

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 571 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. Pearson, Don, , , Jr**

Mailing Address 4326 Beechwood Rd

City  
KnoxvilleState  
TNZip Code  
37920-6014FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University AnesthesiologistsOccupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	21	2019

**Transaction ID : 48DEA5F0CF3D75F6C6D7**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Pearson, Jared, , ,**

Mailing Address 1101 E 50 S

City  
OremState  
UTZip Code  
84097-5761FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mountain West AnesthesiaOccupation (for Individual)  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : 8E3F7033-E4DB-4E58-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Pederson, William, , ,**Mailing Address 1819 Denver West Dr  
Ste 200City  
GoldenState  
COZip Code  
80401-3118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAS PCOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	21	2019

**Transaction ID : 2C8C3B9C-2046-481E-**

Amount of Each Receipt this Period

700.00

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

1033.33

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