

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

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

FOR LINE NUMBER: PAGE 6 OF 319

(check only one)

☒ 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 (ASA PAC)

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

A. Abdelmalak, Basem, , ,

Mailing Address 14780 Morgan Trl

City
NoveltyState
OHZip Code
44072-9658FEC 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 ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2019

Transaction ID : 4205A3FD6A0D5ABE18B5

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Abenstein, John, , ,

Mailing Address 10978 11th Ave NW

City
OronocoState
MNZip Code
55960-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2019

Transaction ID : 47EFA2F78104085B98D3

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Abernathy, Courtney, , ,

Mailing Address 670 Croswell Ave SE

City
East Grand RapidsState
MIZip Code
49506-3004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Practice ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2019

Transaction ID : 4D67B964D73E1E721828

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

249.99

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