

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.
American College of Surgeons Professional Association PAC

ADDRESS (number and street)
Attn: Sara Morse
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="380172.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="380172.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50874.00"/>	<input type="text" value="50874.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="431046.29"/>	<input type="text" value="431046.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15560.00"/>	<input type="text" value="15560.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="415486.29"/>	<input type="text" value="415486.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / To: / /

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).....	42790.00	42790.00
(ii) Unitemized	8084.00	8084.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50874.00	50874.00
(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)	50874.00	50874.00
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))..... ▶	50874.00	50874.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50874.00	50874.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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	560.00	560.00
(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)).....	560.00	560.00
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)) ..	15560.00	15560.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15560.00	15560.00

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)	50874.00	50874.00
34. Total Contribution Refunds (from Line 28(d))	560.00	560.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50314.00	50314.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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)	PAGE 6 OF 31
<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

A. Cori Ann Agarwal
Full Name (Last, First, Middle Initial)

Mailing Address 7 E Churchill Dr

City Salt Lake City State UT Zip Code 84103-2267

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 ▼ 0.00

Date of Receipt 01 / 20 / 2012
Transaction ID : 0E3DD91915E961642AA

Amount of Each Receipt this Period 560.00

B. Andrew J. Aldridge
Full Name (Last, First, Middle Initial)

Mailing Address Flagstaff Surgical Associates Suite 201

City Flagstaff State AZ Zip Code 86001-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Flagstaff Surgical Associates Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2012
Transaction ID : 224CAFC7C5D875C9CF8

Amount of Each Receipt this Period 250.00

C. John Hulse Armstrong
Full Name (Last, First, Middle Initial)

Mailing Address 688 SE 47th Loop

City Ocala State FL Zip Code 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 ▼ 2500.00

Date of Receipt 01 / 19 / 2012
Transaction ID : 1243F29F325618A4D10

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3310.00
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: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Robert R. Bahnson		Date of Receipt MM / DD / YYYY 01 / 19 / 2012 Transaction ID : 097B5F4C435ACAFEEBE
Mailing Address Department of Urology 3142 Cramblett Medical Clinic		Amount of Each Receipt this Period 2500.00
City Columbus	State OH Zip Code 43210-1228	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Ohio State University	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. H. Randolph Bailey		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : C22CB8FEB1CB84B1857
Mailing Address 6550 Fannin St Ste 2307		Amount of Each Receipt this Period 1000.00
City Houston	State TX Zip Code 77030-2723	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patrick Vance Bailey		Date of Receipt MM / DD / YYYY 01 / 26 / 2012 Transaction ID : 4B539FAE43763E1C18DB
Mailing Address 2601 E Roosevelt St Mihs Department of Surgery		Amount of Each Receipt this Period 250.00
City Phoenix	State AZ Zip Code 85008-4973	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Robert Alan Berger
Full Name (Last, First, Middle Initial)

Mailing Address 77 W Forest Ave
Ste 201

City Flagstaff State AZ Zip Code 86001-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Flagstaff Surgical Associates Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 05 / 2012
Transaction ID : **AAEA4DC346B3F7363FB**

Amount of Each Receipt this Period
500.00

B. Rodney Biggs
Full Name (Last, First, Middle Initial)

Mailing Address 660 Par Dr

City Gillette State WY Zip Code 82718-7622

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
01 / 05 / 2012
Transaction ID : **B06143C66DE870FADC0**

Amount of Each Receipt this Period
250.00

C. Terry Marshall Bingham
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 228

City Harriman State TN Zip Code 37748-0228

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
01 / 05 / 2012
Transaction ID : **C2D7D579758998141AE**

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	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Peter William Blumencranz		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : 377949FF0F0E69E3010
Mailing Address 303 Pinellas St Ste 310		Amount of Each Receipt this Period 250.00
City Clearwater	State FL	Zip Code 33756-3809
FEC ID number of contributing federal political committee. C		
Name of Employer Baycare Health System	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Karen R. Borman		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : 2497046571CF03D733A
Mailing Address 1245 Highland Ave Ste 604		Amount of Each Receipt this Period 500.00
City Abington	State PA	Zip Code 19001-3727
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Philip Caropreso		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : 95FE1D240322C52CAEA
Mailing Address 1813 Grand Ave		Amount of Each Receipt this Period 250.00
City Keokuk	State IA	Zip Code 52632-2943
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. James Z. Cinberg
Full Name (Last, First, Middle Initial)

Mailing Address 219 S Broad St
Ste 3

City Elizabeth State NJ Zip Code 07202-3453

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
01 / 05 / 2012
Transaction ID : **812AD5F70665A8636BE**

Amount of Each Receipt this Period
365.00

B. Amalia Lenora Cochran
Full Name (Last, First, Middle Initial)

Mailing Address 30 N 1900 E
Department of Surgery

City Salt Lake City State UT Zip Code 84132-0002

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
01 / 26 / 2012
Transaction ID : **4D9B9666DB7839F1BBC7**

Amount of Each Receipt this Period
250.00

C. Joseph A. Corrado
Full Name (Last, First, Middle Initial)

Mailing Address 809 Medical Park Dr
Ste 103

City Mexico State MO Zip Code 65265-3753

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
01 / 12 / 2012
Transaction ID : **5EFC47869451F3549AD**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

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: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Michael Cletus Dalsing
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Senate Blvd
 Mpc-2, Suite 3500
 City Indianapolis State IN Zip Code 46202-1228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University School of Medicine 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
01 / 05 / 2012
Transaction ID : F664BA0681442E172B7
 Amount of Each Receipt this Period
250.00

B. Andrew R. Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3998 Vista Way
 Ste C200
 City Oceanside State CA Zip Code 92056-4500
 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
01 / 05 / 2012
Transaction ID : C6BFA4D5053E85D76D5
 Amount of Each Receipt this Period
500.00

C. Dale Patrick Denning
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 W 4th St
 Ste 2051
 City Lawrence State KS Zip Code 66044-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Surgery PA 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
01 / 05 / 2012
Transaction ID : 46970EAE4534211FA0D
 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		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<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

A. Barry K. Douglas
Full Name (Last, First, Middle Initial)

Mailing Address 999 Franklin Ave

City Garden City State NY Zip Code 11530-2913

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
01 / 05 / 2012
Transaction ID : **8EB24279B826B99D311**

Amount of Each Receipt this Period
250.00

B. Stephen B. Edge
Full Name (Last, First, Middle Initial)

Mailing Address Roswell Park
Department of Surgical Oncology

City Buffalo State NY Zip Code 14263-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Roswell Park Cancer Institute Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
01 / 23 / 2012
Transaction ID : **A0FA4619-A5CC-4153-**

Amount of Each Receipt this Period
750.00

C. Jefferson Rathburn Edwards III
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 05 / 2012
Transaction ID : **42BBD4D8D5BB1C9C3DC**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. James K. Elsey		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : AEC3C1A0D4E046DD9E1
Mailing Address 631 Professional Dr Ste 300		Amount of Each Receipt this Period 500.00
City Lawrenceville	State GA	Zip Code 30046-3371
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Surgeon		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven Fisher		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : 620257D8706CB580A93
Mailing Address 75 Headland Dr		Amount of Each Receipt this Period 250.00
City Rancho Palos Verde	State CA	Zip Code 90275-5117
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Surgeon		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lewis Matthew Flint Jr.		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : EA1CAE29B5ABE64A18C
Mailing Address American College of Surgeons Division of Education		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C	Name of Employer American College of Surgeons	
Occupation Surgeon		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. George Richard Fournier Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 566
 City Yankton State SD Zip Code 57078-0566
 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
 01 / 05 / 2012
Transaction ID : BDAD9DF35BFBA993183
 Amount of Each Receipt this Period
 250.00

B. Cynthia Anne Glass
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Doucet Rd
 City Lafayette State LA Zip Code 70503-3447
 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
 01 / 05 / 2012
Transaction ID : 891678F076B5F418280
 Amount of Each Receipt this Period
 250.00

C. Johnny B. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1072 N Liberty St Ste 201
 City Boise State ID Zip Code 83704-8708
 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
 01 / 05 / 2012
Transaction ID : D646E6CC6BF2DABA313
 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	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<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

A. Erik Michael Grossmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 Bluff Creek Dr # 100
 City Columbia State MO Zip Code 65201-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Surgical Associates 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
 01 / 25 / 2012
Transaction ID : 57DCD58FCB4BA02497F
 Amount of Each Receipt this Period
 500.00

B. Pamela Ann Gruchacz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3225 Hospital Dr Unit 101A
 City Juneau State AK Zip Code 99801-7863
 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
 01 / 12 / 2012
Transaction ID : 33348A3592806A82D1A
 Amount of Each Receipt this Period
 500.00

C. Stephen Victor Hamn
 Full Name (Last, First, Middle Initial)
 Mailing Address 2024 Sinclair Ln
 City Plano State TX Zip Code 75093-1311
 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 M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 00DA9AFA3760D876B66
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Robert B. Hill		Date of Receipt
Mailing Address 80 Tanner St PO Box 2028		MM / DD / YYYY 01 / 05 / 2012
City Haddonfield	State NJ	Zip Code 08033-2453
FEC ID number of contributing federal political committee. C		Transaction ID : 0FBB814996D2F1E022B
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) B. Michael Holtel		Date of Receipt
Mailing Address 3729 Fenelon St		MM / DD / YYYY 01 / 05 / 2012
City San Diego	State CA	Zip Code 92106-2019
FEC ID number of contributing federal political committee. C		Transaction ID : CE8947BCA2AE9A6A92D
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. Linda Kay James		Date of Receipt
Mailing Address PO Box 9 721 River Dr. #B		MM / DD / YYYY 01 / 19 / 2012
City Fort Bragg	State CA	Zip Code 95437-0009
FEC ID number of contributing federal political committee. C		Transaction ID : 0407F728E33869ED0DE
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	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	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Neil Akira Kaneshiki
Full Name (Last, First, Middle Initial)

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 20 / 2012
Transaction ID : 65F42D47-9EFF-4A94-

Amount of Each Receipt this Period
365.00

B. Arthur Michael Lauretano
Full Name (Last, First, Middle Initial)

Mailing Address 4 Rogers Brk E

City Andover State MA Zip Code 01810-1837

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
01 / 05 / 2012
Transaction ID : CF1D60DC3453679161C

Amount of Each Receipt this Period
500.00

C. Kathleen Louise Mah
Full Name (Last, First, Middle Initial)

Mailing Address 1329 Lusitana St
Ste 803

City Honolulu State HI Zip Code 96813-2434

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
01 / 05 / 2012
Transaction ID : 9A668A3F51EC6D63BD0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1365.00

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: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Stephen Daniel McBride
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Shadow Ln
 Ste 370
 City Las Vegas State NV Zip Code 89106-4159
 Name of Employer General Surgery Associates Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 19 / 2012
Transaction ID : 650FC88979ACC7E8D2C
 Amount of Each Receipt this Period 2000.00

B. Michael Kent McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address Michigan State University Integrat
 Msu Sparrow Professional Building
 City Lansing State MI Zip Code 49812
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2012
Transaction ID : 9E17117CFBC2D128846
 Amount of Each Receipt this Period 500.00

C. Faith Abbe Menken
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 E 79th St
 City New York State NY Zip Code 10075-0954
 Name of Employer Self Employed Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2012
Transaction ID : C0A941724FDE1E5656C
 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: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Raffi-Jean Ohannes Mesrobian
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 W Alameda Ave
 Ste 307
 City Burbank State CA Zip Code 91505-4408
 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 M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 5939BCB033455A753EF
 Amount of Each Receipt this Period
 250.00

B. Lena Marie Napolitano
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 University Hospital 1C340
 City Ann Arbor State MI Zip Code 48109-5033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan
 Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2012
Transaction ID : 40C6A8CD-0CB9-4436-
 Amount of Each Receipt this Period
 2000.00

C. Seth L. Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1245 Highland Ave
 Ste 600
 City Abington State PA Zip Code 19001-3727
 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 M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : B7358DB16D4E306A681
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Steven M. Orland
Full Name (Last, First, Middle Initial)

Mailing Address 416 Bellevue Ave
Ste 407

City Trenton State NJ Zip Code 08618-4513

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
01 / 05 / 2012
Transaction ID : **CD23858105C615B4E8A**

Amount of Each Receipt this Period
250.00

B. Carlos A. Pellegrini
Full Name (Last, First, Middle Initial)

Mailing Address Department of Surgery
University of Washington

City Seattle State WA Zip Code 98195-6410

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 ▼ 1500.00

Date of Receipt
01 / 25 / 2012
Transaction ID : **5B828929DEF465E1045**

Amount of Each Receipt this Period
1500.00

C. Russell G. Postier
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 26901
Univ of Oklahoma Health Sciences C

City Oklahoma City State OK Zip Code 73126-0901

FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Health Science Center Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 12 / 2012
Transaction ID : **60C10574FB156481C65**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Frances Elizabeth Pritchard
 Full Name (Last, First, Middle Initial)
 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 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
 01 / 05 / 2012
Transaction ID : E429308E3743CD3A088
 Amount of Each Receipt this Period
 500.00

B. Joe B. Putnam Jr.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Vanderbilt University 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
 01 / 23 / 2012
Transaction ID : 4B7A42C3-9455-4832-
 Amount of Each Receipt this Period
 250.00

C. James Aloysius Reilly Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8111 Dodge St
 Ste 263
 City Omaha State NE Zip Code 68114-4118
 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
 01 / 05 / 2012
Transaction ID : 5C1D81AD152011CE625
 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	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Patrick Alan Renner
Full Name (Last, First, Middle Initial)

Mailing Address 6707 Powers Blvd
Ste 100

City Parma State OH Zip Code 44129-5463

FEC ID number of contributing federal political committee. **C**

Name of Employer General Surgery Assoc Inc Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
01 / 12 / 2012
Transaction ID : 8321A06E962BB0C787D

Amount of Each Receipt this Period
250.00

B. Jeffrey Mitchell Rhodes
Full Name (Last, First, Middle Initial)

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
01 / 05 / 2012
Transaction ID : 97EA4272B5F4AA089BF

Amount of Each Receipt this Period
500.00

C. Andrew Bayard Roberts
Full Name (Last, First, Middle Initial)

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
01 / 05 / 2012
Transaction ID : 7FE39382E71884DB48B

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	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Patricia Lynne Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 Lahey Clinic Medical Center
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic 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
 01 / 05 / 2012
Transaction ID : 0B6F8271379B060B7FB
 Amount of Each Receipt this Period
 250.00

B. Stephen Michael Roe
 Full Name (Last, First, Middle Initial)
 Mailing Address 979 E 3rd St
 Ste 300
 City Chattanooga State TN Zip Code 37403-2187
 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 M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : AD4BF898ADCA0E54AE6
 Amount of Each Receipt this Period
 250.00

C. Mario Mauricio Rossbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 26511 Weiss Fels
 City New Braunfels State TX Zip Code 78132-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mission Cardiovascular Consultants 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
 01 / 05 / 2012
Transaction ID : 93D09561A33EF2026B4
 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	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Stephen Parker Rosser
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Hartness Rd
 Ste G
 City Statesville State NC Zip Code 28677-3400
 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 M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : C6C43B5E0E20D78A424
 Amount of Each Receipt this Period
 250.00

B. Phillip Joseph Rossi
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Tremont St
 Hopedale Medical Complex
 City Hopedale State IL Zip Code 61747-7525
 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
 01 / 12 / 2012
Transaction ID : 3CD48BF3C55666B7480
 Amount of Each Receipt this Period
 500.00

C. Michael F. Rotondo
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Surgery
 East Carolina University School of
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E Carolina University School of Medici
 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
 01 / 25 / 2012
Transaction ID : 1111CC36CCE1887F6D2
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Chad A. Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 1850 Laurel St

City Columbia State SC Zip Code 29201-2627

FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Associates of South Carolina Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2012
Transaction ID : FE4FEEA6B99189E49FA

Amount of Each Receipt this Period
 5000.00

B. Noel Carlos Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 1302 E Bluestem Ct

City Andover State KS Zip Code 67002-7962

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 M / D D D / Y Y Y Y Y Y
 01 / 12 / 2012
Transaction ID : 0D3F1A9DA93A1B5F0EF

Amount of Each Receipt this Period
 250.00

C. Marshall Z. Schwartz
Full Name (Last, First, Middle Initial)

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 St. Chistopher's Hospital 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
 01 / 25 / 2012
Transaction ID : CC24D2DD2045A4A3C58

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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: (check only one)	PAGE 26 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Daniel Joseph Scoppetta
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Beleden Gardens Dr
 City Bristol State CT Zip Code 06010-5834
 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
 01 / 05 / 2012
Transaction ID : 5C9E8E8B569B9D3EA27
 Amount of Each Receipt this Period
 250.00

B. James A. Stankiewicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 S 1st Ave
 Loyola Medical Center
 City Maywood State IL Zip Code 60153-3328
 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
 01 / 05 / 2012
Transaction ID : 69E3CCFEBE6B02FDC6E
 Amount of Each Receipt this Period
 250.00

C. Jeffrey L. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1061 Camino Manana
 City Santa Fe State NM Zip Code 87501-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christus St. Vincent Medical Group Occupation Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 01 / 05 / 2012
Transaction ID : 430DFC0D55D73C917A3
 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	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. William Meyer Sugarmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Rehill Ave
 Ste 3300
 City Somerville State NJ Zip Code 08876-2548
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 6BC1D26B69D7578B5C3
 Amount of Each Receipt this Period
250.00

B. Patricia L. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address Division of General Surgery
 University of Maryland Medical Cen
 City Baltimore State MD Zip Code 21201
 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
 01 / 25 / 2012
Transaction ID : A096FD5CF07577E7F64
 Amount of Each Receipt this Period
250.00

C. Michael James Versackas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Pleasant St
 Ste 202
 City Des Moines State IA Zip Code 50309-1411
 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
 01 / 05 / 2012
Transaction ID : 865A61CE3D8AC199002
 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	FOR LINE NUMBER: (check only one)	PAGE 28 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Andrew L. Warshaw		Date of Receipt MM / DD / YYYY 01 / 25 / 2012 Transaction ID : 2EDE13B004FD79DB8C9
Mailing Address West St Massachusetts General Hospital, #		Amount of Each Receipt this Period 750.00
City Boston	State MA	Zip Code 02111-1256
FEC ID number of contributing federal political committee. C		
Name of Employer Massachusetts General Hospital	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Clarence Boyett Watridge		Date of Receipt MM / DD / YYYY 01 / 19 / 2012 Transaction ID : C77B3E0EAA1915C6DD7
Mailing Address 6325 Humphreys Blvd		Amount of Each Receipt this Period 2500.00
City Memphis	State TN	Zip Code 38120-2300
FEC ID number of contributing federal political committee. C		
Name of Employer Semmer Murphey Clinic	Occupation Surgeon - Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Cheryl Ann Wesen		Date of Receipt MM / DD / YYYY 01 / 12 / 2012 Transaction ID : 6EE31AF06C674E164E7
Mailing Address Van Elslander Cancer Center Suite 38		Amount of Each Receipt this Period 1000.00
City Grosse Pointe Wood	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		
Name of Employer St. John Hospital and Medical Center	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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: (check only one)	PAGE 29 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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

A. Wayne Graham Whitmore
Full Name (Last, First, Middle Initial)

Mailing Address 116 E 68th St

City New York State NY Zip Code 10065-5955

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 01 / 05 / 2012
Transaction ID : 0DE2A0D15C2604468FF

Amount of Each Receipt this Period 250.00

B. Mitchell L. Willens
Full Name (Last, First, Middle Initial)

Mailing Address North Park Medical Plaza Suite 600

City Tyler State TX Zip Code 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 ▼ 500.00

Date of Receipt 01 / 19 / 2012
Transaction ID : 1AADAC0B58E39D66F1E

Amount of Each Receipt this Period 500.00

C. Joel Alfred Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1506 Professional Ct

City Dalton State GA Zip Code 30720-2500

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 01 / 17 / 2012
Transaction ID : 78600AA7-8BAB-4928-

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).....▶	42790.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution**

State: District:

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : FC15D8CE03FC2BA2058

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

15000.00

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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. Cori Ann Agarwal

Mailing Address 7 E Churchill Dr

City State Zip Code
Salt Lake City UT 84103-2267

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : BEE194528B4E6502B32

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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