

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

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

FOR LINE NUMBER: PAGE 238 OF 456

(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

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

A. Luikart, Paul, J., , M.D.

Mailing Address 684 Marble Rock Cir

City
Green Bay

State
WI

Zip Code
54311-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BayCare Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2017

Transaction ID : C3575122

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Lynagh, Adele, S., , M.D.

Mailing Address 106 Lowood Lane

City
greenville

State
SC

Zip Code
29605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : C3572445

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Lysak, Steven, Z., , M.D.

Mailing Address 11 rivoli lane

City
Greenville

State
SC

Zip Code
29615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2017

Transaction ID : C3571558

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1750.00

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