

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 216 OF 257  
(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. Troianos, Christopher, , ,**

Mailing Address 2 Haskell Dr

City  
BratenahlState  
OHZip Code  
44108-1166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (for Individual)  
Anesthesiologist

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		03		2019

**Transaction ID : 411D85F353B6CBEB016E**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Turner, Christopher, , ,**Mailing Address 600 Highland Ave  
Dept ofCity  
MadisonState  
WIZip Code  
53792-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UW HealthOccupation (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		2019

**Transaction ID : 4F118CF14462F80A53C3**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Turner, Katja, , ,**

Mailing Address 2411 Southway Dr

City  
ColumbusState  
OHZip Code  
43221-3723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wexner medical centerOccupation (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		14		2019

**Transaction ID : 4FC69928F16EBF32AD02**

Amount of Each Receipt this Period

83.33

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

208.32

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