

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

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

FOR LINE NUMBER: PAGE 42 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. Besson, Bradley, , ,**

Mailing Address 1 Wyoming St

City  
Dayton

State  
OH

Zip Code  
45409-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anesthesiology Services Network

Occupation (for Individual)  
Anesthesiologist

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  
10 / 20 / 2019

**Transaction ID : CF0B256D-685F-419D-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Bevenour, James, , ,**

Mailing Address 661 Ashley Ln

City

Saint Joseph

State  
MI

Zip Code  
49085-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Me

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2019

**Transaction ID : 4C11B46AE51FA2E11798**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Bhandari, Angelina, , ,**

Mailing Address 3533 S Alameda St  
Medical Staff Office Dept of Anes

City

Corpus Christi

State  
TX

Zip Code  
78411-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CPSST

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 Y  
10 / 20 / 2019

**Transaction ID : C3D54D77-642E-4D99-**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1041.66