

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

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

**A. Loh, Wai Tak, , , M.D.**

Mailing Address 11808 S. Equestrian Trail

City  
Phoenix

State  
AZ

Zip Code  
85044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
METRO ANES CONSUL

Occupation (for Individual)  
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2017

**Transaction ID : C3471037**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Lopez, Michael, A., , M.D.**

Mailing Address 2810 N Swan Rd Ste 100

City  
Tucson

State  
AZ

Zip Code  
85712-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Old Pueblo Anesthesia

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2017

**Transaction ID : C3471044**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Lysak, Steven, Z., , M.D.**

Mailing Address 11 rivoli lane

City  
Greenville

State  
SC

Zip Code  
29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenville Health System

Occupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2017

**Transaction ID : C3464819**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00