

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

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

FOR LINE NUMBER: PAGE 328 OF 874

(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. Hoger, Michael, , ,

Mailing Address 6003 Macon Ct SE

City
HuntsvilleState
ALZip Code
35802-1931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive AnesthesiaOccupation (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 : 9E0FDBCF-7077-467A-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Holifield, Marshall, , ,

Mailing Address 1305 W 18th St
Route 6722City
Sioux FallsState
SDZip Code
57105-0401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Physicians, Ltd.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 56D592F0-8EF8-4506-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hollatz, Andrew, , ,

Mailing Address 126 N 33rd Ave E

City
DuluthState
MNZip Code
55804-1816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLHOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 08A95D52-A2D3-4B02-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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