

**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)

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<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. Torres, Laura, , ,**

Mailing Address 919 Saint Elmos Ct

 City  
 Missouri City

 State  
 TX

 Zip Code  
 77459-7558

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Baylor College of Medicine

 Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2019

Transaction ID : 595FE45C-6A28-4D40-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Tountas, Melissa, , ,**

Mailing Address 2907 Dorell Ave

 City  
 Orlando

 State  
 FL

 Zip Code  
 32814-6758

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 USAP/Florida

 Occupation (for Individual)  
 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	/	10	/	2019

Transaction ID : 405AB7B3840F21D09F9B

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Trainer, Brooke, , ,**

Mailing Address 11508 Barrington Bridge Ter

 City  
 Richmond

 State  
 VA

 Zip Code  
 23233-1751

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 Dept of Veterans Affairs

 Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2019

Transaction ID : DE407A24-969D-4729-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

541.66

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