

# **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 Association Executives (ASAE) APAC**

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

**A. Showalter, Amy, R., Ms.,**

Mailing Address 3805 Edwards Road  
Suite 550

City  
Cincinnati

State  
OH

Zip Code  
45209-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Showalter Group Inc

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 02 / 2019

**Transaction ID : 12936338**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Tenenbaum, Jeffrey, S., Mr., Esq.**

Mailing Address 1101 New York Ave, NW  
Suite 1000

City  
Washington

State  
DC

Zip Code  
20005-4356

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lewis Baach Kaufmann Middlemiss PLLC

Occupation (for Individual)

Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 03 / 2019

**Transaction ID : 12936339**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Swan, Sharon, J., Ms., FASAE, CAE**

Mailing Address 528 North Washington St

City  
Alexandria

State  
VA

Zip Code  
22314-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Society for Clinical Pharmacology

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 08 / 2019

**Transaction ID : 12936340**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00