

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

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

FOR LINE NUMBER: PAGE 34 OF 257

(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. Bux, Anjum, , ,

Mailing Address PO Box 264

City
DanvilleState
KYZip Code
40423-0264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2019

Transaction ID : 4FF7B4FB7E6F85C4D7A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Byland, James, , ,

Mailing Address 13 Carmel Ln

City

Brentwood

State

TN

Zip Code

37027-8928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self - Nashville AnesthesiaOccupation (for Individual)
Physician

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 / 05 / 2019

Transaction ID : 45C3B62BD1D79A68F275

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Cabell, Nicole, , ,

Mailing Address 2900 Main Line Blvd
Apt 426

City

Alexandria

State

VA

Zip Code

22301-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
George Washington University HospitalOccupation (for Individual)
Anesthesiologist Assistant

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 / 13 / 2019

Transaction ID : A576A211-4126-4200-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

624.99

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