

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

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

FOR LINE NUMBER: PAGE 22 OF 147

(check only one)

☒ 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 (ASA PAC)

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

A. Bux, Anjum, , ,

Mailing Address PO Box 264

City
DanvilleState
KYZip Code
40423-0264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2019

Transaction ID : 4509BA78D73EB6775240

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Campbell, Frederick, , ,

Mailing Address 5800 S French Rd

City
CedarState
MIZip Code
49621-9652FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Traverse Anesthesia Associates, P.C.Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2019

Transaction ID : 4E69B1D614393DB79838

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Cannella, Mark, , ,

Mailing Address 165 Rosehill Dr W

City
TallahasseeState
FLZip Code
32312-9010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of TallahassOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2019

Transaction ID : AB1FAB63-336B-4021-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1166.66

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