

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

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

A. Alarcon, Anthony, , ,

Mailing Address 13350 Pacific Pl # 2404

City
San Diego

State
CA

Zip Code
92130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMG, Inc.

Occupation (for Individual)
Anesthesiologist

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
12 / 31 / 2019

Transaction ID : 11AI-39367-IP

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction (\$50 Monthly)

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

B. Breen, Terrance, , ,

Mailing Address 5451 Coral Reef Ave

City
La Jolla

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMG

Occupation (for Individual)
Anesthesiologist

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
12 / 31 / 2019

Transaction ID : 11AI-39275-IP

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Payroll Deduction (\$200 Monthly)

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

C. Chaya, Nina, , ,

Mailing Address 1748 Verdin Ct

City
Carlsbad

State
CA

Zip Code
92011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMG

Occupation (for Individual)
Anesthesiologist

Receipt For: 2019

☐ Primary ☐ General
☒ Other (specify) ☐
Calendar Year

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
12 / 31 / 2019

Transaction ID : 11AI-39338-IP

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction (\$50 Monthly)

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

1500.00

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