

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

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

FOR LINE NUMBER: PAGE 44 OF 321

(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. Butterworth, Ryan, , ,

Mailing Address 2235 E 38th St

City
TulsaState
OKZip Code
74105-3405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascension HealthOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2019

Transaction ID : 44B1987528EFB2910E08

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bux, Anjum, , ,

Mailing Address PO Box 264

City
DanvilleState
KYZip Code
40423-0264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2019

Transaction ID : 45AE8BB3EFD514F1289C

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Byland, James, , ,

Mailing Address 13 Carmel Ln

City
BrentwoodState
TNZip Code
37027-8928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self - Nashville AnesthesiaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2019

Transaction ID : 4954B74DEB09CE9FD9EE

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

174.99

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