

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 320 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. Troianos, Christopher, , ,

Mailing Address 2 Haskell Dr

City
BratenahlState
OHZip Code
44108-1166FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2019

Transaction ID : 40739B4CD0DDD60433E6

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Trotier, Timothy, , ,

Mailing Address W225N3781 Long Valley Ct

City
PewaukeeState
WIZip Code
53072-4184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANEX SCOccupation (for Individual)
Anesthesiologist

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 / 06 / 2019

Transaction ID : 7C47BA02-B544-47AC-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Tsai, January, , ,Mailing Address 2429 Bissonnet St
808City
HoustonState
TXZip Code
77005-1451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas MD AndersonOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2019

Transaction ID : 21B1796A-DDE9-4712-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1333.33

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