

**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)

Anesthesia Service Medical Group Advocacy Fund - Federal

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

A. Breen, Terrance, , ,

Mailing Address 5451 Coral Reef Ave

City  
 La Jolla

State  
 CA

Zip Code  
 92037

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 ASMG

Occupation (for Individual)  
 Anesthesiologist

Receipt For: 2019

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2019

Transaction ID : 11AI-38274-IP

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction (\$0)

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ☐

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ☐

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

400.00

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

400.00