

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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Wilhoit, Christopher, , ,

Mailing Address 3049 Hawks Gln

City
Tallahassee

State
FL

Zip Code
32312-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of Tallahass

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2020

Transaction ID : EB153BA7-FA7C-4B75-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Wojciechowski, Kyle, , ,

Mailing Address 3130 Riverwood Ct

City
Perrysburg

State
OH

Zip Code
43551-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promedica Physicians Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 11 / 2020

Transaction ID : 36A930AD-77C6-4DCD-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Yeakel, Christopher, , ,

Mailing Address 206 Beaver Lake Dr

City
Elgin

State
SC

Zip Code
29045-8677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 23 / 2020

Transaction ID : 01286A50-52D9-4FAD-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00

45630.30