

# **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. Currie, Bryan, , ,**

Mailing Address 1511 Spring House Ct

City  
Winchester

State  
VA

Zip Code  
22601-6748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winchester Anesthesiology Associates,

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 18 / 2019

**Transaction ID : 4003ACB4041C5C9A9ABC**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**B. Currier, David, , ,**

Mailing Address 6406 Corrine Dr NW

City  
Canton

State  
OH

Zip Code  
44718-3776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Currier Anesthesia Consultants

Occupation (for Individual)  
Anesthesia

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2019

**Transaction ID : F65452CE-5BC8-4189-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Curtis, Andrew, , ,**

Mailing Address 4819 Diamond Falls Rd

City  
Billings

State  
MT

Zip Code  
59106-8591

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Billings Anesthesiology

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2019

**Transaction ID : 3C729338-DAF7-4507-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1541.66