

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

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

FOR LINE NUMBER: PAGE 89 OF 314

(check only one)

☒ 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. Freeman, Brenton, , ,

Mailing Address 3918 150th St

City
Urbandale

State
IA

Zip Code
50323-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists, PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2019

Transaction ID : 40E4BEB3A83FE661E5F5

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Freeman, Marc, , ,

Mailing Address 502 Mill Rd

City
Hatfield

State
PA

Zip Code
19440-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grand View Anesthesia Assoc.

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2019

Transaction ID : 42FA873C-3E54-4B17-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Fritzler, Anthony, , ,

Mailing Address 1 Perkins Sq

City
Akron

State
OH

Zip Code
44308-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron Childrens Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2019

Transaction ID : 152C3720-F68E-470A-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1083.33