

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

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

FOR LINE NUMBER: PAGE 253 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. Matlin, Fredric, , ,**

Mailing Address 23 Lodge Ln

City  
Miller Place

State  
NY

Zip Code  
11764-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LI Anesthesia Physicians, LLP

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 / 06 / 2019

**Transaction ID : 43889CF200F9A3D4EC37**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Matsumura, Jerry, , ,**

Mailing Address 1 E Liberty St  
Ste 555

City  
Reno

State  
NV

Zip Code  
89501-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AAR

Occupation (for Individual)  
Physician

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 / 18 / 2019

**Transaction ID : 8C13FA79-3214-4A50-**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Matus, Nora, , ,**

Mailing Address 4511 Delmont Ln

City  
Bethesda

State  
MD

Zip Code  
20814-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Soc. of Anesthesiologists

Occupation (for Individual)  
Director, Congressional & Political Af

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2019

**Transaction ID : 4309A6F45654F49B8567**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

1125.00