

**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 127
	<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 Hilliard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Peeler St
 Kalamazoo Anesthesiology, PC
 City Kalamazoo State MI Zip Code 49008-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, PC 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
03 / 31 / 2015
Transaction ID : C2978292
 Amount of Each Receipt this Period
500.00

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 **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015
Transaction ID : C2946059
 Amount of Each Receipt this Period
83.34

C. Glen E. Holley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Peninsula Dr.
 City Flower Mound State TX Zip Code 75022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer pinnacle anesthesia consultants 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
03 / 12 / 2015
Transaction ID : C2946048
 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).....	