

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

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

FOR LINE NUMBER: PAGE 29 OF 33

(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. Wendelburg, Blake, , ,

Mailing Address 7326 Oakview St

City
ShawneeState
KSZip Code
66216-5526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwet Anesthesia Associates, P.A.Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2019

Transaction ID : C4E74FD0-0377-4CB9-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Wilhoit, Christopher, , ,

Mailing Address 3049 Hawks Gln

City
TallahasseeState
FLZip Code
32312-1749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of TallahassOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 7D5B9568-0DC2-4022-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Wilkinson, John, , ,

Mailing Address 22222 Neff Rd

City
BendState
ORZip Code
97701-9703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bend Anesthesiology GroupOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2019

Transaction ID : F6DF59AA-F16F-4835-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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