

# **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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☒ 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. Nichols, Michael, , ,**

Mailing Address 2580 Hillandale Cir

City  
Cumming

State  
GA

Zip Code  
30041-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Envision Healthcare

Occupation (for Individual)  
AA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 16 / 2019

**Transaction ID : 4235A1C0F493425A8B77**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Nicholson, Robert, , , IV**

Mailing Address 2122 Watterworth Dr

City

Kalamazoo

State

MI

Zip Code

49008-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Virginia Health System

Occupation (for Individual)  
Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2019

**Transaction ID : F49123DEDAA44ABA2FB**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Nick, Michael, , ,**

Mailing Address 2500 SE Bison Rd

City

Bartlesville

State

OK

Zip Code

74006-7621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jane Phillips Medical Center

Occupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 01 / 2019

**Transaction ID : 429BBAA8F2F6E0293F92**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

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

624.99