

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

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

FOR LINE NUMBER: PAGE 56 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. Patel, Jigish, , ,**

Mailing Address 8801 Mountbatten Circle

City  
Austin

State  
TX

Zip Code  
78730

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 ▼

510.00

Date of Receipt

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

Transaction ID : SA11AI.6382

Amount of Each Receipt this Period

510.00

☐ Memo Item

Payroll Deductions

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

**B. Peck, Michael, , ,**

Mailing Address 4 Farm Haven Ct.

City  
Rockville

State  
MD

Zip Code  
20852

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 ▼

550.00

Date of Receipt

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

Transaction ID : SA11AI.6384

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deductions

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

**C. Penca, Stephen, , ,**

Mailing Address 5 Rushing Meadow Ct.

City  
Arlington

State  
TX

Zip Code  
76016

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Payroll Deductions

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

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

1810.00