

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use 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. Mucenski, Cathleen, , ,**

Mailing Address 7870 Dennler Ln

City  
CincinnatiState  
OHZip Code  
45247-5505FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Seven Hills AnesthesiaOccupation (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
06	20	2019

**Transaction ID : 71B6E769-7868-4ACF-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Mueller, Michael, , ,**

Mailing Address 1520 Chandler Rd SE

City  
HuntsvilleState  
ALZip Code  
35801-1476FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Anesthesia ServicesOccupation (for Individual)  
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 : 18B64442-D575-433F-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Muettterties, Craig, , ,**

Mailing Address 238 Martins Ln

City  
MediaState  
PAZip Code  
19063-5853FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Society Hill Anesthesia ConsultantsOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

524.98

Date of Receipt

M M	D D	Y Y Y Y
06	14	2019

**Transaction ID : 43BAB623A91FE8A426A0**

Amount of Each Receipt this Period

83.33

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

1333.33

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