

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

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

FOR LINE NUMBER: PAGE 88 OF 314

(check only one)

☒ 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. Frame, William, , ,**

Mailing Address 959 Malinda Ct

City  
Forsyth

State  
IL

Zip Code  
62535-9637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associated Anesthesiologists of Decatu

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 14 / 2019

**Transaction ID : 4C5AAA6E0579AEB20F9**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Franco, Angela, , ,**

Mailing Address 8610 Modesto Ct

City  
Indianapolis

State  
IN

Zip Code  
46278-1187

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northside Anesthesiology Services, LLC

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : F85165C5-AD55-4670-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Frank, Scott, , ,**

Mailing Address 2426 Gretter Pl

City  
Alexandria

State  
VA

Zip Code  
22311-4958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scope Anesthesia of North Carolina

Occupation (for Individual)  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : 42EA4D70-9967-42CE-**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

2083.33