

# **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 (ASA PAC)**

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

**A. Tomecka, Magdalena, , ,**

Mailing Address 115 Watch Harbour Ct

City  
Suffolk

State  
VA

Zip Code  
23435-3179

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AAI

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2019

**Transaction ID : 44968E5987BFE47F746F**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Troianos, Christopher, , ,**

Mailing Address 2 Haskell Dr

City

Bratenahl

State

OH

Zip Code

44108-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2019

**Transaction ID : 4B93BCC7FD506238F8F2**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Turner, Katja, , ,**

Mailing Address 2411 Southway Dr

City

Columbus

State

OH

Zip Code

43221-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wexner medical center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2019

**Transaction ID : 434E8CE85859B5E27526**

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)..... ►

249.99