

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

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

FOR LINE NUMBER: PAGE 206 OF 247

(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. Stark, Richard, , ,**

Mailing Address 915 E Eagle Lake Dr

City  
Kalamazoo

State  
MI

Zip Code  
49009-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kalamazoo Anesthesiology, PC

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2018

**Transaction ID : 1D6BBA1E1863CE4478F**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Stein, Erica, , ,**

Mailing Address 3175 Tremont Rd  
Unit 313

City  
Columbus

State  
OH

Zip Code  
43221-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio State University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2018

**Transaction ID : 4458991235D7ABE0D469**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Stephenson, John, , ,**

Mailing Address 926 E Rock Springs Rd NE

City  
Atlanta

State  
GA

Zip Code  
30306-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PSA

Occupation (for Individual)  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2018

**Transaction ID : 408B8DD5D02E7CE24436**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.66