

# **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 INTERVENTIONAL PAIN PHYSICIAN PAC**

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

**A. Fitzgerald, Kevin, , , MD**

Mailing Address 2630 Middlesboro Lane

City

Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Michigan Pain Consultants

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

**Transaction ID : SA11AI.12898**

Amount of Each Receipt this Period

365.00

☐ Memo Item  
Contribution

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

**B. Formoso, Ferdinand, , , MD**

Mailing Address 4472 Glen Kerman Pkwy

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coastal Spine and Pain

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2019

**Transaction ID : SA11AI.12860**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

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

**C. Gale MD, David, , ,**

Mailing Address 400 Tower Road

City

Marietta

State

GA

Zip Code

30060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alliance Spine & Pain

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2019

**Transaction ID : SA11AI.12820**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

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

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

3365.00