

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Wallace, Brian, , ,

Mailing Address 5326 Hyada Blvd NE

City
Tacoma

State
WA

Zip Code
98422-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rainier Anesthesia

Occupation (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 / 25 / 2019

Transaction ID : 4882947110E5D9C7DEFC

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Wallace, Terence, , ,

Mailing Address 630 Federal St
Apt 304

City
Philadelphia

State
PA

Zip Code
19147-4855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services, PA

Occupation (for Individual)
Cardiac 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 Y
10 / 28 / 2019

Transaction ID : 4148B30B6845D90DBAD8

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

C. Walsh, Aimee, , ,

Mailing Address 621 Tudor Ln

City
Mobile

State
AL

Zip Code
36608-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Anesthesia Management

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2019

Transaction ID : 0BFE1870-065B-4508-

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)..... ►

1091.66