

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 784 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. Walsh, Aimee, , ,

Mailing Address 621 Tudor Ln

City
MobileState
ALZip Code
36608-1528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Anesthesia ManagementOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

Transaction ID : 3BAEC239-9D93-483A-

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Walsh, Katherine, , ,

Mailing Address 9326 SW 53rd Ln

City
GainesvilleState
FLZip Code
32608-4323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EnvisionOccupation (for Individual)
MD

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 : 92A8C457-7573-4823-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Walsh, Matthew, , ,

Mailing Address 3815 N Leavitt St

City
ChicagoState
ILZip Code
60618-3807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (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 : 4A56BBB6-7620-45E9-

Amount of Each Receipt this Period

500.00

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

850.00

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