

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

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

FOR LINE NUMBER: PAGE 156 OF 346

(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. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

Transaction ID : C3412607

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kryc, Joseph, J., , M.D.

Mailing Address 8360 E Corrine Dr

City

Scottsdale

State
AZ

Zip Code
85260-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2016

Transaction ID : C3412977

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kucik, Corry, J., , M.D.

Mailing Address 3750 Saddle Drive
7700 Arlington Blvd

City

Carlsbad

State
CA

Zip Code
92010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Navy

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : C3417855

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1083.33