

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 319  
(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. Bush, Bridget, , ,**Mailing Address 1415 Commercial Ave  
# 117City  
AnacortesState  
WAZip Code  
98221-2232FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HooLooVoo LLCOccupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2019

**Transaction ID : 45BAB8353D86E9ED6806**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Butterworth, Ryan, , ,**

Mailing Address 2235 E 38th St

City  
TulsaState  
OKZip Code  
74105-3405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ascension HealthOccupation (for Individual)  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2019

**Transaction ID : 451ABDBB1C80654A2E08**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Bux, Anjum, , ,**

Mailing Address PO Box 264

City  
DanvilleState  
KYZip Code  
40423-0264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
selfOccupation (for Individual)  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2019

**Transaction ID : 4A3E9C352647E7861DF7**

Amount of Each Receipt this Period

83.33

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

216.66

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