

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 431
(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. Baratta, Jaime, , ,

Mailing Address 817 Lombard St

City
PhiladelphiaState
PAZip Code
19147-1316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson University HospitalOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2018

Transaction ID : 416A97D02A353A233448

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Barker, David, , ,Mailing Address 7777 Hennessy Blvd
Ste 301City
Baton RougeState
LAZip Code
70808-0319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Group Associates, IncOccupation (for Individual)
Physician 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
09		23		2018

Transaction ID : 930D8310-A8DD-4CA8-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Barnes, John, , ,

Mailing Address 6839 S Canton Ave

City
TulsaState
OKZip Code
74136-3402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists IncOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : EAE8F2E9-3227-4002-

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

833.33