

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

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

FOR LINE NUMBER: PAGE 238 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. Loyd, Gary, , ,

Mailing Address 432 S Washington Ave
Unit 704

City
Royal Oak

State
MI

Zip Code
48067-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2019

Transaction ID : 49F9AF5CAF81B0E58DC5

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

B. Lozada, Manuel, , ,

Mailing Address 1211 Medical Center Dr

City
Nashville

State
TN

Zip Code
37232-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern University Feinberg Schoo

Occupation (for Individual)
Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2019

Transaction ID : 463BB5B3C2B78808EDC4

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

C. Luikart, Paul, , ,

Mailing Address 684 Marble Rock Cir

City
Green Bay

State
WI

Zip Code
54311-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BayCare Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2019

Transaction ID : 0D0E646E-7205-4EF3-

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)..... ►

1062.49