

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)

PAGE 79 OF 259

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Goldzweig, Peter, , ,

Mailing Address 942 Wood Hollow Ln

City
Ridgewood

State
NJ

Zip Code
07450-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2019

Transaction ID : 4F64AA79C4F84770F87A

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

B. Gomez, Gary, , ,

Mailing Address 5071 Lakewood Dr

City
Cooper City

State
FL

Zip Code
33330-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision Physician Services

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2019

Transaction ID : 44CB9E399550A55588F2

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Gonzalez, Henry, , ,

Mailing Address 482 E 19th St

City
Upland

State
CA

Zip Code
91784-8232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2019

Transaction ID : 41EAB822E12E2D1FE8DB

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

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

124.98