

**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 295 OF 313
	<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. Brett E. Winthrop M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2015 Transaction ID : C3111198
Mailing Address 3825 Boulder Patch Suite B		Amount of Each Receipt this Period 83.33
City Reno	State NV	Zip Code 89511-3261
FEC ID number of contributing federal political committee. C		
Name of Employer AAR	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Johnny J Wirth M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : C3178170
Mailing Address 100 E MacArthur Blvd Unit 319		Amount of Each Receipt this Period 41.67
City Santa Ana	State CA	Zip Code 92707
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

Full Name (Last, First, Middle Initial) C. Richard N. Wissler M.D., Ph.D		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015 Transaction ID : C3115229
Mailing Address 12 Great Oak Lane		Amount of Each Receipt this Period 500.00
City Pittsford	State NY	Zip Code 14534-3506
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rochester	Occupation Physician	
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).....▶	625.00
TOTAL This Period (last page this line number only).....▶	