

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

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

FOR LINE NUMBER: PAGE 547 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. Oldenburg, Monica, , ,

Mailing Address 6911 Van Dorn St
 Ste 2

City
 Lincoln

State
 NE

Zip Code
 68506-6801

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 associated anesthesiologists

Occupation (for Individual)
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 7A993363-02BD-4012-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Oleary, Richard, , , Jr

Mailing Address 6740 Lookout Bnd

City

San Jose

State

CA

Zip Code

95120-4649

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Mac

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 : 20F1A477-B895-449D-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Olejniczak, Megan, , ,

Mailing Address 527 Cretin Ave S

City

Saint Paul

State

MN

Zip Code

55116-1127

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Minnesota

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 Y Y
 06 / 20 / 2019

Transaction ID : B9BC7A79-E417-4368-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1050.00

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