

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

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

FOR LINE NUMBER: PAGE 8 OF 46

(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. Bologna, John, , ,

Mailing Address 1799 Pebblecreek Dr

City
Akron

State
OH

Zip Code
44333-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Anesthesia Group

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 31 / 2020

Transaction ID : B8E55247-F6EB-4230-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bostelman, Mark, , ,

Mailing Address 239 Ballantrae Dr

City

Sagamore Hills

State

OH

Zip Code

44067-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2020

Transaction ID : 12C74918-3BAA-4548-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bottcher, Michael, , ,

Mailing Address N4898 Clifford Dr

City

Onalaska

State

WI

Zip Code

54650-8209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health System

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2020

Transaction ID : 1CAA71FF-954E-4B02-

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)..... ►

2000.00