

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

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

FOR LINE NUMBER:
(check only one)

PAGE 159 OF 199

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Spiro, Mark, C., , M.D.

Mailing Address 10012 E. Calle De Las Brisas

City
Scottsdale

State
AZ

Zip Code
85255-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 30 / 2017

Transaction ID : C3565538

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Spond, Matthew, F., , M.D.

Mailing Address 31 Bayonne Dr

City
Little Rock

State
AR

Zip Code
72223-9167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas for Medical Sci

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 30 / 2017

Transaction ID : C3565643

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Sprtel, Brett, M., , M.D.

Mailing Address 10726 Deer Ridge Ct

City
Zeeland

State
MI

Zip Code
49464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APC Grand Rapids

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

07 / 14 / 2017

Transaction ID : C3557720

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1133.33