

# **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 15 OF 99

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

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NAME OF COMMITTEE (In Full)

**U.S. Anesthesia Partners, Inc. PAC d/b/a/ USAP PAC**

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

**A. Calder, Cynthia, , ,**

Mailing Address 6210 Taggart St

Unit B

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.7375

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction

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

**B. Carter, Reagan, D., ,**

Mailing Address 10187 Boundary Point Street

City

Las Vegas

State

NV

Zip Code

89178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

Transaction ID : SA11AI.7210

Amount of Each Receipt this Period

500.00

☐ Memo Item

Payroll Deduction

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

**C. Cavanaugh, Mark, , ,**

Mailing Address 6116 Maxie St

Unit A

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2020

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction

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

800.00

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