

# **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. Lorenz, Jessica, , ,**

Mailing Address 3511 150th St

City  
Urbandale

State  
IA

Zip Code  
50323-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical Center Anesthesiologists, PC

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2019

**Transaction ID : 4A5A9CBD3F4B391D53F5**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Loyd, Gary, , ,**

Mailing Address 432 S Washington Ave  
Unit 704

City  
Royal Oak

State  
MI

Zip Code  
48067-3855

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Henry Ford Health System

Occupation (for Individual)  
Anesthesiologist

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 / 28 / 2019

**Transaction ID : 44EAB21461B08B83A726**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Lumbley, Joshua, , ,**

Mailing Address 61 W Weisheimer Rd

City  
Columbus

State  
OH

Zip Code  
43214-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NorthStar Anesthesia

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

**Transaction ID : 46C5A0B6F68E7699B718**

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)..... ►

174.99