

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Lorenz, Jessica, , ,**

Mailing Address 3511 150th St

City  
UrbandaleState  
IAZip Code  
50323-1624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical Center Anesthesiologists, PCOccupation (for Individual)  
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
05		20		2020

**Transaction ID : 4A6191F7D4D38AAD1308**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Loyd, Gary, , ,**Mailing Address 432 S Washington Ave  
Unit 704City  
Royal OakState  
MIZip Code  
48067-3855FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Henry Ford Health SystemOccupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2020

**Transaction ID : 4F0E855FED544D7FF5A2**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Lumbley, Joshua, , ,**

Mailing Address 61 W Weisheimer Rd

City  
ColumbusState  
OHZip Code  
43214-2544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NorthStar AnesthesiaOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2020

**Transaction ID : 41FA958613952843FCFF**

Amount of Each Receipt this Period

83.33

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

174.99

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