

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Parr, Harry, , ,

Mailing Address 4725 Tully Rd

City
Bloomfield HillsState
MIZip Code
48302-2371FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Management Services, PCOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2019

Transaction ID : 41A0A2E893588EA65B05

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Patterson, Todd, , ,

Mailing Address 1439 Wedgewood Ave

City
Des PlainesState
ILZip Code
60018-1315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesiology PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2019

Transaction ID : 4F18B55C44B55364C7F0

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Paul, David, , ,

Mailing Address 153 Old Field Rd

City
SetauketState
NYZip Code
11733-1639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
David B Paul MD PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2019

Transaction ID : 40879C8DABD0CD5611FE

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

224.99

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