

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

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

FOR LINE NUMBER: PAGE 57 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Maloney, Matthew, , ,

Mailing Address 6860 South Elizabeth Circle

City
Centennial

State
CO

Zip Code
80122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Anesthesia Partners

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period

350.00

☐ Memo Item

Payroll Deductions

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

B. Mankin, L Steede, , ,

Mailing Address 2709 Mesquite Lane

City
Grapevine

State
TX

Zip Code
76051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

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
02 / 21 / 2019

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Manning, Gary, , ,

Mailing Address 4106 Oberlin St

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (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 Y Y
06 / 28 / 2019

Transaction ID : SA11AI.5261

Amount of Each Receipt this Period

700.00

☐ Memo Item

Payroll Deductions

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

2050.00

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