

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)

PAGE 149 OF 314

☒ 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

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

A. Krhovsky, David, M., , M.D.

Mailing Address 2248 Shawnee Dr SE

City
Grand Rapids

State
MI

Zip Code
49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Health Hospital Group

Occupation (for Individual)
VP, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.40

Date of Receipt

MM / DD / YYYY
10 / 06 / 2015

Transaction ID : C3110910

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Krogulecki, Michael, G., , D.O.

Mailing Address 1200 E. Michigan Ave., #370

City
Lansing

State
MI

Zip Code
48912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Anesthesia Service

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
10 / 28 / 2015

Transaction ID : C3183480

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Kronberg, Gregory, M., , M.D.

Mailing Address 2205 Island Wood Rd

City
Austin

State
TX

Zip Code
78733-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2015

Transaction ID : C3178755

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)..... ►

1333.34