

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 314

(check only one)

<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. Scheiwiller, Paul, , ,

Mailing Address 575 Honeysuckle Bnd

City
LimaState
OHZip Code
45807-2293FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Buckeye Anesthesia Services and Consul

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2019

Transaction ID : 1185740C-1A0B-41D9-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schlimmer, James, , ,

Mailing Address 7512 175th St E

City

Prior Lake

State

MN

Zip Code

55372-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ridges Anesthesiology, PA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2019

Transaction ID : DDCC1275-CCC5-4579-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Schroeck, Hedwig, , ,

Mailing Address 28 Westview Ln

City

Lebanon

State

NH

Zip Code

03766-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dartmouth-Hitchcock Medical Center

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2019

Transaction ID : 093376FA-2F8B-4C3A-

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00