

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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			

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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. Freeman, Brenton, , ,

Mailing Address 3918 150th St

City
UrbandaleState
IAZip Code
50323-1642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2020

Transaction ID : 4649B0FED137843BADA E

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Fritzler, Anthony, , ,

Mailing Address 1 Perkins Sq

City
AkronState
OHZip Code
44308-1063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron Children's HospitalOccupation (for Individual)
Pediatric Anesthesiologist

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
03		29		2020

Transaction ID : 11106F09-DF86-4038-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Fuller, Wayne, , ,

Mailing Address 1269 E Giles Rd

City
MuskegonState
MIZip Code
49445-2629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American AnesthesiologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2020

Transaction ID : 4E32B54076DCF38DC5D8

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)..... ►

666.66