

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

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

FOR LINE NUMBER: PAGE 208 OF 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Mitchell, Karen, , ,

Mailing Address 827 Old Oyster Trl

City
Sugar LandState
TXZip Code
77478-4509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia PartnersOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2019

Transaction ID : 456188F65A3EB2ED3821

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Mitchell, Larkin, , ,

Mailing Address 309 S Gamwyn Park Dr

City
GreenvilleState
MSZip Code
38701-6304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Larkin H. Mitchell, M.D., PLLCOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2019

Transaction ID : 417195A1937C7E1D1227

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Mitchell, Matthew, , ,

Mailing Address 805 Farmington Dr

City
LafayetteState
LAZip Code
70503-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Matthew MitchellOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2019

Transaction ID : 6875B705-B218-49FE-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

374.99