

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

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

FOR LINE NUMBER: PAGE 85 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. Connolly, Lois, , ,

Mailing Address N27W22185 Timberwood Ln

City  
WaukeshaState  
WIZip Code  
53186-1006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical College of WisconsinOccupation (for Individual)  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2019

Transaction ID : 4657A6074F387667838E

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Cook, Anthony, , ,

Mailing Address 2151 Old Rocky Ridge Rd  
Ste 106City  
Vestavia HillsState  
ALZip Code  
35216-7251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anesthesia Services of BirminghamOccupation (for Individual)  
Anesthesiologist

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 / 01 / 2019

Transaction ID : 25AF30BC0DB0EC9106D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cook, Christopher, , ,

Mailing Address 1154 Gardengate Cir

City  
GarlandState  
TXZip Code  
75043-1601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anesthesia and Acute Pain Experts PlanOccupation (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 / 19 / 2019

Transaction ID : 3A9BC88D-A294-437E-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1583.33