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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): David J. Smith A.A.-C
Mailing Address: 4 Erica Ct
City: Pueblo State: CO Zip Code: 81001-1074
FEC ID number of contributing federal political committee: C
Name of Employer: St Mary Corwin Medical Center- Centura
Occupation: Chief Anesthetist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1083.34
Date of Receipt: 10/06/2014
Transaction ID : C2839851
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Gregory F. Smith M.D.
Mailing Address: 2138 Locklin Ln.
City: West Bloomfield State: MI Zip Code: 48324-3746
FEC ID number of contributing federal political committee: C
Name of Employer: American Anesthesiology of Michigan
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10/11/2014
Transaction ID : C2846207
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Jose R. Soberon M.D.
Mailing Address: 2909 Ridgeway Dr
City: Metairie State: LA Zip Code: 70002-1832
FEC ID number of contributing federal political committee: C
Name of Employer: Ochsner Clinic Foundation
Occupation: Anesthesiologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10/12/2014
Transaction ID : C2846497
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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