

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 543 OF 874
(check only one)

<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. O'Bryan, Robert, , ,

Mailing Address 4450 Thomas Ct

City
BeaumontState
TXZip Code
77706-7716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anes Assoc PA

Occupation (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 : 8D898DE2-5109-4438-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. O'Donnell, Frederick, , ,

Mailing Address 1343 W Broadway

City
ColumbiaState
MOZip Code
65203-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Missouri

Occupation (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	18	2019

Transaction ID : 4DEEB669-0104-4FD0-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. O'Donnell, Stephen, , ,Mailing Address 111 Colchester Ave
WP-2 AnesthesiologyCity
BurlingtonState
VTZip Code
05401-1473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UVM Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2019

Transaction ID : 1A1636D8-98EE-40D8-

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00