

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

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

FOR LINE NUMBER: PAGE 43 OF 130

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**U.S. Anesthesia Partners, Inc. PAC d/b/a/ USAP PAC**

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

**A. Lyttle, James, , ,**

Mailing Address 9011 San Diego Road

City  
Austin

State  
TX

Zip Code  
78737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAP

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11AI.6300

Amount of Each Receipt this Period

249.99

☐ Memo Item

Payroll Deductions

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

**B. Maloney, Matthew, , ,**

Mailing Address 6860 S Elizabeth Cir.

City  
Centennial

State  
CO

Zip Code  
80122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAP

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11AI.6302

Amount of Each Receipt this Period

600.00

☐ Memo Item

Payroll Deductions

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

**C. Manning, Gary, , ,**

Mailing Address 4106 Oberlin St.

City  
Houston

State  
TX

Zip Code  
77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAP

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : SA11AI.6304

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Payroll Deductions

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

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

2049.99