

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. Hopkins, Larry, , ,

Mailing Address 16353 Valhalla Dr

City
NoblesvilleState
INZip Code
46060-7173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants of IndianapolisOccupation (for Individual)
Physician, Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

Transaction ID : 867D0147-DEAD-4494-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Horton, Elizabeth, , ,

Mailing Address 3010 Sawgrass Cir

City
TallahasseeState
FLZip Code
32309-2886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of TallahassOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

Transaction ID : CB1FF965-8A03-46E3-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Horton, Erica, , ,

Mailing Address Perioperative Experts P-LLC

City
El PasoState
TXZip Code
79912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (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
06	20	2019

Transaction ID : 8829F671-7512-4F4E-

Amount of Each Receipt this Period

500.00

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

2500.00

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