

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

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

FOR LINE NUMBER: PAGE 20 OF 459

(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. Annibale, Robert, , ,

Mailing Address 177 W Farmington Trce

City
Pike Road

State
AL

Zip Code
36064-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMS

Occupation (for Individual)
resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2019

Transaction ID : BD628836E0301749B87

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Answine, Joseph, , ,

Mailing Address 60 Kirby Dr

City
Elizabethtown

State
PA

Zip Code
17022-9116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverside anesthesia Assoc

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2019

Transaction ID : 16D2B55B-B6EB-44AE-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Antosh, Sean, , ,

Mailing Address 1911 Sugar Maple Pl

City
Bellbrook

State
OH

Zip Code
45305-7525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DAYTON CHILDRENS HOSPITAL

Occupation (for Individual)
PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 47788996899BEC4E93D3

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1550.00