

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

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

FOR LINE NUMBER: PAGE 6 OF 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Society of Anesthesiologists Political Action Committee (ASA PAC)**

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

**A. Abdelmalak, Basem, , ,**

Mailing Address 14780 Morgan Trl

City  
Novelty

State  
OH

Zip Code  
44072-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland Clinic

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 14 / 2020

Transaction ID : 48F796AD033C3C455917

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Abenstein, John, , ,**

Mailing Address 10978 11th Ave NW

City  
Oronoco

State  
MN

Zip Code  
55960-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mayo Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 14 / 2020

Transaction ID : 4A7F967C58E2DA25EC76

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Abernathy, Courtney, , ,**

Mailing Address 670 Croswell Ave SE

City  
East Grand Rapids

State  
MI

Zip Code  
49506-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anesthesia Practice Consultants

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 10 / 2020

Transaction ID : 441289D8DEB0638F82DC

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99