

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. Smith, Clayton, , ,

Mailing Address 3315 Watt Ave

City
SacramentoState
CAZip Code
95821-3600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Olympia Anesthesia AssociatesOccupation (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	/	08	/	2020

Transaction ID : 46219FF143AC32CC63B6

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Smith, Joshua, , ,

Mailing Address 7011 E Calle Tabara

City
TucsonState
AZZip Code
85750-2518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Pueblo AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2020

Transaction ID : 4AF48A83BA08FC43AC04

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Phillip, , ,

Mailing Address 21 Brendan Way

City
GreenvilleState
SCZip Code
29615-3514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prisma HealthOccupation (for Individual)
Physician

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	/	05	/	2020

Transaction ID : 2143CE30-4EED-4EAF-

Amount of Each Receipt this Period

500.00

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

683.33

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