

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

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

FOR LINE NUMBER: PAGE 70 OF 874

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Besson, Bradley, , ,

Mailing Address 1 Wyoming St

City
DaytonState
OHZip Code
45409-2722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Services NetworkOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : FCC23A6B-425B-4965-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bettesworth, Jacob, , ,

Mailing Address 1814 S Upper Terrace Rd

City
SpokaneState
WAZip Code
99203-3566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Sacred Heart Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2019

Transaction ID : B83046BD-0A1C-4A05-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bevenour, James, , ,

Mailing Address 661 Ashley Ln

City
Saint JosephState
MIZip Code
49085-3334FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MeOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : 49D99385EA2956D5627C

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

1041.66

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