

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 225 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. 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)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
05	14	2019

**Transaction ID : 4FC8C711-9038-4E03-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Walters, Walter, , ,**

Mailing Address 5122 Southern Hills Ln

City  
Las VegasState  
NVZip Code  
89113-1392FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	D D	Y Y Y Y
05	15	2019

**Transaction ID : 4D75AD0C64651ADD51DC**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Wanamaker, Michael, , ,**

Mailing Address 708 Avalon Dr

City  
HeathState  
TXZip Code  
75032-2061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metropolitan Anesthesia ConsultantsOccupation (for Individual)  
MD Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
05	27	2019

**Transaction ID : 4BB7BC807E4004AAB9EC**

Amount of Each Receipt this Period

100.00

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

1183.33

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