

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 21

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

A. Gugliuzza, K., Kristene Koontz, ,

Mailing Address 301 University Blvd
Utmb Route 0533

City
Galveston

State
TX

Zip Code
77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMB

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2020

Transaction ID : 4DFAB6DF2CFA033611B8

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Hartsaw, Sara, L., ,

Mailing Address 3100 W Lakeway Rd
Ste 1

City
Gillette

State
WY

Zip Code
82718-6373

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2020

Transaction ID : ED196ABEE646226A58C

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Joseph, Kimberly, Teresa, ,

Mailing Address 4226 N Kolmar Ave

City
Chicago

State
IL

Zip Code
60641-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2020

Transaction ID : 6DF1C5A0-25FB-4694-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1775.00