

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

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

FOR LINE NUMBER: PAGE 24 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. Carroll, David, , ,

Mailing Address 971 Lakeland Drive
Suite 656

City
Jackson

State
MS

Zip Code
39216-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Surgical Specialists of Jackson

Occupation (for Individual)
Physician

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
11 / 05 / 2019

Transaction ID : A09007E7EFC184991B10

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Karas, Linden, , ,

Mailing Address 1047 Crestfield Street

City
Ontario

State
OH

Zip Code
44906-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avita Health Systems

Occupation (for Individual)
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
11 / 05 / 2019

Transaction ID : AAF4199869EF2421EB3F

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Provost, David, , ,

Mailing Address 17051 State Hwy 195

City
Killeen

State
TX

Zip Code
76542-4819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Scott & White

Occupation (for Individual)
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
11 / 05 / 2019

Transaction ID : A201C133D6E3A45FB92C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

6250.00

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