. Stankiewicz

Mailing Address 2160 S 1st Ave
Loyola Medical Center

City State Zip Code
Maywood IL 60153-3328

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 08 2011

Transaction ID : 6DD3289FC21BB03690A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dimitrios Stefanidis

Mailing Address 1025 Morehead Medical Dr
Carolinas Medical Center - Departm

City State Zip Code
Charlotte NC 28204-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carolinas Medical Center

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
11 02 2011

Transaction ID : D4CFFA6D2B5FCDE2BE7

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Steven M. Steinberg

Mailing Address 395 W 12th Ave

Ohio State University Room 634

City State Zip Code
Columbus OH 43210-1267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Univ

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : A19246E4C364DB59EAA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald Robert Stephenson Jr.

Mailing Address 1000 9th Ave

City State Zip Code
Fort Worth TX 76104-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Healthcare PLLC

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 28 / 2011

Transaction ID : 1DDA7BF275BF963E071

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Keith Richard Stephenson

Mailing Address 901 Plantation Rd

City State Zip Code
Blacksburg VA 24060-3880

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 ▼

750.00

Date of Receipt

11 / 02 / 2011

Transaction ID : FE343BB58A129BF9F78

Amount of Each Receipt this Period

750.00

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

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

1365.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Mailing Address 4235 Secor Rd

Toledo Clinic Inc

City

Toledo

State

OH

Zip Code

43623-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Toldeo Clinic, Inc

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : DB957050E195ABBF33

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ronald M. Stewart

Mailing Address Department of Surgery

Uthsc at San Antonio

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2011			

Transaction ID : 887BFE653DD316DA275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas C. Sullivan

Mailing Address 875 Sheffield Rd

City

Shavertown

State

PA

Zip Code

18708-9557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2011			

Transaction ID : 51950501E1FF42F9C8A

Amount of Each Receipt this Period

365.00

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

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

1865.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<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. Lucy Sun Sun

Mailing Address 78 Marlborough Rd

City	State	Zip Code
Briarcliff Manor	NY	10510-2011

FEC ID number of contributing federal political committee.

C

Name of Employer

Mount Kisco Medical Group

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
12	/	07	/	2011

Transaction ID : 73DF39CF08C6FAB0759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jenny Jewan Sung

Mailing Address 814 Beechwood Dr

City	State	Zip Code
London	KY	40744-5407

FEC ID number of contributing federal political committee.

C

Name of Employer

Manchester Memorial 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
10	/	21	/	2011

Transaction ID : 53DFCFFC4E49CDEBF3A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sree Suryadevara

Mailing Address 320 Saint Martins Ln

City	State	Zip Code
Hazard	KY	41701-5359

FEC ID number of contributing federal political committee.

C

Name of Employer

Appalachian Regional Healthcare System

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2011

Transaction ID : 59ADF0F27684655F1C7

Amount of Each Receipt this Period

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**

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Beth Sutton

Mailing Address 1600 Brook Ave

City

Wichita Falls

State

TX

Zip Code

76301-5620

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 / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 76DC0AB8AECCFC6F7A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Jackson Swannack

Mailing Address PO Box 7817

City

Missoula

State

MT

Zip Code

59807-7817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula 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
12 / 15 / 2011

Transaction ID : 46D4D7BC511B9EF9097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Sprague Swanson

Mailing Address 75 Francis St

Brigham and Womens Hospital

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's 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
11 / 01 / 2011

Transaction ID : CA4BA3F562F44E554AB

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Marcos Szomstein

Mailing Address 7765 SW 87th Ave
Ste 212

City State Zip Code
Miami FL 33173-2586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
12 / 28 / 2011

Transaction ID : 13A82779563817B3903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert W. Tahara

Mailing Address PO Box 158

City State Zip Code
Bradford PA 16701-0158

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 / D D / Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 9B9148C339858615070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lance Edward Templeton

Mailing Address 301 4th St
30133

City State Zip Code
Alexandria LA 71301-8423

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 2068D65668A3994E9BD

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Joseph J. Tepas III

Mailing Address 655 W 8th St

University of Fla Health Sci Cente

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2011

Transaction ID : 54D2958D9684396470E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Tepedino

Mailing Address 1801 N Washington St

Ste 400

City

Tullahoma

State

TN

Zip Code

37388-8246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Urologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : AB2B2F3F1278F9C2B25

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J. Scott Thomas

Mailing Address 2609 Legend Oaks Dr

City

Temple

State

TX

Zip Code

76502-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Memorial Hospital

Occupation

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2011

Transaction ID : 64F67BD9FE2FC1C6159

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John W. Thomas

Mailing Address 3519 Friendsville Rd

City State Zip Code
 Wooster OH 44691-1241

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 / D D / Y Y Y Y Y
 07 / 05 / 2011

Transaction ID : ADAA53F0D672FBDC705

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Geoffrey Bruce Thompson

Mailing Address Mayo Clinic
 Department of Surgery

City State Zip Code
 Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

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 / 08 / 2011

Transaction ID : 9A015EA877C7ABDC6C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gary L. Timmerman

Mailing Address Surgical Associates
 Suite 101

City State Zip Code
 Sioux Falls SD 57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Surgical Associates

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 / 08 / 2011

Transaction ID : 7AF0816213551AD9C33

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : DB532775A967DB114E1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : 0F69863ED2A05B70214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 40CE8F8B752B50D6E9F5

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : 4A16B3B0094C401374D5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : 4313B5171897ED221440

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Glen Herman Tinkoff

Mailing Address 4755 Ogletown Stanton Rd
Rm 1320

City State Zip Code
Newark DE 19718-0002

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 / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 49A89B1C245ED42E09D3

Amount of Each Receipt this Period

100.00

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Anthony M. Tonzola

Mailing Address 1503 Saint Georges Ave
Ste 201

City State Zip Code
Colonia NJ 07067-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2011

Transaction ID : 3C4A805ED1ACEDDE1C8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shirin Towfigh

Mailing Address 8635 W 3rd St
650W

City State Zip Code
Los Angeles CA 90048-6101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mt. Sinai Med Center

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 01 / 2011

Transaction ID : A66C900BA8D51FC95DC

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. L. William Traverso

Mailing Address 100 E Idaho St
St. Luke's Hospital System

City State Zip Code
Boise ID 83712-6267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Virginia Mason Hospital

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2011

Transaction ID : 6D435AC2F40C118E4C4

Amount of Each Receipt this Period

1000.00

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

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

1865.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Cushing Trotta

Mailing Address 780 Swift Blvd
Ste 370

City State Zip Code
Richland WA 99352-3584

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : FEA9D1FECEB20C8BF4F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. H. Ward Trueblood

Mailing Address 424 Sand Hill Cir

City State Zip Code
Menlo Park CA 94025-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Santa ClaraCounty Med Center

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : C1A01E8AABE899618BC

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael Truitt

Mailing Address 10606 Marquis Ln

City State Zip Code
Dallas TX 75229-5119

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 / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : F2146CE095DAB8B4F2A

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Peter A. Tuxen

Mailing Address 1805 N California St
Ste 409

City State Zip Code
Stockton CA 95204-6033

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 / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : C98E800C4CC3B24BAEB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Gerard Tyburski

Mailing Address Detroit Receiving Hospital Room 4S
Department of Surgery

City State Zip Code
Detroit MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wayne State University

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 Y
07 / 11 / 2011

Transaction ID : AD026C6D89474180877

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Marcos A. Ugarte

Mailing Address 401 Allegheny Ave

City State Zip Code
Hanover PA 17331-1957

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2011

Transaction ID : E7748D56FEA523EBF96

Amount of Each Receipt this Period

365.00

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

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

1365.00

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

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

FOR LINE NUMBER: PAGE 178 OF 209

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Caesar Marcelo Ursic

Mailing Address 1370 Kukana Pl

City	State	Zip Code
Kailua	HI	96734-4528

FEC ID number of contributing federal political committee.

C

Name of Employer
University of California Davis East Ba

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
11	/	01	/	2011

Transaction ID : 54872616BCE35C368D9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anthony Paul Vastola

Mailing Address 919 49th St

City	State	Zip Code
Brooklyn	NY	11219-2923

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

Transaction ID : 5CBF8250D7A33CBAEAD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kyle Reece Ver SteegMailing Address 2616 5th Ave S
201

City	State	Zip Code
Fort Dodge	IA	50501-5555

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
11	/	29	/	2011

Transaction ID : E9684543387C9EE50E5

Amount of Each Receipt this Period

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 209
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)

A. Michael James VersackasMailing Address 1212 Pleasant St
Ste 202

City	State	Zip Code
Des Moines	IA	50309-1411

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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2011

Transaction ID : CB45FE09E68CEA73992

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Thomas Joseph VeverkaMailing Address 1320 N Michigan Ave
Ste 7

City	State	Zip Code
Saginaw	MI	48602-4751

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	/	05	/	2011

Transaction ID : 08A2FC7ACA4EFBA9817

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Selwyn Maurice VickersMailing Address 420 Delaware St SE
University of Minnesota

City	State	Zip Code
Minneapolis	MN	55455-0341

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

Transaction ID : 6B5437862C132CE5A74

Amount of Each Receipt this Period

250.00

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Keith Alan Vollstedt

Mailing Address 705 N Sioux Point Rd
Ste 100

City State Zip Code
Dakota Dunes SD 57049-5091

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Surgery & Diagnostics, PC

Occupation
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 Y
07 / 08 / 2011

Transaction ID : DA9BA90BBEEE9232357

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wendy Lynn Wahl

Mailing Address University of Michigan Hospitals
Trauma Burn Center 1B407

City State Zip Code
Ann Arbor MI 48109-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan Hospitals

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
11 / 01 / 2011

Transaction ID : 0D040FA0D2CD125627B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan Lynn Walker

Mailing Address 6670 Alton Pkwy

City State Zip Code
Irvine CA 92618-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer
S. Cal. Perm. Med Group

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2011

Transaction ID : 54D190CD-1662-4CF9-

Amount of Each Receipt this Period

365.00

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

1115.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Matthew Joseph Wall Jr.

Mailing Address 1 Baylor Plz

Department of Surgery

City

Houston

State

TX

Zip Code

77030-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2011

Transaction ID : 5EA8D889-0D2F-49EE-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eugene A. Waltke

Mailing Address 515 N 162nd Ave

Ste 300

City

Omaha

State

NE

Zip Code

68118-2540

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 / 20 / 2011

Transaction ID : F3D851489DB3D1605F1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Harold Joseph Wanebo

Mailing Address 206 Cass Ave

Landmark Medical Center

City

Woonsocket

State

RI

Zip Code

02895-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roger Williams Hospital

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 0B915D987A0FB40B0DB

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert Jude Ward

Mailing Address 2800 Marcus Ave

Prohealthcare Associates

City

New Hyde Park

State

NY

Zip Code

11042-1113

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 / 12 / 2011

Transaction ID : B36690344190B56C8C6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bruce James Waring

Mailing Address 400 Indiana St

Ste 200

City

Golden

State

CO

Zip Code

80401-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Specialists of Colorado

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2011

Transaction ID : 31AC7E7E-1166-46B1-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Harris J. Waters

Mailing Address 450 Welch St

City

Silverton

State

OR

Zip Code

97381-1934

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 ▼

1500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 3674343E8AAB62726C2

Amount of Each Receipt this Period

1500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Gerard Wayne

Mailing Address 305 2nd Ave
Apt 529

City State Zip Code
New York NY 10003-2741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 485249EE2E679C4A59E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Travis Paul Webb

Mailing Address 9200 W Wisconsin Ave

City State Zip Code
Milwaukee WI 53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical College of Wisconsin

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2011

Transaction ID : 2BD306681F674C4354E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Robert Wesley

Mailing Address 185 S Old Creek Rd

City State Zip Code
Vernon Hills IL 60061-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 297CAF8C40C42E1B8F2

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Carroll Robert Wetzel

Mailing Address 231 E Highway 7

City
Clinton

State
MO

Zip Code
64735-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Lukes Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 0758171837E485DDC70

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Michael Whalen

Mailing Address PO Box 365

City
Wilson

State
WY

Zip Code
83014-0365

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 / 21 / 2011

Transaction ID : C6FB986325F4AD5F595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory Joseph White

Mailing Address 24309 389th St

City
La Motte

State
IA

Zip Code
52054-9616

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

09 / 26 / 2011

Transaction ID : 7E458B9BD9B6DE7EAF3

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Jon Charles White

Mailing Address 50 Irving St NW

Va Hospital

City

Washington

State

DC

Zip Code

20422-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Va Hospital

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 14 / 2011

Transaction ID : AB9582E1-102A-4E48-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard L. White Jr.

Mailing Address Carolinas Medical Center

Department of Surgery

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 02 / 2011

Transaction ID : D57D05B75E1C20627AD

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. John Whitley

Mailing Address 6994 NC Highway 130 E

City

Fairmont

State

NC

Zip Code

28340-6978

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

08 / 25 / 2011

Transaction ID : B679A8457B43AC80071

Amount of Each Receipt this Period

500.00

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Brian Whitlow

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

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 Y
11 / 01 / 2011

Transaction ID : 16AFCB2CFB678E5801B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Harvey Whitten

Mailing Address 116 Belmont St

City State Zip Code
Worcester MA 01605-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMASS Memorial

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
09 / 30 / 2011

Transaction ID : 0D3CAED490D970A84FA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mitchell L. Willens

Mailing Address North Park Medical Plaza
Suite 600

City State Zip Code
Tyler TX 75702

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2011

Transaction ID : 881FCAFC7F4F1C3F9F9

Amount of Each Receipt this Period

1500.00

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

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2750.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Gary Brian Williams

Mailing Address the Professional Center
Suite 405

City Akron State OH Zip Code 44304

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

11 / 07 / 2011

Transaction ID : 57870CCC-6F6F-417D-

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Mallory Williams

Mailing Address 4430 N Holland Sylvania Rd
Apt 7101

City Toledo State OH Zip Code 43623-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Toledo

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2011

Transaction ID : E767B3AB0D13F1B3AD3

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael A. Williams

Mailing Address 303 Harris Industrial Blvd
Ste 3

City Vidalia State GA Zip Code 30474-8854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Vidalia Surgical Associates

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : C5FC70B2E42FB9AF665

Amount of Each Receipt this Period

500.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Stuart D. Wilson

Mailing Address Medical College of Wisconsin
Divide of General Surg

City State Zip Code
Milwaukee WI 53226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Froedtert Mem Lutheran Divide of Pancr

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 08 / 2011

Transaction ID : 9C006D133F3D8421EB6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Weerachai Wiri

Mailing Address 116 John Dupree Dr

City State Zip Code
Levelland TX 79336-6300

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

09 / 23 / 2011

Transaction ID : 0A7762EDA527907DFB1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James A. Wolf

Mailing Address 341 E Bannock St
Boise Breast Consultants

City State Zip Code
Boise ID 83712-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boise Breast Consultants

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 27 / 2011

Transaction ID : D7C20325D1FDBCB075A

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. James A. Wolf

Mailing Address 341 E Bannock St

Boise Breast Consultants

City

Boise

State

ID

Zip Code

83712-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boise Breast Consultants

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2011

Transaction ID : 26AD3B9D-B611-408E-

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Bruce G. Wolff

Mailing Address 200 1st St SW

Gonda 9-205

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 / D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : 91507FECC09E6DC770E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bradley Keith Woods

Mailing Address 3154 SW 15th St

City

Topeka

State

KS

Zip Code

66604-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont - Vail Health Care

Occupation

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 Y
11 / 01 / 2011

Transaction ID : 84E57D4F76572C7DFE2

Amount of Each Receipt this Period

250.00

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

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700.00

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

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Sherry Marie Wren

Mailing Address Professor of Surgery Stanford Univ
Pavahcs G112

City State Zip Code
Palo Alto CA 94304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univeristy

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : 48F6674A-A244-4A4D-

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sherry Marie Wren

Mailing Address Professor of Surgery Stanford Univ
Pavahcs G112

City State Zip Code
Palo Alto CA 94304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univeristy

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : 10C05082-6706-4B3C-

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Karen Anne Yeh

Mailing Address PO Box 3346

City State Zip Code
Augusta GA 30914-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Georgia

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2011

Transaction ID : 8D0A268244E2509AD05

Amount of Each Receipt this Period

300.00

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

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

600.00

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)

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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 (Last, First, Middle Initial)

A. George Zainea

Mailing Address 909 Holyrood St

City

Midland

State

MI

Zip Code

48640-3339

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 / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2E162A5D77554C67D08

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ihor Andrew Zakaluzny

Mailing Address 126 E Main St
Ste A

City

Payson

State

AZ

Zip Code

85541-5488

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : F29999CE-1656-401E-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Robert M. Zwolak

Mailing Address Medical Center Dr
Dartmouth-Hitchcock Medical Center

City

Lebanon

State

NH

Zip Code

03756-0001

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 ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2011

Transaction ID : 76C3D96131E638243E2

Amount of Each Receipt this Period

500.00

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

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

1150.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Robert M. Zwolak

Mailing Address Medical Center Dr

Dartmouth-Hitchcock Medical Center

City

State

Zip Code

Lebanon

NH

03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dartmouth-Hitchcock Medical Center

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

770.00

Date of Receipt

08 / 19 / 2011

Transaction ID : DAB84ED9230C19ED0AD

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Robert M. Zwolak

Mailing Address Medical Center Dr

Dartmouth-Hitchcock Medical Center

City

State

Zip Code

Lebanon

NH

03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dartmouth-Hitchcock Medical Center

Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

770.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 42C5A151C0621B80EA0E

Amount of Each Receipt this Period

90.00

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

180.00

246471.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO BOX 53582

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
July Merchant Fees - AmEx contribution source

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2011

Transaction ID : V4A6806B6CE99CBDE652

Amount of Each Disbursement this Period

110.40

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO BOX 53582

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
August Amex Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2011

Transaction ID : V13D20FC509A25CDFEE2

Amount of Each Disbursement this Period

273.07

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO BOX 53582

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
September Amex Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2011

Transaction ID : V90D85EE918AF76338AF

Amount of Each Disbursement this Period

87.65

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

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

471.12

471.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz for Congress

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Allyson Y. SchwartzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : B21E9EFA509FF98EF05

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz for Congress

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Allyson Y. SchwartzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : 9F90D802671C8A2E79E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater AmericaMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2011 Contribution

Candidate Name

AMERIPAC: The Fund for a Greater AmericaOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

Transaction ID : A662DCF499ECFAD28A5

Amount of Each Disbursement this Period

3000.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for CongressMailing Address 8550 United Plaza Blvd.
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

William CassidyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : 232DF80CA9CD2AAA6D9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Charles A. GonzalezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : 3630041F4E216819D2E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 3218

City Johnson City State TN Zip Code 37602

Purpose of Disbursement
Voided 10/24/08 Disbursement

Candidate Name

David Philip RoeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 44D74A8ACA679586224

Amount of Each Disbursement this Period

-2500.00

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

-500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Courtney for Congress

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement
2012 Convention Contribution

Candidate Name

Joseph D. CourtneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : 4E59CE91E79638E9CBC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale	State GA	Zip Code 30296
-------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

David Albert ScottOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2011

Transaction ID : 31C4FE72E2F5F7F0F6C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin	State TN	Zip Code 37066
------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Diane BlackOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Transaction ID : A75D5AEF0685C57779C

Amount of Each Disbursement this Period

1500.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Cliff Stearns

Mailing Address PO Box 308

City	State	Zip Code
Silver Springs	FL	34489

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Clifford B. StearnsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : **EE8C2BD62C1CF15F4F8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dennis Cardoza

Mailing Address PO Box 2749

City	State	Zip Code
Merced	CA	95340

Purpose of Disbursement
Voided 11/5/07 Disbursement

Candidate Name

Dennis A. CardozaOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : **0C1B7C9C8A8AF981164**

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Thomas Jeb HensarlingOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : **42DFC062F4B61824DD8**

Amount of Each Disbursement this Period

1000.00

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

500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Joseph Heck Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : D266053A7F2E6AA0ACE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Joseph Heck Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : 2D0B3497E2894A63906

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address PO Box 188

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Nan Alison Sutter HayworthOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : D1DD999BFAF9CD03949

Amount of Each Disbursement this Period

1000.00

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Sam Johnson

Mailing Address PO Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Samuel Robert JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2011

Transaction ID : 45793DC5CF95297292C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Weiner

Mailing Address 1 Ascan Avenue #31

City	State	Zip Code
Forest Hills	NY	11375

Purpose of Disbursement
Voided 9/30/08 Disbursement

011

Candidate Name

Anthony D. WeinerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 78E9A9EFA66018C78F

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Raymond Eugene GreenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : DD0DFC5D84F648C5058

Amount of Each Disbursement this Period

2500.00

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

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Sullivan for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

Transaction ID : 76CAF66352B3790ECDPurpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

John A. SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Full Name (Last, First, Middle Initial)

B. Lance for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2011

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : 68BEBDD32C26ED0D3EDPurpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Leonard LanceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Full Name (Last, First, Middle Initial)

C. LEGPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2011

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Transaction ID : 09E2CBBD4D89470C097Purpose of Disbursement
2011 Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

LEGPACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : D690CE15F6FC2599D25

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address PO Box A3968

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement
2011 Contribution

Candidate Name

Lincoln PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : 8B9BE1B00B3D30939D8

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

Transaction ID : A81D561230003763BB8

Amount of Each Disbursement this Period

1000.00

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Madison PAC, The

Mailing Address 235 State Street #206

City	State	Zip Code
Springfield	MA	01103

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Madison PAC, TheCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : 588AF58053AE1245593

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Mailing Address PO Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

William J. Pascrell Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : 05E7807E8193913D414

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2011

Transaction ID : 36AC4FF5F7B14944400

Amount of Each Disbursement this Period

2500.00

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

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. People for Enterprise Trade and Economic Growth (PETE PAC)

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
2011 Contribution

011

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

Transaction ID : 4372F8739C7A1F50D93

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Fortney H. Pete Stark

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

Transaction ID : 322B697B462741E90D9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Preserving America's Traditions (PATPAC)

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2011

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2011

Transaction ID : 85DEE71552D6FA05F2A

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

7500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Surgeons Professional Association PAC

1000.00

-1000.00

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Shore PAC

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Shore PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : 80C34088FE18017A61F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Transaction ID : C855C9965E40CEBDAF5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tiberi for CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Patrick J. Tiberi

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : 8E4699EAF494F3EB3AE

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed for Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Thomas W. Reed II.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : 99DD85950D29F2F60A6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
2011 Contribution

Candidate Name

Tuesday Group Political Action CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : 920B9E9A25A86AE4691

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Fredrick Stephen UptonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : 48AB32D7777A160AC49

Amount of Each Disbursement this Period

2500.00

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

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Wally Herger for Congress Committee

Mailing Address PO Box 1007

City Willows	State CA	Zip Code 95988
-----------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Walter Herger Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : 5B013D6B5EF3A7CE1A1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress Committee

Mailing Address PO Box 1007

City Willows	State CA	Zip Code 95988
-----------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Walter Herger Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2011

Transaction ID : FB38DB6016CDA3DC6B9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville	State KY	Zip Code 42241
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Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Edward WhitfieldCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2011

Transaction ID : 2A9A6A7B4A5BB47745F

Amount of Each Disbursement this Period

1000.00

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

3500.00

69500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. John Eugene

Mailing Address PO Box 8130

City	State	Zip Code
Anaheim	CA	92812-0130

Purpose of Disbursement
Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Transaction ID : 95E6B66296829DC58CA

Amount of Each Disbursement this Period

312.00

Full Name (Last, First, Middle Initial)

B. John Eugene

Mailing Address PO Box 8130

City	State	Zip Code
Anaheim	CA	92812-0130

Purpose of Disbursement
Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Transaction ID : A88F8B9B873AD97CAD7

Amount of Each Disbursement this Period

264.00

Full Name (Last, First, Middle Initial)

C. Nelson Howard GoldbergMailing Address University of Maryland Hospital
Division of Plastic Surgery

City	State	Zip Code
Baltimore	MD	21201

Purpose of Disbursement
Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 097C036F0F8FC1E32D3

Amount of Each Disbursement this Period

500.00

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

1076.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Lee R. MorisyMailing Address 6025 Walnut Grove Rd
Ste 201

City Memphis State TN Zip Code 38120-2122

Purpose of Disbursement
Refund

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Transaction ID : F43D5A62E9D71FB6364

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

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

1000.00

2076.00
