

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

FOR LINE NUMBER: PAGE 56 OF 135

(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)

U.S. Anesthesia Partners, Inc. PAC d/b/a/ USAP PAC

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

A. Lu, Lingen, , ,

Mailing Address 5211 Aspen Street

City
BellairState
TXZip Code
77401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2019

Transaction ID : SA11AI.5259

Amount of Each Receipt this Period

700.00

☐ Memo Item
☐ Payroll Deductions

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

B. Luke, Steven, , ,

Mailing Address 3404 Hightimber Drive

City
GrapevineState
TXZip Code
76051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP-TXOccupation (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
02	21	2019

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Maloney, Matthew, , ,

Mailing Address 6860 South Elizabeth Circle

City
CentennialState
COZip Code
80122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Anesthesia PartnersOccupation (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
02	01	2019

Transaction ID : SA11AI.5328

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2700.00