

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. Clendeninn, Dallas, , ,

Mailing Address 8100 Cambridge St
Apt 50

City
Houston

State
TX

Zip Code
77054-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHealth Texas Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2019

Transaction ID : D2D13729-A848-4E3B-

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Cleveland, Douglas, , ,

Mailing Address 433 N Crestway St

City
Wichita

State
KS

Zip Code
67208-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid-Continent Anesthesiology Chartered

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2019

Transaction ID : 3C19CE19-459E-4D9B-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Clifton, Charles, , , Jr

Mailing Address 2171 W Park Ct
Ste A

City
Stone Mountain

State
GA

Zip Code
30087-3556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of GA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2019

Transaction ID : 0B01C11E-DD8F-467E-

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)..... ►

4000.00