

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 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. Shafer, Robert, , ,**

Mailing Address 6516 Fairway View Trl

City

Roanoke

State

VA

Zip Code

24018-7470

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ACV Inc

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2019        |

**Transaction ID : 4E8BB0FCC0EE55CA8E86**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**B. Shah, Pranav, , ,**

Mailing Address 11460 Willows Green Way

City

Glen Allen

State

VA

Zip Code

23059-5685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

VCU Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 16    |   | 2019        |

**Transaction ID : 4598BAB8BA8FE03C5EFC**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**C. Shah, Shalini, , ,**

Mailing Address 47 Deer Trak

City

Irvine

State

CA

Zip Code

92618-8812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UC Irvine

Occupation (for Individual)

physician

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

308.30

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 11    |   | 2019        |

**Transaction ID : 479D8FB9A86228929603**

Amount of Each Receipt this Period

20.83

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

104.15

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