

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 / 01 / 2015 through 04 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer Mr. Thomas Conway [Electronically Filed] Date 05 / 18 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="590980.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="580594.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="80250.43"/>	<input type="text" value="352639.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="660844.47"/>	<input type="text" value="943620.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63591.38"/>	<input type="text" value="346367.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="597253.09"/>	<input type="text" value="597253.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55881.17	227484.48
(ii) Unitemized	24369.26	125155.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	80250.43	352639.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	80250.43	352639.73
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	80250.43	352639.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80250.43	352639.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2449.71	9517.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2449.71	9517.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	336500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	141.67	183.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	141.67	183.34
29. Other Disbursements	0.00	166.68
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63591.38	346367.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63591.38	346367.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	80250.43	352639.73
34. Total Contribution Refunds (from Line 28(d))	141.67	183.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80108.76	352456.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2449.71	9517.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2449.71	9517.36

**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 6 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. John P. Abenstein M.S.E.E.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City State Zip Code
 Oronoco MN 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mayo Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C2979029
 Amount of Each Receipt this Period
 83.34

B. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City State Zip Code
 Houston TX 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Texas Medical Branch Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : C2970702
 Amount of Each Receipt this Period
 83.34

C. Mohammad Al-Nouri M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3653 Thatcher Ct
 City State Zip Code
 Rochester Hills MI 48309-4532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Port Huron Hospital Med. Staff Office/ ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994061
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

**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 7 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Eric J. Albrecht M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 938 Hanover Ave
 City Norfolk State VA Zip Code 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : C2983644
 Amount of Each Receipt this Period
 83.34

B. Shane C. Angus A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 1st N.E. LL-150, Mail 25
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University Occupation Assistant Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : C2993683
 Amount of Each Receipt this Period
 83.34

C. Brett L. Arron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Lake St
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Anesthesiologists, Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : C2987448
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Lee E. Arthur M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Medical Center Blvd
 City Conroe State TX Zip Code 77304-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Houston Anesthesiologists Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 13 / 2015**
Transaction ID : C2983450
 Amount of Each Receipt this Period **250.00**

B. Sana Ata M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital and Medical Center Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **04 / 12 / 2015**
Transaction ID : C2983367
 Amount of Each Receipt this Period **83.34**

C. Sana Ata M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital and Medical Center Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **04 / 13 / 2015**
Transaction ID : C2983469
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **191.68**
TOTAL This Period (last page this line number only).....

**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 9 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Robert J. Atwater M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 988 Rosebay Ct
 City Tallahassee State FL Zip Code 32312-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcare Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : C2987420
 Amount of Each Receipt this Period
 83.34

B. Jennifer P. Aunspaugh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHILDRENS WAY
 City LITTLE ROCK State AR Zip Code 72202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Childrens Hospital Occupation Assistant Professor Pediatric Anes an
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2979001
 Amount of Each Receipt this Period
 100.00

C. R Scott Ballard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 Verdi Ln
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Anesthesiology Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : C2992710
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	433.34
TOTAL This Period (last page this line number only).....▶	

**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 10 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Shawn E. Banks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 NE 36th St Apt 3407
 City Miami State FL Zip Code 33137-3976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 29 / 2015**
Transaction ID : C2992719
 Amount of Each Receipt this Period **83.34**

B. Anthony C. Beall. M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Pine Hollow Rd
 City Mt Pleasant State SC Zip Code 29464-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trident Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 05 / 2015**
Transaction ID : C2979056
 Amount of Each Receipt this Period **500.00**

C. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **04 / 05 / 2015**
Transaction ID : C2979031
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
TOTAL This Period (last page this line number only).....

**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 11 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983337
 Amount of Each Receipt this Period
 83.34

B. Jason A. Boehm D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4131 E White Oak Drive
 City Springfield State MO Zip Code 65809-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2015
Transaction ID : C2989294
 Amount of Each Receipt this Period
 83.34

C. Steven D. Boggs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 Midland Avenue 3G
 City Bronxville State NY Zip Code 10708-6472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer James J. Peters VA Medical Center Occupation Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : C2981420
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 12 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Peter M. Bozeman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7209 Quackenbush
 City Dexter State MI Zip Code 48130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Ann Arbor Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C2987200
 Amount of Each Receipt this Period
 250.00

B. Josue Brainin-Mattos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7891 Mount Ranier Dr
 City Jacksonville State FL Zip Code 32256-2999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C2973159
 Amount of Each Receipt this Period
 83.34

C. Melinda K. Brown M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5209 W 124th Ter
 City Leawood State KS Zip Code 66209-3197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation 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
 04 / 30 / 2015
Transaction ID : C2994128
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
TOTAL This Period (last page this line number only).....▶	

**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 13 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Ronald S. Brown Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.
 City State Zip Code
 Mobile AL 36607-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Services Mobile Alabama anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : C2993671
 Amount of Each Receipt this Period
 83.34

B. Kurt T. Budenbender D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave Ste 1600
 City State Zip Code
 Phoenix AZ 85004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anes. Consultants, LTD Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983318
 Amount of Each Receipt this Period
 83.34

C. James R. Burch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Kirby Pky., Suite #330
 City State Zip Code
 Memphis TN 38120-4398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Anesthesia Group anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983453
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Rebecca C. Burfeind M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8338 Fontana St
 City State Zip Code
 Prairie Village KS 66207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Associates of Kansas City 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
 04 / 13 / 2015
Transaction ID : C2983584
 Amount of Each Receipt this Period
 1000.00

B. Frederick W. Burgess M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Fruit Hill Ave
 City State Zip Code
 North Providence RI 02911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence VAMC anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2979002
 Amount of Each Receipt this Period
 83.34

c. Mark E Cannella M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Rosehill Dr W
 City State Zip Code
 Tallahassee FL 32312-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Assoc of Tallahassee 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
 04 / 14 / 2015
Transaction ID : C2983775
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2083.34
TOTAL This Period (last page this line number only).....▶	

**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 15 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. James D. Cantoni M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Great Oak Dr
 City Hudson State OH Zip Code 44236-2296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hudson Physicians Associates, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : C2973160
 Amount of Each Receipt this Period **100.00**

B. John Carney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Ridgeview Drive
 City Erie State PA Zip Code 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 04 / 2015**
Transaction ID : C2978995
 Amount of Each Receipt this Period **83.34**

C. Debra L. Caroli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4548 Burke St
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LCAA Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970908
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **266.68**
TOTAL This Period (last page this line number only).....

**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 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Shushovan Chakraborty M.B.,B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3381 Chickering Lane
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lapeer Regional Medical Center Dept. o Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 24 / 2015
Transaction ID : C2994066
 Amount of Each Receipt this Period 250.00

B. Joshua C. Chance M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ecurie Ct
 City Little Rock State AR Zip Code 72223-8917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer univeristy of arkansas for medical sci Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 13 / 2015
Transaction ID : C2983484
 Amount of Each Receipt this Period 83.34

c. Jiravud Chanvitayapongs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7737 E Purple Desert Pass
 City Tucson State AZ Zip Code 85715-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 16 / 2015
Transaction ID : C2985131
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

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 17 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Samuel A. Cherry III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 149 Lucerne Blvd

City Birmingham State AL Zip Code 35209-6657

FEC ID number of contributing federal political committee. **C**

Name of Employer Birmingham VA Medical Center Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 18 / 2015**

Transaction ID : C2987427

Amount of Each Receipt this Period **83.34**

B. Jeffrey K. Clark M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Lakeview Ct

City Bloomfield Hills State MI Zip Code 48304-2440

FEC ID number of contributing federal political committee. **C**

Name of Employer Detroit Medical Center Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 24 / 2015**

Transaction ID : C2994057

Amount of Each Receipt this Period **250.00**

c. Craig M. Combs M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Hwy # U109

City Knoxville State TN Zip Code 37920-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of TN Medical Center Anesm Dept Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 26 / 2015**

Transaction ID : C2991155

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1333.34**

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

**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 18 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Lebron Cooper M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 444 W. Willis St #514

City Detroit State MI Zip Code 48201

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 30 / 2015**

Transaction ID : C2993682

Amount of Each Receipt this Period **83.34**

B. W. Eric Cox M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Highway
UT Medical Center, Dept. of Anesth

City Knoxville State TN Zip Code 37920

FEC ID number of contributing federal political committee. **C**

Name of Employer University Anesthesiologists Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 13 / 2015**

Transaction ID : C2983464

Amount of Each Receipt this Period **83.34**

C. Robert M. Craft M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Hwy # U109
Dept. of Anesthesiology

City Knoxville State TN Zip Code 37920

FEC ID number of contributing federal political committee. **C**

Name of Employer University Anesthesiologists Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt **04 / 23 / 2015**

Transaction ID : C2990374

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **208.35**

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

**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 19 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Robert M. Craft M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 Alcoa Hwy # U109
 Dept. of Anesthesiology
 City Knoxville State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : C2990454
 Amount of Each Receipt this Period
 41.67

B. David K. Crumley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Boyson Rd
 City Hiawatha State IA Zip Code 52233-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linn County Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C2983559
 Amount of Each Receipt this Period
 250.00

C. Katherine T. Cundiff M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9733 Overbrook Rd
 City Leawood State KS Zip Code 66206-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist
 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
 04 / 22 / 2015
Transaction ID : C2990177
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	791.67
TOTAL This Period (last page this line number only).....▶	

**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 20 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Jay D. Cunningham D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18808 Saddle River Dr
 City Edmond State OK Zip Code 73012-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Anesthesiologist Inc Occupation Anesthesiologist
 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
 04 / 04 / 2015
Transaction ID : C2979023
 Amount of Each Receipt this Period
 1000.00

B. Michael Danic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14726 Fox
 City Redford State MI Zip Code 48239-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : C2987423
 Amount of Each Receipt this Period
 83.34

C. Victor Davila M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Kipling Rd
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University Occupation Assistant Professor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : C2970896
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	1166.68
TOTAL This Period (last page this line number only).....	

**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 21 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Kjersti K. Deckert M.D.		Date of Receipt
Mailing Address 2155 S 116th Cir		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Walton	NE	68461-2026
FEC ID number of contributing federal political committee.		Transaction ID : C2991129
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Associated Anesthesiologists, PC	Anesthesiologists	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Allen Dennis M.D.		Date of Receipt
Mailing Address 14857 Holly Leaf Dr Suite 201		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
Frisco	TX	75035-7451
FEC ID number of contributing federal political committee.		Transaction ID : C2982306
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Advanced pain care	Pain physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Allen Dennis M.D.		Date of Receipt
Mailing Address 14857 Holly Leaf Dr Suite 201		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Frisco	TX	75035-7451
FEC ID number of contributing federal political committee.		Transaction ID : C2990688
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Advanced pain care	Pain physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.72"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 22 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Laura I. Dew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3721 Robinhood Street
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 04 / 2015
Transaction ID : C2979012
 Amount of Each Receipt this Period 83.34

B. John F. Di Capua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Byram Ridge Road
 City Armonk State NY Zip Code 10504-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore University Hospital Anesth Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 20 / 2015
Transaction ID : C2987480
 Amount of Each Receipt this Period 83.34

C. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7915 SW 55 Avenue
 City Miami State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 12 / 2015
Transaction ID : C2983370
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 23 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Gary J. DiLisio M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 Transaction ID : C2973158
Mailing Address 324 Gannett Dr Ste 200		Amount of Each Receipt this Period 83.34
City South Portland	State ME	Zip Code 04106-3266
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Management	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Deanna M. Dorantes M.D.		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : C2994053
Mailing Address 47559 Aberdeen Dr. 47559 Aberdeen Dr.		Amount of Each Receipt this Period 250.00
City Novi	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		
Name of Employer Detroit Medical Center	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Donald D. Downs M.D.		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : C2991793
Mailing Address 7351 Oliver Woods Dr SE		Amount of Each Receipt this Period 41.67
City Grand Rapids	State MI	Zip Code 49546-9707
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Practice Consultants	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

**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 24 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Nichole M. Doyle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 Darnell St
 City Shawnee State KS Zip Code 66216-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates of Kansas Ci Occupation 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
 04 / 28 / 2015
Transaction ID : C2992711
 Amount of Each Receipt this Period
 500.00

B. Gregory Dwight D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 37103 Weymouth Dr
 City Livonia State MI Zip Code 48152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Ann Arbor Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : C2991198
 Amount of Each Receipt this Period
 250.00

C. Jonathan A. Eash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Robinhood Ln
 City South Bend State IN Zip Code 46614-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michiana Anesthesia Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : C2991099
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

**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 25 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Matthew C. Edwards M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2015 Transaction ID : C2983395
Mailing Address 14601 Fairway St		Amount of Each Receipt this Period 1000.00
City Overland Park	State KS	Zip Code 66224-4614
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Kenneth Elmassian D.O.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 01 / 2015 Transaction ID : C2970704
Mailing Address 2399 Pine Hollow Dr.		Amount of Each Receipt this Period 83.34
City East Lansing	State MI	Zip Code 48823
FEC ID number of contributing federal political committee. C		
Name of Employer Capital Area Anesthesia, P.C.	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2015 Transaction ID : C2978323
Mailing Address 1 Gustave L Levy Pl Anes. Dept. Department of Anesthesiology		Amount of Each Receipt this Period 83.34
City New York	State NY	Zip Code 10029-6504
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

**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 26 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Gregory L. Erb M.D.		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : C2993827
Mailing Address 14905 W 60th St		Amount of Each Receipt this Period 500.00
City Shawnee	State KS	Zip Code 66216
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Luis Esparza M.D.		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : C2990343
Mailing Address 2810 N Swan Rd Ste 100		Amount of Each Receipt this Period 85.00
City Tucson	State AZ	Zip Code 85712-6300
FEC ID number of contributing federal political committee. C		
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Monique Espinosa M.D.		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : C2991775
Mailing Address PO Box 16370 Anes. Dept.		Amount of Each Receipt this Period 83.34
City Miami	State FL	Zip Code 33101
FEC ID number of contributing federal political committee. C		
Name of Employer University of Miami	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	668.34
TOTAL This Period (last page this line number only).....▶	

**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 27 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. James Evans M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2015 Transaction ID : C2971491
Mailing Address 2302 Kingsmill Cir		Amount of Each Receipt this Period 50.00
City Tyler	State TX	Zip Code 75703-5819
FEC ID number of contributing federal political committee. C	Name of Employer Trinity Clinic Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. James Evans M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2015 Transaction ID : C2973156
Mailing Address 2302 Kingsmill Cir		Amount of Each Receipt this Period 50.00
City Tyler	State TX	Zip Code 75703-5819
FEC ID number of contributing federal political committee. C	Name of Employer Trinity Clinic Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. William Feaster M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 Transaction ID : C2991181
Mailing Address 507 Ocean Avenue		Amount of Each Receipt this Period 83.34
City Seal Beach	State CA	Zip Code 90740
FEC ID number of contributing federal political committee. C	Name of Employer Childrens Hospital Orange County	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	183.34
TOTAL This Period (last page this line number only).....▶	

**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 28 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Richard M. Flowerdew M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2015 Transaction ID : C2983332
Mailing Address 38 Hedgerow Dr		Amount of Each Receipt this Period 83.34
City Falmouth	State ME	Zip Code 04105-1407
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Michael R. Flynn M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 Transaction ID : C2983387
Mailing Address 6808 Stone Mill Dr		Amount of Each Receipt this Period 83.34
City Knoxville	State TN	Zip Code 37919-7496
FEC ID number of contributing federal political committee. C		
Name of Employer University Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Charles J. Fox M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : C2990686
Mailing Address 1501 King Hwy LSU Health		Amount of Each Receipt this Period 83.34
City shreveport	State LA	Zip Code 71130
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana State University Health Scie	Occupation Professor and Chair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 29 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. William A. Frame M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2015 Transaction ID : C2983325
Mailing Address 2300 N Edward St		Amount of Each Receipt this Period 83.34
City Decatur	State IL	Zip Code 62526-4163
FEC ID number of contributing federal political committee. C		
Name of Employer Decatur Mem Hosp Anes Dept	Occupation Physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Douglas Friesen M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015 Transaction ID : C2991105
Mailing Address 4013 N Ridge Rd Ste 100		Amount of Each Receipt this Period 83.34
City Wichita	State KS	Zip Code 67205-8858
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Anesthesia Associates, PA	Occupation physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Anthony T. Fritzler M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015 Transaction ID : C2991119
Mailing Address 3916 S. Arlington Rd, Unit 209		Amount of Each Receipt this Period 250.00
City Uniontown	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. C		
Name of Employer Akron Childrens Hospital	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 30 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Samir F. Fuleihan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Harper Hosp., Anes. Dept.
 3990 John R
 City State Zip Code
 Detroit MI 48201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AAKC ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994049
 Amount of Each Receipt this Period
 250.00

B. Jeff L. Fuqua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 Mallard Bay Dr.
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Tennessee Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C2973157
 Amount of Each Receipt this Period
 100.00

C. Jeff L. Fuqua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 Mallard Bay Dr.
 City State Zip Code
 Knoxville TN 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Tennessee Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : C2991789
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**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 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Wisam M. George D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4775 Driftwood Dr
 City Commerce Township State MI Zip Code 48382-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994071
 Amount of Each Receipt this Period
 250.00

B. Patrick Giam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Fountain View, Suite 200
 2411 Fountain View, Suite 200
 City Houston State TX Zip Code 77057-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Anesthesia Partners Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C2982639
 Amount of Each Receipt this Period
 83.34

C. Bonny Gillis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7703 Floyd Curl Dr
 Dept of Anes
 City San Antonio State TX Zip Code 78229-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Texas Health Sciences Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : C2978303
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

**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 32 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. James Glenski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 West 110th Street, Suite 600
 City Overland Park State KS Zip Code 66210-2144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Assoc. of Kansas City, P.C. Occupation President and CEO
 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
 04 / 29 / 2015
Transaction ID : C2992754
 Amount of Each Receipt this Period
 1000.00

B. Marilyn J. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Ridgepoint Court
 City Piney Flats State TN Zip Code 37686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Physician- Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015
Transaction ID : C3002130
 Amount of Each Receipt this Period
 83.34

C. Michael C. Gosney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Chase Dr
 City Muscle Shoals State AL Zip Code 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants, LLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : C2980852
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

**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 33 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Jeffrey S. Graham M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6320 Lake Vista Dr
 City Tuscaloosa State AL Zip Code 35406-2971
 Name of Employer Anesthesia and Pain Mgnt Consult of T Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2015
Transaction ID : C2993839
 Amount of Each Receipt this Period 500.00

B. Ryan J. Grindstaff M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 W 129th St
 City Leawood State KS Zip Code 66209-1771
 Name of Employer Anestheisa Associates of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2015
Transaction ID : C2993823
 Amount of Each Receipt this Period 1000.00

C. Halim D. Haber M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Nantucket Dr
 City Bloomfield Hills State MI Zip Code 48304-3342
 Name of Employer Anesthesia Services PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2015
Transaction ID : C2994076
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 111
(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 (Last, First, Middle Initial)
A. Douglas W. Hagen M.D.

Mailing Address 9027 W 114th St

City Overland Park State KS Zip Code 66210-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **04 / 01 / 2015**

Transaction ID : C2970900

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Douglas W. Hagen M.D.

Mailing Address 9027 W 114th St

City Overland Park State KS Zip Code 66210-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **04 / 29 / 2015**

Transaction ID : C2993126

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
C. Aaron Hammond D.O.

Mailing Address 3390 N. Campbell Ave., Ste. 110

City Tucson State AZ Zip Code 85719

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 05 / 2015**

Transaction ID : C2979041

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **250.02**

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

**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 35 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Ron L. Harter M.D.		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : C2979070
Mailing Address 7825 Holiston Ct		Amount of Each Receipt this Period 83.34
City Dublin	State OH	Zip Code 43016-8659
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio State University Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Kaley B Harvey A.A.-C		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : C2985136
Mailing Address 650 Poinsettia Rd		Amount of Each Receipt this Period 83.34
City Belleair	State FL	Zip Code 33756-1525
FEC ID number of contributing federal political committee. C		
Name of Employer Kaley Harvey	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Steven Hattamer M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2015 Transaction ID : C2970711
Mailing Address 8 Prospect St		Amount of Each Receipt this Period 83.34
City Nashua	State NH	Zip Code 03060-3925
FEC ID number of contributing federal political committee. C		
Name of Employer Nashua Anesthesia Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 36 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. David L. Hepner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Francis St # L1
 Department of Anesthesiology
 City Boston State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Womens Hosp - Harvard Med Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015
Transaction ID : C2990380
 Amount of Each Receipt this Period
83.34

B. Andrew Herlich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Haverford Cir
 City Pittsburgh State PA Zip Code 15228-2380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Mercy Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : C2982644
 Amount of Each Receipt this Period
83.34

C. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City Fresno State CA Zip Code 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linda B Hertzberg MD Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2015
Transaction ID : C2983328
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

**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 37 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. A Blake Blake Hillenbrand D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Maxwell Ave
 City Boulder State CO Zip Code 80304-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boulder Valley Anesthesiology Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 04 / 25 / 2015
Transaction ID : C2991097
 Amount of Each Receipt this Period
 83.34

B. Douglas A. Hof M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Kirby Pkwy Ste 330
 City Memphis State TN Zip Code 38120-4398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical anesthesia group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 04 / 13 / 2015
Transaction ID : C2983461
 Amount of Each Receipt this Period
 83.34

C. Timothy W. Houseman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1025 Eastern Shore Anesthesia
 City Fairhope State AL Zip Code 36533-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Shore Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 04 / 03 / 2015
Transaction ID : C2977441
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 38 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Jonathan R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Blountville Hwy Ste 207
 City Bristol State TN Zip Code 37620-1671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist-Cardiothoracic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C2982579
 Amount of Each Receipt this Period **83.34**

B. Barbara J. Hurlbert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9223 Davenport St.
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Nebraska Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : C2980035
 Amount of Each Receipt this Period **250.00**

C. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Barrett Hill Rd.
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Hospital Anes. Dept. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 29 / 2015**
Transaction ID : C2992722
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 39 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Jeffrey S. Jacobs M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2015 Transaction ID : C2983334
Mailing Address 11041 Pine Lodge Trl			Amount of Each Receipt this Period 83.34
City Davie	State FL	Zip Code 33328-7317	
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic Florida	Occupation Physician Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2015 Transaction ID : C2983336
Mailing Address 5070 Brookdale Road			Amount of Each Receipt this Period 83.34
City Bloomfield Hills	State MI	Zip Code 48304	
FEC ID number of contributing federal political committee. C			
Name of Employer American Anesthesiology of Michigan	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) C. Cynthia L. Jenson M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015 Transaction ID : C2990379
Mailing Address 434 Main St			Amount of Each Receipt this Period 83.34
City Waterville	State ME	Zip Code 04901	
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia Associates of Lewiston	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 417.02		

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 40 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Quinn L. Johnson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Innsbruck Way
 City Columbia State MO Zip Code 65201-5276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation 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
 04 / 29 / 2015
Transaction ID : C2994480
 Amount of Each Receipt this Period
 1000.00

B. Zachary S. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6314 Eden Valley Dr
 City Frisco State TX Zip Code 75034-1129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metropolitan Aenesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C2973164
 Amount of Each Receipt this Period
 83.34

C. Jeffrey T. Joyce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 W 132nd Ter
 City Leawood State KS Zip Code 66209-3460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists of Kansas Occupation 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
 04 / 30 / 2015
Transaction ID : C2994124
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2083.34
TOTAL This Period (last page this line number only)..... ▶

**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 41 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Nabil M. Kadi M.D.		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : C2994062
Mailing Address 49982 Ash Ct		Amount of Each Receipt this Period 250.00
City Plymouth	State MI	Zip Code 48170-6380
FEC ID number of contributing federal political committee. C		
Name of Employer AAKC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Rebecca E. Kadish M.D.		Date of Receipt MM / DD / YYYY 04 / 07 / 2015 Transaction ID : C2981403
Mailing Address 8 Hillside Dr.		Amount of Each Receipt this Period 250.00
City Hollis	State NH	Zip Code 03049
FEC ID number of contributing federal political committee. C		
Name of Employer Dartmouth-Hitchcock Clinic Manchester	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jessica Kenaston M.D.		Date of Receipt MM / DD / YYYY 04 / 18 / 2015 Transaction ID : C2987422
Mailing Address 6 Alden Rd		Amount of Each Receipt this Period 83.34
City Poughkeepsie	State NY	Zip Code 12603-4002
FEC ID number of contributing federal political committee. C		
Name of Employer North American Partners in Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

**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 42 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Scott Kercheville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Eton Green Circle
 City San Antonio State TX Zip Code 78257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983330
 Amount of Each Receipt this Period
 83.34

B. James Kerr III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida Anesthesia Consultants P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : C2984061
 Amount of Each Receipt this Period
 83.34

C. Georgina O. Kesterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5169 Rowen Oak Rd.
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical anesthesia group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983478
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

**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 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Georgina O. Kesterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5169 Rowen Oak Rd.
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical anesthesia group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 29 / 2015
Transaction ID : C2992717
 Amount of Each Receipt this Period 41.67

B. Matthew Kidwell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Ground Plum Circle
 City Solon State IA Zip Code 52333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linn County Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2015
Transaction ID : C2993664
 Amount of Each Receipt this Period 83.34

C. Edward N. Kim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2967 Warner Dr.
 City West Bloomfield State MI Zip Code 48324-2450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA SERVICES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2015
Transaction ID : C2994064
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01
TOTAL This Period (last page this line number only)..... ▶

**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 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Mark D. Kline M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2015 Transaction ID : C2990340
Mailing Address 345 Woodland Dr., S.E.		Amount of Each Receipt this Period 1000.00
City Cedar Rapids	State IA	Zip Code 52403
FEC ID number of contributing federal political committee. C		
Name of Employer Linn County Anesthesiologists	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Stephania G. Knight M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2015 Transaction ID : C2991186
Mailing Address 4016 W 90th St		Amount of Each Receipt this Period 41.67
City Sioux Falls	State SD	Zip Code 57108-6207
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Physicians, LTD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Robert F. Koebert M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2015 Transaction ID : C2983324
Mailing Address 541 E Erie St Unit 404		Amount of Each Receipt this Period 83.34
City Milwaukee	State WI	Zip Code 53202-6237
FEC ID number of contributing federal political committee. C		
Name of Employer Aurora Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	1125.01
TOTAL This Period (last page this line number only).....▶	

**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 45 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Joseph Koveleskie M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5500 Prytania St #435

City New Orleans State LA Zip Code 70115-4237

FEC ID number of contributing federal political committee. **C**

Name of Employer Ochsner Medical Center Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **04 / 04 / 2015**

Transaction ID : C2979003

Amount of Each Receipt this Period **83.34**

B. Joseph Koveleskie M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5500 Prytania St #435

City New Orleans State LA Zip Code 70115-4237

FEC ID number of contributing federal political committee. **C**

Name of Employer Ochsner Medical Center Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **04 / 05 / 2015**

Transaction ID : C2979032

Amount of Each Receipt this Period **83.34**

C. Tom Krejcie M.D.
Full Name (Last, First, Middle Initial)

Mailing Address Tarry Bldg. 4-727
300 East Superior Street

City CHICAGO State IL Zip Code 60611-3010

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern University Occupation Anesthesiologist and Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 06 / 2015**

Transaction ID : C2980049

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 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 Anesthesia Practice Consultants, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : C2979072
 Amount of Each Receipt this Period
 83.34

B. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Department of Anesthes Occupation Associate Professor of Anesthesiology R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983322
 Amount of Each Receipt this Period
 100.00

C. John E. La Gorio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 Forest Park Rd
 City Norton Shores State MI Zip Code 49441-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anesthesia Services Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : C2970898
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

**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 47 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Timothy R. Lair M.D.		Date of Receipt
Mailing Address 3604 W 153rd St		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Leawood	State KS	Zip Code 66224
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2982630
Name of Employer MWA		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Steven N. Landau M.D.		Date of Receipt
Mailing Address 2443 Dundee Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Ann Arbor	State MI	Zip Code 48103-6022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2993668
Name of Employer Anesthesia Associates of Ann Arbor, PC		Amount of Each Receipt this Period
Occupation Physican		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) C. Patrick Lau M.D.		Date of Receipt
Mailing Address 4345 W Bryn Mawr Ave		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60646-5993
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2970697
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="220.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1303.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 48 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Hector O. Laurel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2317 Woodcliff Rd SE
 City Huntsville State AL Zip Code 35801-1471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970883
 Amount of Each Receipt this Period **500.00**

B. Laura H. Leduc M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 North St
 City Delmar State NY Zip Code 12054-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Anesthesia Occupation Medical Doctor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 13 / 2015**
Transaction ID : C2983448
 Amount of Each Receipt this Period **83.34**

C. Maxine M. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5432 Woodchuck Ln.
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Virginia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 28 / 2015**
Transaction ID : C2991785
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
TOTAL This Period (last page this line number only).....

**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 49 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Marc L. Leib M.D.

Mailing Address PO Box 44527

City Phoenix State AZ Zip Code 85064-4527

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : C2970703

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Michael C. Lewis M.D.

Mailing Address 655 W 8th St
Professor Chair Anesthesiology

City Jacksonville State FL Zip Code 32209-6511

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : C2970903

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City Little Rock State AR Zip Code 72205-7101

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Arkansas for Medical Sci Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 12 / 2015

Transaction ID : C2983371

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 50 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Joe Z. Liu M.D.		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : C2994063
Mailing Address 3456 Balfour Dr		Amount of Each Receipt this Period 250.00
City Troy	State MI	Zip Code 48084-1400
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Service, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Asa C. Lockhart M.D.		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : C2982643
Mailing Address 2106 Kennebunk Ln.		Amount of Each Receipt this Period 83.34
City Tyler	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		
Name of Employer East Texas Anesthesiology Assc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Nancy L. Loeffler M.D.		Date of Receipt MM / DD / YYYY 04 / 19 / 2015 Transaction ID : C2987439
Mailing Address 3726 Lakeview Dr.		Amount of Each Receipt this Period 1000.00
City Tallahassee	State FL	Zip Code 32310-6348
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Assoc. of Tallahassee	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
TOTAL This Period (last page this line number only).....▶	

**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 51 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City Kingsport State TN Zip Code 37664-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : C2993662

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Mark Mandabach M.D.

Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UAB Department of Anesthesiolog Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : C2970906

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City Fort Myers State FL Zip Code 33901

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Anesthesia and Pain Management Occupation Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : C2981413

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Wayne K. Marshall M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 691 Olde Ventura Farm Rd
 City Hummelstown State PA Zip Code 17036-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Anesthesia Associates, Ltd. Occupation Physician
 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
 04 / 19 / 2015
Transaction ID : C2987463
 Amount of Each Receipt this Period
 500.00

B. Timothy Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203
 City Little Rock State AR Zip Code 72202-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2979013
 Amount of Each Receipt this Period
 83.34

C. Donald M. Mathews M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 College St., #501
 City Burlington State VT Zip Code 05401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : C2991109
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

**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 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Fredric J. Matlin M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2015 Transaction ID : C2983380
Mailing Address 23 Lodge Ln		Amount of Each Receipt this Period 83.34
City Miller Place	State NY	Zip Code 11764-1913
FEC ID number of contributing federal political committee. C		
Name of Employer Long Island Anesthesia Physicians, LLP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Eric M. May M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2015 Transaction ID : C2991108
Mailing Address 20810 W 81st PI		Amount of Each Receipt this Period 83.34
City Lenexa	State KS	Zip Code 66220-8227
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Lukes Hospital of Kansas City	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Philip J. McArdle M.B.,B.Ch.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2015 Transaction ID : C2989767
Mailing Address 3746 Dunbarton Dr		Amount of Each Receipt this Period 83.34
City Mountain Brook	State AL	Zip Code 35223-2706
FEC ID number of contributing federal political committee. C		
Name of Employer UAB Anesthesiology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 54 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Brian A. McConnell M.D.		Date of Receipt MM / DD / YYYY 04 / 12 / 2015 Transaction ID : C2983396
Mailing Address 3300 Gallows Rd. Department of Anesthesiology		Amount of Each Receipt this Period 300.00
City Falls Church	State Zip Code VA 22042	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Mednax	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew M. McCord M.D.		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : C2990692
Mailing Address 5400 Timber Bend Dr.		Amount of Each Receipt this Period 83.34
City Brighton	State Zip Code MI 48116	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 333.36
Name of Employer St. Joseph Mercy Health System	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joel E. McCreary D.O.		Date of Receipt MM / DD / YYYY 04 / 13 / 2015 Transaction ID : C2983468
Mailing Address 4595 E Calle Redonda		Amount of Each Receipt this Period 100.00
City Phoenix	State Zip Code AZ 85018-3817	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer Valley Anesthesiology Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	483.34
TOTAL This Period (last page this line number only).....▶	

**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 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 City Miami State FL Zip Code 33196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Dept of Anesthesio
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 23 / 2015
Transaction ID : C2990368
 Amount of Each Receipt this Period 83.34

B. James R. Mesrobian M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 E Birch Ave
 City Whitefish Bay State WI Zip Code 53217-5360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 04 / 2015
Transaction ID : C2978996
 Amount of Each Receipt this Period 83.34

C. Brigitte M. Messenger M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 Alcoa Hwy # U109
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Anesthesiologists
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 11 / 2015
Transaction ID : C2983323
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

**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 56 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Michael D. Miller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15936 Oak Park Ct
 City Westfield State IN Zip Code 46074-9140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesia consultants of indianapolis Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **04 / 26 / 2015**
Transaction ID : C2991140
 Amount of Each Receipt this Period **83.34**

B. Sharon D. Minott M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Haggerty Rd Ste 2100
 City West Bloomfield State MI Zip Code 48323-2191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 24 / 2015**
Transaction ID : C2994055
 Amount of Each Receipt this Period **500.00**

C. Brian Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3710 SW US Veterans Hospital Rd
 City Portland State OR Zip Code 97239-2964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Portland VA Medical Center P3- ANES Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 11 / 2015**
Transaction ID : C2983331
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	666.68
TOTAL This Period (last page this line number only).....	

**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 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Richard C. Month M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Hamilton St Apt 2307
 City Philadelphia State PA Zip Code 19130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Dept. of An Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C2982641
 Amount of Each Receipt this Period **83.34**

B. Barry Moody M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Marengo St., Suite F
 City Florence State AL Zip Code 35630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry J. Moody,DMD,MD,PC Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 12 / 2015**
Transaction ID : C2983391
 Amount of Each Receipt this Period **83.34**

C. John D. Moore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 Deutsch Crest Dr
 City Washington State MO Zip Code 63090-6717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St John's Mercy Hospital Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 29 / 2015**
Transaction ID : C2994478
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 58 OF 111
(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

A. Caroline Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983345
 Amount of Each Receipt this Period
 100.00

B. Jason E. Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138-5723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983346
 Amount of Each Receipt this Period
 100.00

C. Robin M. Morris-Besancon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11905 Timber Creek Rd
 City North Little Rock State AR Zip Code 72118-1774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Childrens Hospital Occupation Pediatric anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : C2971484
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

**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 59 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. John P. Mrachek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 W. Woodlland Rd.
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 25 / 2015**
Transaction ID : C2991103
 Amount of Each Receipt this Period **83.34**

B. Joel H. Mumford M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Elm Hill St
 City Springfield State VT Zip Code 05156-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer V A Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 11 / 2015**
Transaction ID : C2983338
 Amount of Each Receipt this Period **83.34**

c. Meghan Murphy D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17065 S 71 Highway
 City Belton State MO Zip Code 64012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : C2983766
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1166.68**
TOTAL This Period (last page this line number only).....

**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 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Robert F. Murray III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Elm Park Blvd.
 City Pleasant Ridge State MI Zip Code 48069-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Occupation Physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983481
 Amount of Each Receipt this Period
 83.34

B. Michael S. Nichols A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2580 Hillandale Cir
 City Cumming State GA Zip Code 30041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C2979030
 Amount of Each Receipt this Period
 83.34

C. Melissa O Nikolaidis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2230 McClendon St
 City Houston State TX Zip Code 77030-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : C2982373
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

**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 61 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. E A. Norman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Skye Ln
 City State Zip Code
 Palm Harbor FL 34683-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Pinellas Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983564
 Amount of Each Receipt this Period
 250.00

B. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City State Zip Code
 Kingsport TN 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bristol Anesthesia Services Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983364
 Amount of Each Receipt this Period
 83.34

C. Blessing B. Nwosu M.B.,B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Santure St.
 City State Zip Code
 Monroe MI 48162-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HARPER UNIVERSITY HOSPITAL PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994051
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

**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 62 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. James F. O'Neill M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Live Oak Plantation Rd.
 City Tallahassee State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Assoc. of Tallahassee Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2978990
 Amount of Each Receipt this Period
 250.00

B. Douglas A. Olin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Vista Club Run
 City Sanford State FL Zip Code 32771-7153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAP-JLR Division Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : C2978322
 Amount of Each Receipt this Period
 83.34

C. John J. Olson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 Yahara Pl
 City Madison State WI Zip Code 53704-5557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madison Anesthesiology Consultants Occupation 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
 04 / 21 / 2015
Transaction ID : C2989645
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

**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 63 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Walid A. Osta M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 27222 Timber Trl
 City Dearborn Hts State MI Zip Code 48127-3386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994060
 Amount of Each Receipt this Period
 250.00

B. Kenneth E. Oswalt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 N State St
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. Anesthesia Services, PLLC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : C2981411
 Amount of Each Receipt this Period
 83.34

c. Sam L. Page M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Windsor Terrace Ln
 City Creve Coeur State MO Zip Code 63141-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : C2982640
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 64 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Juhan Paiste M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2015 Transaction ID : C2970706
Mailing Address JT 845 619 19th St S		Amount of Each Receipt this Period 83.34
City Birmingham	State AL	Zip Code 35249-6810
FEC ID number of contributing federal political committee. C		
Name of Employer UAB, Department of Anesthesiology	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Parag Pandya M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 04 / 2015 Transaction ID : C2979015
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.34
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C		
Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) C. Parag Pandya M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2015 Transaction ID : C2989762
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.34
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C		
Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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 65 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Huiling Pang M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 16225 Burt St.
 City Omaha State NE Zip Code 68118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Nebraska Medical Center Dept
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : C2980840
 Amount of Each Receipt this Period
 500.00

B. Huiling Pang M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 16225 Burt St.
 City Omaha State NE Zip Code 68118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Nebraska Medical Center Dept
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : C2982308
 Amount of Each Receipt this Period
 25.00

C. John L. Pappas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 294 Barden Rd
 City Bloomfield Hills State MI Zip Code 48304-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Troy
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : C2985133
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	608.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 66 OF 111
(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

A. Rafael P. Pascual M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1488 Jesse Jewell Pky SE, Ste. 100
 City State Zip Code
 Gainesville GA 30501-3852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Assoc. of Gainesville Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : C2985693
 Amount of Each Receipt this Period
 250.00

B. Haresh D. Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Enclave Rd
 City State Zip Code
 Chattanooga TN 37415-5650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Consultants Exchange Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : C2993657
 Amount of Each Receipt this Period
 83.34

C. Padmavathi Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3990 John R St
 City State Zip Code
 Detroit MI 48201-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harper Univ. Hospital ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994070
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34
TOTAL This Period (last page this line number only)..... ▶

**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 67 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Kenneth Y. Pauker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Sierra Vista
 City Laguna Niguel State CA Zip Code 92677-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer caamg, inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983483
 Amount of Each Receipt this Period
 83.34

B. Feyce M. Peralta M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 E Huron St # F5-704
 City Chicago State IL Zip Code 60611-2908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983485
 Amount of Each Receipt this Period
 83.34

C. Jeremie J. Perry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 Whispering Oaks Ct.
 City Abilene State TX Zip Code 79606-4366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hendrick Anesthesia Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2015
Transaction ID : C2985129
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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 68 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Kathy M. Perryman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 11412 Canterbury Cir.

City Shawnee Mission State KS Zip Code 66211-2935

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates of KC Occupation pediatric anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 11 / 2015
Transaction ID : C2983327

Amount of Each Receipt this Period 83.34

B. Raymond M. Pessa M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 278 Round Swamp Rd

City Melville State NY Zip Code 11747-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTH AMERICAN PARTNERS ANESTHESIA Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 14 / 2015
Transaction ID : C2983632

Amount of Each Receipt this Period 83.34

C. Larry D. Peterson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1000 E Primrose St Ste 520

City Springfield State MO Zip Code 65807-5180

FEC ID number of contributing federal political committee. **C**

Name of Employer Ozark Anes. Assoc. Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2015
Transaction ID : C2994479

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1166.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Mark C. Phillips M.D.		Date of Receipt
Mailing Address 619 19th St S University of Alabama- Birmingham		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Birmingham	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2983463
Name of Employer University of Alabama- Birmingham		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) B. Margaret A. Pitts M.D.		Date of Receipt
Mailing Address 1 Pillsbury St Ste 202 Suite 202		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Concord	State NH	Zip Code 03301-3556
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2979046
Name of Employer Anesthesia Associates PA		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) C. Dean Polce D.O.		Date of Receipt
Mailing Address 3092 Red Arrow Dr		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2991132
Name of Employer self		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="266.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 70 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Southern Nevada Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : C2984060
 Amount of Each Receipt this Period
 83.34

B. Karl A. Poterack M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5777 E Mayo Blvd
 City Phoenix State AZ Zip Code 85054-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Foundation Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : C2993679
 Amount of Each Receipt this Period
 83.34

C. George M. Powell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 189
 City Saint Charles State IL Zip Code 60174-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kane Anesthesia Associates, SC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : C2983643
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 71 OF 111
(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

A. Carolyn R Powers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4240 W 127th Ter
 City Leawood State KS Zip Code 66209-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation 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
 04 / 30 / 2015
Transaction ID : C2993824
 Amount of Each Receipt this Period
 500.00

B. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10556 Dunleer Dr
 City Los Angeles State CA Zip Code 90064-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Department of Anesthesiology and Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2978999
 Amount of Each Receipt this Period
 83.34

C. Lloyd E. Rader M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Stirrup Ln
 City Edmond State OK Zip Code 73034-1532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Anesthesiologists, Inc. Occupation 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
 04 / 25 / 2015
Transaction ID : C2991116
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34
TOTAL This Period (last page this line number only)..... ▶

**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 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Thomas F. Rahlfs M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 11406 Chartreuse Ct

City Houston State TX Zip Code 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer U.T. M.J. Anderson Cancer Center Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 04 / 11 / 2015
Transaction ID : C2983350

Amount of Each Receipt this Period 83.34

B. Navdip S. Rangi M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 10191 W. Shrewsbury Run

City Collierville State TN Zip Code 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Anesthesia Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 04 / 05 / 2015
Transaction ID : C2979035

Amount of Each Receipt this Period 83.34

C. Robert M. Raw M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2177 Port Talbot Pl.

City Coralville State IA Zip Code 52241

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Anesthesia Dept. Occupation Professor of Anesthesia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2015
Transaction ID : C2983445

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.68

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

**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 73 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. DeElla A. Ray M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : C2983915
Mailing Address 14212 Cedar Circle		Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68144
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiologist	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jeffrey S. Richards M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : C2985108
Mailing Address 301 University Blvd. Department of Anesthesiology		Amount of Each Receipt this Period 250.00
City Galveston	State TX	Zip Code 77555-0591
FEC ID number of contributing federal political committee. C		
Name of Employer University of Texas Medical Branch	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph M. Rifici A.A.-C		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 Transaction ID : C2983333
Mailing Address Lakeside ANES 2532 LKS5007 11100 Euclid Ave.		Amount of Each Receipt this Period 83.34
City Cleveland	State OH	Zip Code 44106-1716
FEC ID number of contributing federal political committee. C		
Name of Employer Univ Hosp of Cleveland Case Med Ctr	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

**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 74 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. James Rinando M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3502 Yupon St.
 City Houston State TX Zip Code 77006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gulf Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : C2989749
 Amount of Each Receipt this Period
 250.00

B. John C. Rivard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Copley Ave.
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES ASSOC ANN ARBOR Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.67

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994077
 Amount of Each Receipt this Period
 50.00

C. Ellen K. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17302 Yucca Circle
 City Bellevue State NE Zip Code 68123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of NE Medical Center Occupation 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
 04 / 21 / 2015
Transaction ID : C2989654
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

**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 75 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Jeremy M. Roberts D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1238 Braeburn Dr
 City Saint Clair State MI Zip Code 48079-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994073
 Amount of Each Receipt this Period
 250.00

B. Kevin W. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Walnut Ln.
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : C2987431
 Amount of Each Receipt this Period
 83.34

C. Michael W. Roberts II, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 W Symmes St
 City Norman State OK Zip Code 73069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : C2986109
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

**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 76 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Hess M. Robertson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1805 Stagecoach Village Circle
 City Little Rock State AR Zip Code 72210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970889
 Amount of Each Receipt this Period **250.00**

B. Kip Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 Alcoa Hwy # U109
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Tennessee Med Ctr Anes Dept Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 26 / 2015**
Transaction ID : C2991153
 Amount of Each Receipt this Period **250.00**

C. Scott T. Roethle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 W 131 Terr
 City Leawood State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 11 / 2015**
Transaction ID : C2983353
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **583.34**
TOTAL This Period (last page this line number only).....

**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 77 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Anne T. Rogers M.B.,Ch.B.		Date of Receipt MM / DD / YYYY 04 / 05 / 2015 Transaction ID : C2979043
Mailing Address 6005 River Rd		Amount of Each Receipt this Period 100.00
City Norfolk	State VA	Zip Code 23505-4708
FEC ID number of contributing federal political committee. C		
Name of Employer Atlantic Anesthesia Inc	Occupation Anesthesiologists	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. Thea Rosenbaum M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2015 Transaction ID : C2970893
Mailing Address 4301 W. Markham St. #515		Amount of Each Receipt this Period 1000.00
City Little Rock	State AR	Zip Code 72205
FEC ID number of contributing federal political committee. C		
Name of Employer UAMS	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David M. Rosenfeld M.D.		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : C2991801
Mailing Address Department of Anesthesiology 5777 E Mayo Blvd		Amount of Each Receipt this Period 500.00
City Phoenix	State AZ	Zip Code 85054-4502
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**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 78 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Jeffrey M. Rusheen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6011 N Pointe Pl
 City Woodland Hills State CA Zip Code 91367-5500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer County of Los Angeles Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **206.68**

Date of Receipt **04 / 13 / 2015**
Transaction ID : C2983470
 Amount of Each Receipt this Period **41.67**

B. Mandy M. Sander-Prather M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Assoc. of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970899
 Amount of Each Receipt this Period **83.34**

C. Gabriel E. Sarah M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4075 17th St
 City San Francisco State CA Zip Code 94114-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 18 / 2015**
Transaction ID : C2987424
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **208.35**
TOTAL This Period (last page this line number only).....

**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 79 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Mahesh P. Sardesai M.D.		Date of Receipt
Mailing Address 1304 Fairstead Lane		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pittsburgh	PA	15217
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2983646
Name of Employer UPMC Shadyside		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) B. Matthew M. Shankle M.D.		Date of Receipt
Mailing Address 441 S. Livernois, Suite #190		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rochester	MI	48307
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2994069
Name of Employer Self		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Paul W. Sheeran M.D.		Date of Receipt
Mailing Address 9219 Belinder Rd		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Leawood	KS	66206
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2991152
Name of Employer Anesthesia Associates of Kansas City		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="833.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 80 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Karen S. Sibert MD Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : C2979034
 Amount of Each Receipt this Period
 83.34

B. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Karen S. Sibert MD Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : C2989766
 Amount of Each Receipt this Period
 83.34

C. Michael B. Simon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Gellatly Dr
 City Wappingers Falls State NY Zip Code 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : C2982309
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

**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 81 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City Wappingers Falls State NY Zip Code 12590

FEC ID number of contributing federal political committee. **C**

Name of Employer Sheridan Occupation Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C2982642

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Harpreet Singh M.D.

Mailing Address 4930 Charing Cross Road

City Bloomfield Hills State MI Zip Code 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer AAKC Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2994074

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City Port Saint Lucie State FL Zip Code 34984

FEC ID number of contributing federal political committee. **C**

Name of Employer TeamHealth Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2015

Transaction ID : C2978998

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 82 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 Dept of Anes - N411 Doan Hall
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983321
 Amount of Each Receipt this Period
 100.00

B. Blair Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama Health Services Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : C2970707
 Amount of Each Receipt this Period
 83.34

C. Kortnee L. Sorbin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10718 W 163rd Ter
 City Overland Park State KS Zip Code 66062-4580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC-Menorah Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : C2992730
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

**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 83 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael J. Souter M.B.,Ch.B.		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 Transaction ID : C2983335
Mailing Address 325 9th Ave, Box 359724 Box 359724		Amount of Each Receipt this Period 83.34
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. C		
Name of Employer Harborview Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. James Stangl M.D.		Date of Receipt MM / DD / YYYY 04 / 11 / 2015 Transaction ID : C2983343
Mailing Address 314 Martin Luther King Jr Way Ste		Amount of Each Receipt this Period 83.34
City Tacoma	State WA	Zip Code 98405-4292
FEC ID number of contributing federal political committee. C		
Name of Employer Tacoma Anesthesia Associates, P.S.	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Timothy W. Starck M.D.		Date of Receipt MM / DD / YYYY 04 / 28 / 2015 Transaction ID : C2991883
Mailing Address 11583 Prestwick Rd.		Amount of Each Receipt this Period 1000.00
City Belvidere	State IL	Zip Code 61008
FEC ID number of contributing federal political committee. C		
Name of Employer Rockford Anesthesiologists Associated	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 111
(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 (Last, First, Middle Initial)
A. David K. Stein M.D.

Mailing Address 1550 Boyson Rd

City Hiawatha State IA Zip Code 52233-2362

FEC ID number of contributing federal political committee. **C**

Name of Employer Linn County Anesthesiologists P.C. Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : C2990339

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
 N411 Doan Hall

City Columbus State OH Zip Code 43210-1240

FEC ID number of contributing federal political committee. **C**

Name of Employer ohio state university Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983487

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
 Suite 610

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Specialists in Anesthesia, P Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2978997

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

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

**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 85 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Marjorie Stiegler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10817 Round Brook Cir
 City Raleigh State NC Zip Code 27617-7759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of NC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 13 / 2015**
Transaction ID : C2983451
 Amount of Each Receipt this Period **83.34**

B. Kenneth R. Stone M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 Laurelwood Rd
 City Orange State CT Zip Code 06477-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970710
 Amount of Each Receipt this Period **83.34**

C. Michael R. Stone M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Talais Dr.
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Little Rock Anesthesia Services Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2971482
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

**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 86 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Erin A Sullivan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Anes PUH C-224
 200 Lothrop St.
 City Pittsburgh State PA Zip Code 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pittsburgh Med Ctr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : C2982315
 Amount of Each Receipt this Period
83.34

B. George Sullivan D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Butler Bay Dr. N.
 City Windermere State FL Zip Code 34786-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2015
Transaction ID : C2979014
 Amount of Each Receipt this Period
83.34

C. Esther Sung M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3710 SW US Veterans Hospital Rd
 P3 ANES
 City Portland State OR Zip Code 97239-2964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Portland VAMC Operative Care Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : C2981275
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

**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 87 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Benjamin J. Sutlive M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Montevallo Terrace
 City Birmingham State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Resources Management Inc. Occupation Staff Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : C2991795
 Amount of Each Receipt this Period **50.00**

B. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Marchand Ct NW
 City Atlanta State GA Zip Code 30328-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia PC Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970904
 Amount of Each Receipt this Period **83.34**

C. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Marchand Ct NW
 City Atlanta State GA Zip Code 30328-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia PC Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.72**

Date of Receipt **04 / 26 / 2015**
Transaction ID : C2991137
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **216.68**
TOTAL This Period (last page this line number only).....

**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 88 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Samuel E. Talsma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Dorset Rd
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesia assoc of ann arbor Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 28 / 2015**
Transaction ID : C2991787
 Amount of Each Receipt this Period **83.34**

B. Connie E. Taylor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9624 Evelyn Pl
 City River Ridge State LA Zip Code 70123-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oschner Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : C2979068
 Amount of Each Receipt this Period **250.00**

C. Travis J. Teetor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19309 Briggs St
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boys Town National Research Hospital Occupation Staff Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970901
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	433.34
TOTAL This Period (last page this line number only).....	

**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 89 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gregory H. Teraikian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4258 Quaker Hill Dr
 City Fort Gratiot State MI Zip Code 48059-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994067
 Amount of Each Receipt this Period
 250.00

B. Sherif H. Tewfik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7365 NW 107th St
 City Grimes State IA Zip Code 50111-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, P.C. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : C2983642
 Amount of Each Receipt this Period
 83.34

C. Sydney I. Thomson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6224 Hidden Meadow Ct
 City San Jose State CA Zip Code 95135-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coast Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2015
Transaction ID : C2983354
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

**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 90 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gregory A. Trempy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6602 W. 131st St.
 City Overland Park State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Anesthesia Assoc Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : C2977431
 Amount of Each Receipt this Period **250.00**

B. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 01 / 2015**
Transaction ID : C2970705
 Amount of Each Receipt this Period **83.34**

C. Gary L. Trummel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5940 Mount Normandale Dr
 City Minneapolis State MN Zip Code 55438-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia, PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 03 / 2015**
Transaction ID : C2978317
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

**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 91 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Judi A. Turner M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 Franklin Street
 City Santa Monica State CA Zip Code 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : C2983382
 Amount of Each Receipt this Period
 83.34

B. Katja R. Turner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 West 10th Ave
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Ohio State University professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : C2983482
 Amount of Each Receipt this Period
 83.34

C. Gary F. Tzeng M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 582 S Rex Blvd
 City Elmhurst State IL Zip Code 60126-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dept. of Veteran's Affairs physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : C2983372
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Paul S. Uppal M.D.		Date of Receipt MM / DD / YYYY 04 / 05 / 2015 Transaction ID : C2979037
Mailing Address 40 Front St		Amount of Each Receipt this Period 500.00
City Binghamton	State NY	Zip Code 13905-4712
FEC ID number of contributing federal political committee. C		
Name of Employer Riverside Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. David A. Van Alstine M.D.		Date of Receipt MM / DD / YYYY 04 / 06 / 2015 Transaction ID : C2979075
Mailing Address 1410 Goodbar Ave		Amount of Each Receipt this Period 83.34
City Memphis	State TN	Zip Code 38104-4879
FEC ID number of contributing federal political committee. C		
Name of Employer Methodist University Hospital - Memphi	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) c. David Varlotta D.O.		Date of Receipt MM / DD / YYYY 04 / 02 / 2015 Transaction ID : C2973162
Mailing Address 1303 Bayshore Blvd.		Amount of Each Receipt this Period 83.34
City Tampa	State FL	Zip Code 33606-2911
FEC ID number of contributing federal political committee. C		
Name of Employer Greater Florida Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

**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 93 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. J. Michael Vollers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way
 Slot 203, S-319
 City Little Rock State AR Zip Code 72202-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Professor of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 10 / 2015**
Transaction ID : C2982636
 Amount of Each Receipt this Period **83.34**

B. Terri W. W M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Anderson Way
 City Bellingham State WA Zip Code 98226-7938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellingham Anesthesia Associates Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : C2985134
 Amount of Each Receipt this Period **100.00**

C. Samuel H. Wald M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Torwood Lane
 City Los Altos State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 11 / 2015**
Transaction ID : C2983340
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **266.68**
TOTAL This Period (last page this line number only).....

**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 94 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. James J. Walsh M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 166 83rd St.

City Brooklyn	State NY	Zip Code 11209
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NAPA	Occupation Medical Doctor
--------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : C2979061

Amount of Each Receipt this Period
41.67

B. James J. Walsh M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 166 83rd St.

City Brooklyn	State NY	Zip Code 11209
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NAPA	Occupation Medical Doctor
--------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : C2980834

Amount of Each Receipt this Period
41.67

C. Leslie L. Walsh D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Newcastle Ct

City Rochester Hills	State MI	Zip Code 48306-3679
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Anesthesiologist
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : C2994068

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	333.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 111
(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

A. Hong Wang M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 50634 Drakes Bay Dr
 City State Zip Code
 Novi MI 48374-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Detroit Medical Center Department of A ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : C2994075
 Amount of Each Receipt this Period
 250.00

B. Robert D. Warters M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Bee St.
 City State Zip Code
 Charleston SC 29401-5799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dept. of Veterans Affairs Ralph H. Joh Anesthesiologist
 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
 04 / 17 / 2015
Transaction ID : C2987158
 Amount of Each Receipt this Period
 500.00

C. Joshua D. Weber M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 Pawnee Dr
 City State Zip Code
 Roeland Park KS 66205-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Midwest Anesthesia Associates Anesthesiologist
 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
 04 / 06 / 2015
Transaction ID : C2980838
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 96 OF 111
(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

A. Paul S. Webster M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 E Oak St
 City Kissimmee State FL Zip Code 34744-5838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Pain Management Associates Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 12 / 2015
Transaction ID : C2983374
 Amount of Each Receipt this Period 83.34

B. Ivan Jared Weiner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10527 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2015
Transaction ID : C2993656
 Amount of Each Receipt this Period 83.34

C. Emily L. Weisberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5708 W 147th Pl
 City Overland Park State KS Zip Code 66223-1175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 18 / 2015
Transaction ID : C2987437
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

**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 97 OF 111
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Alan Weiss M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2015 Transaction ID : C2982638
Mailing Address 960 Royal Arms Dr		Amount of Each Receipt this Period 83.34
City Girard	State OH	Zip Code 44420
FEC ID number of contributing federal political committee. C	Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Lynda Torfreda Wells M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2015 Transaction ID : C2983390
Mailing Address 4098 Wood Ln		Amount of Each Receipt this Period 83.34
City Keswick	State VA	Zip Code 22947-2900
FEC ID number of contributing federal political committee. C	Name of Employer University of Virginia	Occupation Anesthesiology
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Ezekiel J. Wetzel M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2015 Transaction ID : C2979042
Mailing Address 3315 Deborah Dr Suite 401		Amount of Each Receipt this Period 100.00
City Monroe	State LA	Zip Code 71201-2150
FEC ID number of contributing federal political committee. C	Name of Employer Parish Anesthesia Associates	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

**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 98 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. William Womack M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1025
 City Fairhope State AL Zip Code 36533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Shore Anesthesia Occupation Anesthesiologist
 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
 04 / 16 / 2015
Transaction ID : C2985811
 Amount of Each Receipt this Period
 500.00

B. Jason Workman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 W Washington Ave Suite 127-374
 City Las Vegas State NV Zip Code 89128-4333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : C2991182
 Amount of Each Receipt this Period
 83.34

c. W.Bradley Worthington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Hillwood Blvd
 City Nashville State TN Zip Code 37205-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgery and Recovery Partners Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : C2993676
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

**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 99 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Crystal C. Wright M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3032 Jarrard St.
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Dept. of An Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 12 / 2015**
Transaction ID : C2983385
 Amount of Each Receipt this Period **83.34**

B. James K. York M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 129-4 Hidden Creek Circle
 City Dothan State AL Zip Code 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants Med. Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 19 / 2015**
Transaction ID : C2987459
 Amount of Each Receipt this Period **83.34**

C. Matthew W. Zeleznik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Rd Ste 610
 City Atlanta State GA Zip Code 30342-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 12 / 2015**
Transaction ID : C2983379
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **208.35**
TOTAL This Period (last page this line number only).....

**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 100 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Matthew W. Zeleznik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Rd Ste 610
 City Atlanta State GA Zip Code 30342-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 29 / 2015**
Transaction ID : C2992731
 Amount of Each Receipt this Period **41.67**

B. David A. Zvara M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Campus Box 7010 - N2201 UNC Hospit
 City Chapel Hill State NC Zip Code 27599-7010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Carolina School of Physician Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 14 / 2015**
Transaction ID : C2983645
 Amount of Each Receipt this Period **83.34**

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	55881.17

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Credit Card Merchant

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	5		

Transaction ID : D165905

Amount of Each Disbursement this Period

2449.71

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

2449.71

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

2449.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : D165615

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BRAVE PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : D165497

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Building America's Republican Representation PAC

Mailing Address P.O. Box 651374

City Sterling State VA Zip Code 20165

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : D165913

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATS RESHAPING AMERICA (DREAMPAC)

Mailing Address 1212 S. Victory Blvd.

City State Zip Code
BURBANK CA 91502

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165428

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. M-PAC

Mailing Address 607 14th Street N.W.
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165260

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition

Mailing Address 700 13th St. Nw
Ste 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : D165433

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
2015 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
2015 Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : D165614

Amount of Each Disbursement this Period

2500.00

B. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City State Zip Code
OTTAWA IL 61350

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Rep. Adam Kinzinger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : D165434

Amount of Each Disbursement this Period

2500.00

C. ALMA ADAMS FOR CONGRESS

Mailing Address PO BOX 20622

City State Zip Code
GREENSBORO NC 27420

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Rep. Alma Adams

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : D165496

Amount of Each Disbursement this Period

2000.00

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Ann McLane Kuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165259

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Austin Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Transaction ID : D165610

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Bill Flores

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165264

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City WHEELING State WV Zip Code 26003

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. David B. McKinley

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : D165498

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : D165612

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Jason Smith

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : D165435

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : D165432

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City PEARL CITY State HI Zip Code 96782

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Mark Takai

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : D165499

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : D165263

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : D165611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Mailing Address PO Box 23219

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Steve Scalise

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165261

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N MERIDIAN STREET

City State Zip Code
INDIANAPOLIS IN 46260

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Susan W. Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : D165613

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOOSIERS FOR ROKITA, INC.

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Todd Rokita

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : D165265

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLARKE FOR CONGRESS

Mailing Address 111-36 200TH. STREET

City HOLLIS State NY Zip Code 11412

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Yvette D. Clarke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : D165495

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
2014 General Debt Retirement

011

Candidate Name

Sen. Thad Cochran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Transaction ID : D165617

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : D165336

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

61000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City State Zip Code
New York NY 10163-4668

Purpose of Disbursement
refund of 4/15 contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
refund of 4/15 contr

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	5

Transaction ID : D166052

Amount of Each Disbursement this Period

4	1	.	6	7
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Full Name (Last, First, Middle Initial)

B. Jennifer A. Sposito M.D.

Mailing Address 126 Cold Spring Rd

City State Zip Code
Avon CT 06001

Purpose of Disbursement
refund of 1/2015

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
refund of 1/2015

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	5

Transaction ID : D166023

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1	4	1	.	6	7
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1	4	1	.	6	7
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