

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

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

FOR LINE NUMBER: PAGE 22 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society for Metabolic and Bariatric Surgery Political Action Committee, Inc.

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

A. Schneider, Benjamin, , ,

Mailing Address 1801 Inwood Rd
WA3.428

City
Dallas

State
TX

Zip Code
75235-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Texas Southwestern

Occupation (for Individual)

University of Texas Southwestern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2019

Transaction ID : A66B062A076A940AAADC

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Eichhorn, Patricia, , ,

Mailing Address 2104 Woodruff Rd

City

Greenville

State

SC

Zip Code

29607-5941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greenville Hospital System, University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 05 / 2019

Transaction ID : A7288B82EBC4C413694A

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Daigle, Christopher, , ,

Mailing Address 1 Akron General Avenue
Suite 492

City

Akron

State

OH

Zip Code

44307-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Akron General

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2019

Transaction ID : A2A344C5EFFEF4BB7897

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)..... ►

750.00