

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

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

FOR LINE NUMBER: PAGE 16 OF 99

(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)

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

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

A. 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 ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.7460

Amount of Each Receipt this Period

200.00

☐ Memo Item
☐ Payroll Deduction

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

B. Chang, Jaymin, , ,

Mailing Address 10446 Blue Ivy Avenue

City

Las Vegas

State

NV

Zip Code

89135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (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
03 / 31 / 2020

Transaction ID : SA11AI.7209

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. Chavez, Christopher, , ,

Mailing Address 507 Bee Tree Circle

City

Austin

State

TX

Zip Code

78746

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

Transaction ID : SA11AI.7549

Amount of Each Receipt this Period

500.00

☐ Memo Item
☐ Payroll Deduction

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

1200.00

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