

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Torline, Ronald, , ,**

Mailing Address 14109 Kessler St

City

Overland Park

State

KS

Zip Code

66221-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KUAF

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	3		2	0	1	9		

**Transaction ID : 4356A32151D06A4F6F8A**

Amount of Each Receipt this Period

8.33

☐ Memo Item

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

**B. Tountas, Melissa, , ,**

Mailing Address 2907 Dorell Ave

City

Orlando

State

FL

Zip Code

32814-6758

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USAP/Florida

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
0	7		1	0		2	0	1	9		

**Transaction ID : 4072930F6B12003BF502**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. 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 ▼

583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	3		2	0	1	9		

**Transaction ID : 4D069F9B977C9557B3C5**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

133.32

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