

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

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

FOR LINE NUMBER: PAGE 399 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. Trivedi, Narendra, , ,

Mailing Address 8143 E Bailey Way

City
Anaheim

State
CA

Zip Code
92808-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2019

Transaction ID : AAF41F62-D944-42DC-

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Trohkimoinen, Jeffrey, , ,

Mailing Address 363 20th St S

City
La Crosse

State
WI

Zip Code
54601-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2019

Transaction ID : 4836AE8162E7A0FDA1BF

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Troianos, Christopher, , ,

Mailing Address 2 Haskell Dr

City
Bratenahl

State
OH

Zip Code
44108-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2019

Transaction ID : 45B6B21D8E830893A53D

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

308.33