

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

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

FOR LINE NUMBER: PAGE 742 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. Thiel, Garrett, , ,

Mailing Address 2725 N College Ave

City
IndianapolisState
INZip Code
46205-4247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside anesthesiaOccupation (for Individual)
Anesthesia

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 : 67C0B067-FAE6-4C1F-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Thomas, Brian, , ,

Mailing Address 2431 Thompson Rd NE

City
BrookhavenState
GAZip Code
30319-3562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of GAOccupation (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 : CABD91D8-2BC9-492E-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Thomas, Eric, , ,

Mailing Address 4625 Bradford Hts

City
Colorado SpringsState
COZip Code
80906-7657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP coloradoOccupation (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 : D506E456-4981-4704-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1300.00

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