

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 179

(check only one)

<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. Landau, Steven, , ,

Mailing Address 695 Larchlea Dr

City
BirminghamState
MIZip Code
48009-2906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Ann Arbor, PLOccupation (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 : 49B4A75CC2C147FF008B

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lane, Stephen, , ,

Mailing Address 67 Creekside Park Ct

City
GreenvilleState
SCZip Code
29615-4810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PrismaOccupation (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		27		2020

Transaction ID : 4360B26632E65C151FEB

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Lawrence, John, , ,

Mailing Address 114 Tor Cir

City
GibsoniaState
PAZip Code
15044-6033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allegheny Health NetworkOccupation (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		15		2020

Transaction ID : 476A89CA4295427EC82C

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

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