

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

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

FOR LINE NUMBER: PAGE 168 OF 261

(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. Patterson, Todd, , ,

Mailing Address 1439 Wedgewood Ave

City
Des PlainesState
ILZip Code
60018-1315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesiology PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2020

Transaction ID : 4BF99672872EE321E4EB

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

B. Paul, David, , ,

Mailing Address 153 Old Field Rd

City
SetauketState
NYZip Code
11733-1639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
David B Paul MD PCOccupation (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
05 / 19 / 2020

Transaction ID : 4FC09CA878DEDEFA1EA38

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Pearson, James, , ,

Mailing Address 200 Hawthorne Ln

City
CharlotteState
NCZip Code
28204-2515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence AnestthesiologyOccupation (for Individual)
physician

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
05 / 09 / 2020

Transaction ID : EF5B88C1-768B-4E36-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

391.66

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