

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

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

FOR LINE NUMBER: PAGE 16 OF 19

(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. Selzer, Don, Jay, ,**

Mailing Address 545 Barnhill Dr  
Emerson Hall 509

City  
Indianapolis

State  
IN

Zip Code  
46202-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana University

Occupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2019

**Transaction ID : 447797F185B57ED1FCFC**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Sinanan, Mika, Narad, ,**

Mailing Address 1959 NE Pacific St  
# 356410

City  
Seattle

State  
WA

Zip Code  
98195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Washington

Occupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2019

**Transaction ID : 628DD591AC65A1183C5**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Sutherland, Michael, J., ,**

Mailing Address 181 Taylor Ave  
Osu East Department of Surgery, St

City  
Columbus

State  
OH

Zip Code  
43203-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Air Force

Occupation (for Individual)  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2019

**Transaction ID : 4BA6865A38F7675D136D**

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

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

1501.66