

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. **12FE4M5**
American Society of Anesthesiologists Political Action Committee (ASA PAC)

ADDRESS (number and street) 1061 American Lane
Check if different than previously reported. (ACC) Schaumburg IL 60173

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00255752 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [03] / [01] / [2018] through [03] / [31] / [2018]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Steinger, Lisa, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Steinger, Lisa, , ,* [Electronically Filed] Date [04] / [18] / [2018]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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="2018"/>	<input type="text" value="925368.80"/>	<input type="text" value="925368.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="731288.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="78467.67"/>	<input type="text" value="227842.02"/>
(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="809755.75"/>	<input type="text" value="1153210.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="263261.22"/>	<input type="text" value="606716.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="546494.53"/>	<input type="text" value="546494.53"/>
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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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).....	52080.61	137085.60
(ii) Unitemized	26387.06	70756.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78467.67	207842.02
(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)	78467.67	207842.02
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	20000.00
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)).....▶	78467.67	227842.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78467.67	227842.02

DETAILED SUMMARY PAGE
of Disbursements

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	2261.22	30706.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2261.22	30706.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	211000.00	504500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00	60.00
(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)).....	0.00	60.00
29. Other Disbursements (Including Non-Federal Donations).....	50000.00	71450.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	263261.22	606716.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	263261.22	606716.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	78467.67	207842.02
34. Total Contribution Refunds (from Line 28(d))	0.00	60.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78467.67	207782.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2261.22	30706.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2261.22	30706.29

**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 89
	<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 (ASA PAC)

A. Abdelmalak, Basem, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9500 Euclid Ave
 Anesthgy E31
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2018
Transaction ID : C1B79A3B-8AFD-408A-
 Amount of Each Receipt this Period
 833.44
 Memo Item

B. Abouleish, Amr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2018
Transaction ID : 4B738D8437899846CEBF
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Alanmanou, Euleche, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6047 Ennis Joslin Rd
 City Corpus Christi State TX Zip Code 78412-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Pediatric 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 / 2018
Transaction ID : B23BD94E-CF7E-4D6F-
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1416.77
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 89
	<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 (ASA PAC)

A. Ambrous, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11704 Eden Glen Dr
 City Carmel State IN Zip Code 46033-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Consultants of Indianapolis Occupation (for Individual) Physician / Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 06 / 2018**
Transaction ID : 4AF09837-74E1-4595-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Angus, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 1st St NE
 City Washington State DC Zip Code 20229-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Case Western Reserve University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 08 / 2018**
Transaction ID : 4AC2BA50EBBD80C93A67
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Antognini, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25023 Country Ridge Ct
 City Escondido State CA Zip Code 92026-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Joint Commission Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 21 / 2018**
Transaction ID : D56E8A38-FCD9-412A-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 89
	<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 (ASA PAC)

A. Arron, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Lake St
 City Wakefield State RI Zip Code 02879-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Phydicians Group Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 42B6B6D35EB777899653
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Ata, Sana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Mall Rd 0001072515
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Hospital and Medical Center Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 28 / 2018
Transaction ID : 45ACAEFA6FF58DEFF77E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Atkins, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Spruce St
 City Philadelphia State PA Zip Code 19106-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2018
Transaction ID : 49F38B9149EEFD5BC43F
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 89
<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 (ASA PAC)

A. Atkins, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 18139
 City Raleigh State NC Zip Code 27619-8139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax/AANC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2018
Transaction ID : 7A7369ED-5A10-4CDF-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Austin, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2018
Transaction ID : AA2AFEF1-44BD-481E-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Azzariti, John, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Beechwood Dr
 City Saddle River State NJ Zip Code 07458-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bergen Anesthesia Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2018
Transaction ID : 401CB3221D6FD39D26E4
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2083.33
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 89
	<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 (ASA PAC)

A. Bartlotti Telesz, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33444 Pauba Rd
 City Temecula State CA Zip Code 92592-9209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 04 / 2018
Transaction ID : 4AE58FDE237992AA9155
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Beeson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 Sapphire Dr
 City Martinez State GA Zip Code 30907-9570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BDT Anesthesia Ass. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2018
Transaction ID : 4ACC9059A7DBD6350D00
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Berkun, Rose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Galileo Dr
 City Williamsville State NY Zip Code 14221-2776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Ambulatory Anesthesia PLLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 4B869C1B87E5849C7D43
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 89
<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 (ASA PAC)

A. Bertsch, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 Fieldsedge Dr
 City Hebron State KY Zip Code 41048-8415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 4544B5B351C4DC2811D8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Binstock, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Central Ave
 City Highland Park State IL Zip Code 60035-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4EB48971480F3C91F1E4
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Boyer, Tanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11420 Valley Meadow Dr
 City Zionsville State IN Zip Code 46077-9342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IU Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2018
Transaction ID : 48269F1B82EB442FF118
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 89
<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 (ASA PAC)

A. Brennan, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8015 Greenwich Woods Dr
 City McLean State VA Zip Code 22102-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 4AFE1F39-766C-4692-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Briggs, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9615 Hillspring Dr
 City Huntersville State NC Zip Code 28078-2619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates, Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : 4BE4B81B31D8841282BB
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bronshteyn, Yuriy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 15th St Apt 329
 City Durham State NC Zip Code 27705-3980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Private Diagnostic Clinic Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2018
Transaction ID : E5C8D099-7CCC-496C-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
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 89
	<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 (ASA PAC)

A. Brownrigg, Tanner, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9604 NE 89th St
 City Kansas City State MO Zip Code 64157-8660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ad Vivum Anesthesiology Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 45668A9A0EAC1F8DAA00
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Burstrom, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge PI NE
 City Albuquerque State NM Zip Code 87122-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2018
Transaction ID : 4A1DB44E5F0D0AEDE3B2
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Carollo, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6511 Louis XIV St
 City New Orleans State LA Zip Code 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2018
Transaction ID : 4851969AB5F95CF63CBE
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
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 89
	<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 (ASA PAC)

A. Cary, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Alexander Dr
 City Cape Elizabeth State ME Zip Code 04107-9651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2018
Transaction ID : 55C33F32-4409-4BAB-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Casey, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 Parkridge Ave
 City Brentwood State MO Zip Code 63144-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WAAI Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 18 / 2018
Transaction ID : 4F0598E253CB39375159
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Chacon, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308 Jackson St Ste 405
 City Omaha State NE Zip Code 68102-1660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nebraska Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 92A3554D-FEB3-4487-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1583.33
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 89
	<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 (ASA PAC)

A. Chambers, Carroll, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 Cutchin Dr
 City Charlotte State NC Zip Code 28210-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.65

Date of Receipt 03 / 29 / 2018
Transaction ID : 4C66827B212664BDFDF7
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Chapman, Niels, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge PI NE
 City Albuquerque State NM Zip Code 87122-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 17 / 2018
Transaction ID : 4029971BFDA36CBC677F
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Chester, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 Thurston Rd
 City Dickerson State MD Zip Code 20842-8735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fcaa Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2018
Transaction ID : A1C32CE1-BC62-40AF-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.66
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 89
	<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 (ASA PAC)

A. Choi, Elmer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 407 Park St SE

City Vienna	State VA	Zip Code 22180-5806
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax	Occupation (for Individual) Physician
---------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : 4E03A668AF40A2E1CE65

Amount of Each Receipt this Period
83.33

Memo Item

B. Chung, Hyuk, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1142 Windward Ln

City Vernon Hills	State IL	Zip Code 60061-1248
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Anesthesiology Partners	Occupation (for Individual) Physician
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2018

Transaction ID : 409C8CC0AEABD3274932

Amount of Each Receipt this Period
83.33

Memo Item

C. Cobb, Kathryn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10442 Swain

City Chapel Hill	State NC	Zip Code 27517-8534
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UNC	Occupation (for Individual) Anesthesiologist
------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2018

Transaction ID : 7C481468-AFF0-4145-

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	466.66
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 89
<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 (ASA PAC)

A. Connolly, Lois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N27W22185 Timberwood Ln
 City Waukesha State WI Zip Code 53186-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of WI Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 10 / 2018
Transaction ID : 4092A1194139D32D48E1
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Cooper, Philippe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 Mountain Dr
 City Brookfield State WI Zip Code 53045-2546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infinity Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2018
Transaction ID : BD08F8E1-8CBF-44FB-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cox, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12301 Mallard Bay Dr
 City Knoxville State TN Zip Code 37922-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists, PLLC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2018
Transaction ID : 4D59981FD9F36D96AF6E
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 89
	<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 (ASA PAC)

A. Craft, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy
 Dept. of Anesthesiology, # U109
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2018
Transaction ID : 4E2D882903739AAFCCF5
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Crosby, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Wonderwood Dr
 City Charlotte State NC Zip Code 28211-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 19 / 2018
Transaction ID : 47F5BF991C6B24EF2A24
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Cunningham, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Affiliated Anesthesiologist Inc Occupation (for Individual) physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 44F98E252333A05D342A
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
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 89
	<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 (ASA PAC)

A. Dajani, Khaled, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6911 Colbert St
 City New Orleans State LA Zip Code 70124-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 08 / 2018
Transaction ID : 4D68939A7B51360AFA69
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Darby, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Broad Arrow Trl
 City Yarmouth State ME Zip Code 04096-6327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2018
Transaction ID : 71A2E85F-CB01-4E1B-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. De Lanzac, Kraig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Tara Pl
 City Metairie State LA Zip Code 70002-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University School of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 03 / 11 / 2018
Transaction ID : 4FA0A6D7E33B593B068A
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
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 89
<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 (ASA PAC)

A. Delcampo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 26 / 2018
Transaction ID : 4FDA8A392E51C094EB73
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Desimone, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Waldens Pond Rd
 # A-131
 City Albany State NY Zip Code 12203-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 7C453102-8FA4-4F0B-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Devoss, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1954 S Berkshire Ave
 City Springfield State MO Zip Code 65809-3204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 19D25F50-FA73-4501-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 21 OF 89
	<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 (ASA PAC)

A. Duren, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Shoals Dr
 City Okemos State MI Zip Code 48864-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Area Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 11BE41B8-99BE-47CD-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Elmassian, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2399 Pine Hollow Dr
 City East Lansing State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Area Anesthesia, PC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4881BB50A117F5C05F34
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Elsaadat, Amr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Millstone Ct
 City Yorktown State VA Zip Code 23693-5558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North American Partners in Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 6FB7239B-DE89-4E26-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.33
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 22 OF 89
	<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 (ASA PAC)

A. Epstein, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Lovell Ln
 City New Rochelle State NY Zip Code 10804-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School Of Medicine @ Mount Sinai Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 15 / 2018
Transaction ID : 41BD999D4857D02AE1A2
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Farmer, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 E Old Orchard Trl
 City Sioux Falls State SD Zip Code 57103-4371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesiology Associates, Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2018
Transaction ID : 47E2AFA9E98F35831AE0
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Felder, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Cloister Pkwy
 City Amarillo State TX Zip Code 79121-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lone Star Anesthesia Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 01 / 2018
Transaction ID : 7FD2FA79-72AD-44E0-
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
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 89
	<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 (ASA PAC)

A. Fillmore, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Ashborough Cir
 City Dothan State AL Zip Code 36301-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACMG Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4A69BBAEF2FE2566BF41
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Flowerdew, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Bramhall St
 City Portland State ME Zip Code 04102-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2018
Transaction ID : 5217DC34-4AC8-4511-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Flynn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6808 Stone Mill Dr
 City Knoxville State TN Zip Code 37919-7496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : 4D019C00C9482562D94C
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 89
	<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 (ASA PAC)

A. Foldes, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Chateau Saint Michel Dr
 City Kenner State LA Zip Code 70065-2037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2018
Transaction ID : BF7FEFF9-BFEA-4021-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Foreman, Polly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 E Eagle Pass Rd
 City Elizabethtown State KY Zip Code 42701-8542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEARTLAND ANESTH Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2018
Transaction ID : 1033D4FD992BB6A51F3
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Frame, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 959 Malinda Ct
 City Forsyth State IL Zip Code 62535-9637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists of Decatu Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2018
Transaction ID : 4D26BBFF12C94C4ACA81
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 89
<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 (ASA PAC)

A. Freeman, Brenton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3918 150th St
 City Urbandale State IA Zip Code 50323-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 18 / 2018
Transaction ID : 4E2E92FC564E898C8E07
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Fuqua, Jeffery, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12419 Mallard Bay Dr
 City Knoxville State TN Zip Code 37922-9366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAT Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2018
Transaction ID : 4DA0BB4106F11A60729C
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gaitan, Brantley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Mayo Clinic Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2018
Transaction ID : EA5C2C4F-2944-4CA0-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.33
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 89
<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 (ASA PAC)

A. Galassi, Joseph, , , Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 193 Lilac Dr

City Allentown	State PA	Zip Code 18104-8552
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Allentown Anesthesia Associates	Occupation (for Individual) Physician Anesthesiologist
----------------------------------------------------------------------	-----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : 4AC791EFB13D9FFA7B07

Amount of Each Receipt this Period
83.33

Memo Item

B. Giam, Patrick, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6537 Brompton Rd

City Houston	State TX	Zip Code 77005-3903
-----------------	-------------	------------------------

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

Name of Employer (for Individual) U.S. Anesthesia Partners	Occupation (for Individual) Physician Anesthesiologist
---------------------------------------------------------------	-----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2018

Transaction ID : 40008B0F1E7070D29914

Amount of Each Receipt this Period
83.33

Memo Item

C. Giannuzzi, Rosanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 Bloomfield St

City Hoboken	State NJ	Zip Code 07030-5009
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Montclair anesthesia	Occupation (for Individual) 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
03	/	10	/	2018

Transaction ID : 3AFFC5A4-D6E9-4C1F-

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1166.66
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 89
	<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 (ASA PAC)

A. Hackett, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Cranbrook Dr
 City Cape Elizabeth State ME Zip Code 04107-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Medical Group Occupation (for Individual) Anesthesiologist/Intensivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2018
Transaction ID : 5F26204C-E1A9-4EE9-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hampel, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 448 Little Dove Cir
 City Reeds Spring State MO Zip Code 65737-9542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2018
Transaction ID : 1BDFF087-D5A1-450C-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hancock, Courtney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Croswell Ave SE
 City East Grand Rapids State MI Zip Code 49506-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Practice Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 10 / 2018
Transaction ID : 4A68ADEF91221B431737
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 89
	<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 (ASA PAC)

A. Harrison, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12046 S Catania Dr

City Draper	State UT	Zip Code 84020-6101
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mountain West Anesthesia	Occupation (for Individual) Physician 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
03		02		2018

Transaction ID : C9D83D9E-1D71-4EDB-

Amount of Each Receipt this Period
1000.00

Memo Item

B. Hart, Maurice, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Laurel St
Medical Center Anes., Ste 3170

City Des Moines	State IA	Zip Code 50314-3005
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MED CTR ANESTH	Occupation (for Individual) 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
03		05		2018

Transaction ID : 840734FF64195DCCF69

Amount of Each Receipt this Period
250.00

Memo Item

C. Hatch, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Carolina Cir

City Winston Salem	State NC	Zip Code 27104-3121
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest Baptist Health	Occupation (for Individual) 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
03		03		2018

Transaction ID : 68C8918D-A7C2-4A59-

Amount of Each Receipt this Period
500.00

Memo Item

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: (check only one)	PAGE 29 OF 89
	<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 (ASA PAC)

A. Haynes, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 Tulane Ave
 HC73
 City New Orleans State LA Zip Code 70112-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University School of Medicine Occupation (for Individual) Professor and Chair, Tulane
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2018
Transaction ID : 1E3CB40F-2513-4673-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Herlich, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) University of Pittsburgh School of Med Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4636BE19F14C87143AE0
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hertzberg, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 N Forkner Ave
 City Fresno State CA Zip Code 93711-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda B Hertzberg MD Inc Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2018
Transaction ID : 432EB98A0831820A6D5E
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 89
	<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 (ASA PAC)

A. Higgins, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Wildwood Acres
 City Rockfall State CT Zip Code 06481-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAPA Occupation (for Individual) 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
 03 / 07 / 2018
Transaction ID : 53D3C492-16FB-4B62-
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hollinger, Ingrid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Skyview Ln
 City New Canaan State CT Zip Code 06840-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Medical Cnter Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2018
Transaction ID : 46FE9F24F6B644DACED0
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Horn, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1532 E Lanebrook Ln
 City Salt Lake City State UT Zip Code 84124-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) 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 / 29 / 2018
Transaction ID : F9835602-BFB7-4510-
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 89
<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 (ASA PAC)

A. Houseman, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Bay Bluff Drive East
 City Daphne State AL Zip Code 36526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Shore Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2018
Transaction ID : 4DFFA590A2C03D58BD1D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hubbs, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Belfield Rd
 City Cape Elizabeth State ME Zip Code 04107-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2018
Transaction ID : F92C2C27-3A13-4E3E-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Huesers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Emilys Way
 City Winslow State ME Zip Code 04901-0824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Maine Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.83

Date of Receipt 03 / 18 / 2018
Transaction ID : 077920AE-0465-4717-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	883.33
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 89
	<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 (ASA PAC)

A. Huesers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Emilys Way
 City Winslow State ME Zip Code 04901-0824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Maine Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 520.83

Date of Receipt 03 / 19 / 2018
Transaction ID : 499D8AB62D8C624D0C5B
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Hughes, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Sandy Point Dr
 City Blountville State TN Zip Code 37617-5962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bristol Anesthesia Services Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4AE588F2C958C31CEA94
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hurley, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 Stone Moss Ln
 City Winston Salem State NC Zip Code 27127-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : 4304A7538F1141908D1D
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 187.49
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 89
	<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 (ASA PAC)

A. Hyman, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 E 90th St
 Apt 22B
 City New York State NY Zip Code 10128-4249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School of Medicine at Mount Sina Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 47C26D95-9991-48B0-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Imran, Masud, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3719 Heron Ridge Dr
 City Rochester Hills State MI Zip Code 48309-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 510A7B92-D406-4132-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Janik, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27735 E Moraine Dr
 City Aurora State CO Zip Code 80016-7325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CU Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 440095AC9F210B7FFA41
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 34 OF 89
	<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 (ASA PAC)

A. Jenson, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 Main St
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum HealthCare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4B31AF1BCB21E463D043
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kataria, Tripti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 S Canal St Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R1 Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 31 / 2018
Transaction ID : 4CAFA337A AFF581A362D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kelley, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2886 W Noria St
 City Flagstaff State AZ Zip Code 86001-0940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canyon Vista Medical Center Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 6FE97A96F4D4B3817DC
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
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 89
	<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 (ASA PAC)

A. Kennedy, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8013 Anderson St
 City Philadelphia State PA Zip Code 19118-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) thomas jefferson university hospital Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2018
Transaction ID : BF40E217-4089-4E4B-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kerr, James, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Healthcare Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 499894F63FC753266A04
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kidwell, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Ground Plum Cir
 City Solon State IA Zip Code 52333-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linn County Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 10 / 2018
Transaction ID : 4D6BBA0E2C09106334A4
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
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 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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 (ASA PAC)

A. Koebert, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie St
 Unit 404
 City Milwaukee State WI Zip Code 53202-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Healthcare Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 4070A4D9C5AA61EFE192
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kolle, Bracken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Howell Ln
 City Sugar Land State TX Zip Code 77479-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2018
Transaction ID : 49A4B04494EADF9E5880
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kovarik, Wenzel Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Prospect St
 City Portland State ME Zip Code 04103-4017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2018
Transaction ID : DA51202C-F286-46D9-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.33
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 89
	<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 (ASA PAC)

A. Ku, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Magazine St
 Apt 208
 City New Orleans State LA Zip Code 70115-2257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2018
Transaction ID : F0A6C4B6-F76F-4FE3-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kurnutala, Lakshmi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 N State St
 # S108-A
 City Jackson State MS Zip Code 39216-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2018
Transaction ID : AC55A7ABB75722B2024
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lagorio, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) American Anesthesiology of Michigan-La Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 43C787EC6F617E1343B5
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 89
<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 (ASA PAC)

A. Lamberg, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 Chiswell Pl
 City Lancaster State PA Zip Code 17601-8810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lancaster Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 03 / 2018
Transaction ID : 4AC0A029805C185ADA97
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Lardizabal, Santiago, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5309 W Misty Willow Ln
 City Glendale State AZ Zip Code 85310-3732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMP Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2018
Transaction ID : ECF5EECE154BCDAFF81
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lau, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 S 70th St Ste 450
 City Lincoln State NE Zip Code 68506-3796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 9CADEEF7-D100-4F17-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 89
	<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"/> 18

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

A. Leavitt, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 W 69th Ter
 City Kansas City State MO Zip Code 64113-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Luke's Hospital System Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 30 / 2018**
Transaction ID : 4A7DA022B87D6A7D7596
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lee, Maxine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5016 Hunting Hills Cir
 City Roanoke State VA Zip Code 24018-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACV, Inc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 01 / 2018**
Transaction ID : 4D76A27D2FE8F6906FA8
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Levin, Philip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 S La Peer Dr
 City Beverly Hills State CA Zip Code 90211-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA department of anesthesiology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 25 / 2018**
Transaction ID : DCF3CC03-9CBE-495A-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 40 OF 89
	<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 (ASA PAC)

A. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 W Grand Blvd
 CFP339
 City Detroit State MI Zip Code 48202-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4BEEBBF4A360158B12F7
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Lomonaco, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Hilltop Dr
 City Wenham State MA Zip Code 01984-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Shore Pain Management Occupation (for Individual) Anesthesia and pain management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 15 / 2018
Transaction ID : 4106BE7C5138511389CD
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Long, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Bristol Anesthesia Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4772A30B12C771FA63C7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 89
	<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 (ASA PAC)

A. Lord, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Bramhall St
 City Portland State ME Zip Code 04102-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 22 / 2018
Transaction ID : E37FBD02-B06D-4607-
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Lucking, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1366 John Adams Dr
 City Lancaster State PA Zip Code 17601-5065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lancaster Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2018
Transaction ID : 5EB874C2-DDEA-425D-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Makrides, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Gannett Dr Ste 200
 City South Portland State ME Zip Code 04106-3266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Care Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 29 / 2018
Transaction ID : 618813AF-5080-4A92-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 42 OF 89
	<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 (ASA PAC)

A. Malmer, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Linden St
 City Bangor State ME Zip Code 04401-3440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2018
Transaction ID : 92C2D721-A25C-46CC-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mandabach, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 Buckhead Rd
 City Vestavia Hills State AL Zip Code 35216-3885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Department of Anesthesiology and Pe Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 4500883C631A39B97D68
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Markgraf, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3663 McKinley Ave
 City Fort Myers State FL Zip Code 33901-7813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 29 / 2018
Transaction ID : 49BAB4F1869719AA549B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 89
<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 (ASA PAC)

A. Marshall, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5722 Garfield St
 City New Orleans State LA Zip Code 70115-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane Medical Center Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2018
Transaction ID : E202D96F-E127-412B-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Martin, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3928 Autumn Lake Ct SW
 City Rochester State MN Zip Code 55902-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2018
Transaction ID : 482E86DB12D9AD4E6D3D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Martin, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4205 E San Miguel Ave
 Leo A. Martin, MD PC
 City Phoenix State AZ Zip Code 85018-1141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 5F72A8EF2F0D4B3E688
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
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 89
	<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 (ASA PAC)

A. Matlin, Fredric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Lodge Ln
 City Miller Place State NY Zip Code 11764-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LI Anesthesia Physicians, LLP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2018
Transaction ID : 402EA0EC199328FD9253
 Amount of Each Receipt this Period 100.00
 Memo Item

B. May, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 Legler St
 City Shawnee State KS Zip Code 66217-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Lukes Hospital of Kansas City Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 17 / 2018
Transaction ID : 4DBB902D3E7DDB93D7E6
 Amount of Each Receipt this Period 83.33
 Memo Item

C. McAllister, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Rangers Way
 City Cumberland State ME Zip Code 04021-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2018
Transaction ID : 8DE22799-98F2-48F1-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
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 89
<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 (ASA PAC)

A. McDonell, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1940 Park Rd
 City Charlotte State NC Zip Code 28203-5702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2018
Transaction ID : 4579B7051A80DF30A621
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mhyre, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Greenbrier Rd
 City Little Rock State AR Zip Code 72202-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2018
Transaction ID : 4D1593750E60DDCB1E5C
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Michaels, Robert, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 851 Trafalgar Ct Ste 200E
 City Maitland State FL Zip Code 32751-7420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP-Florida Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 47048DBC100E02D72C95
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
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 89
<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 (ASA PAC)

A. Miller, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Anesthesia Consultants of Indianapolis	Occupation (for Individual) Anesthesiologist
-----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2018

Transaction ID : 464FACB101A7D2661046

Amount of Each Receipt this Period
83.33

Memo Item

B. Miller, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 444 Hermitage Dr

City Deerfield	State IL	Zip Code 60015-4443
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Anesthesia partners	Occupation (for Individual) 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	/	15	/	2018

Transaction ID : 7BDE445873133540067

Amount of Each Receipt this Period
500.00

Memo Item

C. Mitchell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 SE Hawthorne Blvd

City Portland	State OR	Zip Code 97215-3302
------------------	-------------	------------------------

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

Name of Employer (for Individual) VA	Occupation (for Individual) Physician
-----------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2018

Transaction ID : 4A2BAE7EBFF0A3CD849B

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 89
<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 (ASA PAC)

A. Morrison, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 Spinnaker Pt
 City Parkville State MO Zip Code 64152-6102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ad Vivum Anesthesiology P.C. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 44879E2884E0DEFFAE82
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Moss, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3142 Rock Park Dr
 City Fort Collins State CO Zip Code 80528-9483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Colorado Anesthesia Professio Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 49C6BBBE503D96A22022
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Mott, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 Franklin St SE Attn: Debbie Miller, Ste 301
 City Huntsville State AL Zip Code 35801-4537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Comprehensive Anesthesia Services- Hun Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2018
Transaction ID : F29F3054-91C6-4D97-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 48 OF 89
	<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 (ASA PAC)

A. Naples, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13207 Creek Dawn
 City San Antonio State TX Zip Code 78230-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Physician Organizati Occupation (for Individual) Anesthesiologist/ Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 44A083C9CB8353ADB0D7
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Neirink, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7018 Oakhurst Ridge Rd
 City Clarkston State MI Zip Code 48348-5075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Michigan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4924AC4D0E22A2CD9498
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Newbern, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3116 Porta Romano Way
 City Lake Mary State FL Zip Code 32746-2684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2018
Transaction ID : D4BDB1F8-8634-44B0-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
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 89
	<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 (ASA PAC)

A. Nickless, Alexandria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5709 Bryant St
 City Pittsburgh State PA Zip Code 15206-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 05 / 2018**
Transaction ID : 4304A37767AE4B1BFB86
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Noltner, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N21W24805 Still River Dr
 City Pewaukee State WI Zip Code 53072-8507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Health Care Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 07 / 2018**
Transaction ID : FED36C49-2ED3-4959-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Noseir, Randa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18265 Prairie Falcon Ln
 City Brookfield State WI Zip Code 53045-6317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Health Care Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 20 / 2018**
Transaction ID : 23317D51-CEC3-4807-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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 (ASA PAC)

A. O'Donnell, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1343 W Broadway
 City Columbia State MO Zip Code 65203-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Missouri Health Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : 8EA16CB3-A7C9-4CD3-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. O'Flynn, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 White Pine Ln
 City Rose Valley State PA Zip Code 19063-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Society Hill Anesthesia Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 19 / 2018
Transaction ID : 4DA1892BCF0A4F730646
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Ogden, Shanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 N Rockingham Ave
 City Nixa State MO Zip Code 65714-7649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2018
Transaction ID : 76173D19-04AC-45A3-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2083.33
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 89
<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 (ASA PAC)

A. Oladipupo, Oluwatosin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1836 S Shores Dr
 City Decatur State IL Zip Code 62521-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologist of Decatur Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt 03 / 20 / 2018
Transaction ID : 4A53AE8E188C6E8CC902
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Olin, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) USAP Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 447D9BC641E0763EA368
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Olsen, Kimberlee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1236 E Elizabeth St Ste 1
 City Fort Collins State CO Zip Code 80524-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Colorado Anesthesia Professio Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018
Transaction ID : 6F409DDF-A0BF-4B45-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	541.66
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 52 OF 89
	<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 (ASA PAC)

A. Olszewski, Robert, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Ardmoor Ln
 City Chadds Ford State PA Zip Code 19317-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Services, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **03 / 04 / 2018**
Transaction ID : 47BD8B25B761E0D7C4EF
 Amount of Each Receipt this Period 210.00
 Memo Item

B. Page, Sam, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Windsor Terrace Ln
 City Saint Louis State MO Zip Code 63141-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 08 / 2018**
Transaction ID : 4542AF924E4517941208
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Paige, Michael, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Clover Way
 City Los Gatos State CA Zip Code 95032-5620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vituity Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 24 / 2018**
Transaction ID : 342D8D84-B930-4865-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	543.33
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 89
	<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 (ASA PAC)

A. Palman, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Bramhall St

City Portland	State ME	Zip Code 04102-3134
------------------	-------------	------------------------

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

Name of Employer (for Individual) Spectrum Medical Group	Occupation (for Individual) 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
03	/	27	/	2018

Transaction ID : C75AEE1C-F664-40C7-

Amount of Each Receipt this Period
250.00

Memo Item

B. Pandya, Parag, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 210 Royal Vw

City Pittsford	State NY	Zip Code 14534-9633
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Finger Lakes Health, Geneva, NY	Occupation (for Individual) Anesthesiologist
----------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2018

Transaction ID : 4260A180E32C57F2FC62

Amount of Each Receipt this Period
83.33

Memo Item

C. Panei, Maryann, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Apple Tree Ln

City Landing	State NJ	Zip Code 07850-1302
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Morris Anesthesia Group	Occupation (for Individual) 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	/	10	/	2018

Transaction ID : BB64224F-F1FC-43E5-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 89
	<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 (ASA PAC)

A. Papalimberis, Theodoros, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Goldenrod Ln
 City Falmouth State ME Zip Code 04105-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2018
Transaction ID : E064BF9C-442A-4AD2-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Patel, Roma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Veteran's Health Administration Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 13 / 2018
Transaction ID : 479ABCCDF57F5FC592BF
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Pellegrino, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4451 Castle Ct
 City Allentown State PA Zip Code 18103-9301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Specialists of Bethlehem Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2018
Transaction ID : 85270C52-F6CB-4A87-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 89
	<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 (ASA PAC)

A. Perryman, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Anesthesia Associates of Kansas City Occupation (for Individual) pediatric anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 28 / 2018
Transaction ID : 42DE950199ED02FFC9A6
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Peterson, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14604 S 1st St
 City Phoenix State AZ Zip Code 85048-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Mountain Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2018
Transaction ID : 2977FF81-3E43-4127-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Phillips, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Chris Ct
 City Trussville State AL Zip Code 35173-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Department of Anesthesiology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2018
Transaction ID : 41DEBB0CCCC338DE2C96
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
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 89
<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 (ASA PAC)

A. Polce, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 40C5A55C06EB5B5368F7
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Prokott, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8418 Misty Mdws
 City Grand Blanc State MI Zip Code 48439-7428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 40ED8BCC653A08DA4217
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Rusy, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3629 Nagawicka Shores Dr
 City Hartland State WI Zip Code 53029-9370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MCW Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2018
Transaction ID : AA54CB8D-BED5-455C-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
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 89
<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 (ASA PAC)

A. Ryan, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Sea Spray Dr
 City Biddeford State ME Zip Code 04005-9204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) MD
 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
 03 / 22 / 2018
Transaction ID : 0A3F70D2-65AD-4447-
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Schaller, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4349 E Berkeley St
 City Springfield State MO Zip Code 65809-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2018
Transaction ID : 41D99DFB4E69ED014B37
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Scheidlinger, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8400 Woodbranch Ct
 City Mc Lean State VA Zip Code 22102-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Virginia Occupation (for Individual) 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
 03 / 15 / 2018
Transaction ID : DDEC553-0E04-42D4-
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 58 OF 89
<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 (ASA PAC)

A. Schmalz, Juliet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 524 N Park Ave
 City Indianapolis State IN Zip Code 46202-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2018
Transaction ID : 0D6B4E53-C6FE-4BBF-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Seering, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr # 6
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2018
Transaction ID : 700D475F-346D-4AFE-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Shapiro, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Beacon St c-86
 City Boston State MA Zip Code 02116-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beth Israel Deaconess Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 14 / 2018
Transaction ID : 4DDF899CF22BBECC69
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
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 89
<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 (ASA PAC)

A. Shepler, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Sherman Ave
 City Madison State WI Zip Code 53703-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2018
Transaction ID : E59E6445-60FC-4998-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Slomkowska, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 983 New Britain Ave
 City Farmington State CT Zip Code 06032-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAPA CT Occupation (for Individual) Anesthesiologist, MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2018
Transaction ID : 17C0F133-8EF9-4B57-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Smith, Blair, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAHSF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4774AEA3B84C537B148E
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1333.33
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 89
<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 (ASA PAC)

A. Smith, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Bentley Ct
 City Columbia State MO Zip Code 65202-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology Associates, Inc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt 03 / 29 / 2018
Transaction ID : 444A8FC919A1E1C0ABFF
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Smith, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Edgemont Ave
 City Bristol State TN Zip Code 37620-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) bas Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2018
Transaction ID : 43D5B390CCFF4D2252B9
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Smith Rea, Jeanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9008
 City Columbus State MS Zip Code 39705-0015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jeanne Ann Rea, MD Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2018
Transaction ID : 8EF1170A8DC8359E204
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1291.66
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 89
	<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 (ASA PAC)

A. Souter, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6244 50th Ave NE
 City Seattle State WA Zip Code 98115-7706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2018
Transaction ID : 435599E29FA81410AE91
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Spence, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1178 NH Route 10
 City Orford State NH Zip Code 03777-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 4B238C318DBADE065516
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stein, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3175 Tremont Rd Unit 313
 City Columbus State OH Zip Code 43221-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : 49998A2B294AAC993489
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 89
	<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 (ASA PAC)

A. Stephenson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 E Rock Springs Rd NE
 City Atlanta State GA Zip Code 30306-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PSA Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 28 / 2018
Transaction ID : 4F1FA070804D672403AF
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Stevenson, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 Bristol Ct
 City Elizabethtown State KY Zip Code 42701-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heartland Anesthesia Consultants Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 26 / 2018
Transaction ID : E61D32D7799352D6861
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Stone, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Bridgeport Anesthesia Assoc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2018
Transaction ID : 45A7A787AD08D7D2AF0A
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
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 89
	<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 (ASA PAC)

A. Stopa, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310 Oak St
 City Virginia Beach State VA Zip Code 23451-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Anesthesia, Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2018
Transaction ID : 4EFC8E5B3E7C1C280BD1
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Stroh, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14908 SE 66th St
 City Bellevue State WA Zip Code 98006-5022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Matrix Anesthesia Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2018
Transaction ID : 408BA07F44D860AB44A9
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stroud, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8132 Deerpointe Dr
 City Toledo State OH Zip Code 43617-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Toledo Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2018
Transaction ID : 4470B2F6A5D2CB698F9B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
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 89
	<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 (ASA PAC)

A. Sullivan, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Canterbury Ln
 City Sewickley State PA Zip Code 15143-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2018
Transaction ID : 4AA484D712108CDCC91E
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sutherland, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Goldenrod Ln
 City Falmouth State ME Zip Code 04105-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Healthcare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2018
Transaction ID : EDFB26BF-B114-45F5-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Suyderhoud, Johan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 Wornall Rd
 City Kansas City State MO Zip Code 64111-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Lukes Physician Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 03 / 2018
Transaction ID : 40C69F5E2019B24695DF
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
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 89
<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 (ASA PAC)

A. Sween, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Marchand Ct
 City Atlanta State GA Zip Code 30328-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Specialists in Anesthesia PC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2018
Transaction ID : 4F94A72224682C72F9B6
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Sweeney, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Weymouth Dr
 City Rochester State NY Zip Code 14625-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2018
Transaction ID : 41059A63C609B9A2E3F5
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Tomecka, Magdalena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watch Harbour Ct
 City Suffolk State VA Zip Code 23435-3179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAI Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2018
Transaction ID : 49AB9E45CC148D735C41
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
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 66 OF 89
	<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 (ASA PAC)

A. Turner, Katja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 Southway Dr
 City Columbus State OH Zip Code 43221-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner medical c Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 08 / 2018
Transaction ID : 49608309BFD5F984C896
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Tzeng, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DVA Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 12 / 2018
Transaction ID : 4F9B965AFF0E56B9C846
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Vacula, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13376 Marigold Trl
 City Belton State TX Zip Code 76513-6957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayer Scott & White Health Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 27 / 2018
Transaction ID : 4568AEBCC97679607E8C
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.66
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 89
	<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 (ASA PAC)

A. Vasudevan, Murari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 Somerset Dr
 City Prairie Village State KS Zip Code 66206-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAKC-KANSAS CITY Occupation (for Individual) PEDIATRIC ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt **03 / 23 / 2018**
Transaction ID : 46008164A30DE932CD61
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Vinta, Sandhya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1551 Moncrey Ave
 City League City State TX Zip Code 77573-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 04 / 2018**
Transaction ID : 494EBCE488BA44C5CAC4
 Amount of Each Receipt this Period **100.00**
 Memo Item

C. Wang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Providence Rd Ste 101
 City Charlotte State NC Zip Code 28207-1437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 07 / 2018**
Transaction ID : 487096E33504161E2C16
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
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 89
	<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 (ASA PAC)

A. Weiner, Ivan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) US Anesthesia Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 04 / 2018
Transaction ID : 41FE94E734125FDB13B8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Weissman, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Baltic Cir
 City Tampa State FL Zip Code 33606-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2018
Transaction ID : BD9DF636-CFE2-4C5F-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Wells, Lynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4098 Wood Ln
 City Keswick State VA Zip Code 22947-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Health System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2018
Transaction ID : 4999858F103A7F2EB8A7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
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 69 OF 89
	<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 (ASA PAC)

A. Wendelburg, Blake, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7326 Oakview St
 City Shawnee State KS Zip Code 66216-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Associates, P.A. Occupation (for Individual) 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
 03 / 04 / 2018
Transaction ID : 35C3024A-58EB-48A2-
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Wlody, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W 107th St Apt 6C
 City New York State NY Zip Code 10025-3097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) State University of New York Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : 41EF9C7A82411A211B2C
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. York, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Old Village Rd
 City Ozark State AL Zip Code 36360-4525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Troy Regional Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2018
Transaction ID : 45FE994636F366D9EA89
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.66
TOTAL This Period (last page this line number only).....	52080.61

**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"/> 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 (ASA PAC)

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
Merchant Credit Card Fees

001

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
03			02			2018			

FEC Identification Number

C

Transaction ID : VE2E7CDE02

Amount of Each Disbursement this Period

1871.07

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fee

001

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
03			05			2018			

FEC Identification Number

C

Transaction ID : VFBE62C67F,

Amount of Each Disbursement this Period

390.15

Memo Item

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2261.22

2261.22

**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. 21St Century Majority Fund

Mailing Address Post Office Box 20475

City
Atlanta

State
GA

Zip Code
30325-0475

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

21St Century Majority Fund

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00361956

Transaction ID : E4622D1975F

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address P.O. Box 31473

City
Charlotte

State
NC

Zip Code
28231

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Adams, Alma, Shealey, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 12

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00546358

Transaction ID : 283F3E437CF

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City
Lexington

State
KY

Zip Code
40588

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Barr, Garland, Hale, , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2018

FEC Identification Number

C C00467571

Transaction ID : B1ED5E2997

Amount of Each Disbursement this Period

4000.00

Memo Item

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) 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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name
Bera, Amerish, B., ,

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C C00461061

Transaction ID : 6636E06FB3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name
Carter, Earl, L. B., ,

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00543967

Transaction ID : 1B297958FD0

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Building Renewal In America Now PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name
Building Renewal In America Now PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Contribution

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00589994

Transaction ID : B215E1E197

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Cantwell Victory 2018

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

Mailing Address 119 1st Avenue South
Suite 320

City Seattle State WA Zip Code 98104

Purpose of Disbursement
2018 Contribution, allocate to Washington State Democratic Central
Committee #C00114438

011
Category/
Type

FEC Identification Number

C
Transaction ID : 5F0E1A8BC7
Amount of Each Disbursement this Period

Candidate Name

Cantwell Victory 2018

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2018 Primary

011
Category/
Type

FEC Identification Number

C
Transaction ID : 2F96537551D
Amount of Each Disbursement this Period

Candidate Name

Cole, Thomas, Jeffery, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2018

Mailing Address 410 1st St SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Primary

011
Category/
Type

FEC Identification Number

C
Transaction ID : 307A88A756
Amount of Each Disbursement this Period

Candidate Name

Sanchez, Linda, T., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

<input type="text" value="4300.00"/>
<input type="text" value=""/>

**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Continuing America's Strength And Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
2018 Contribution

011

Candidate Name
Continuing America's Strength And Security PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00480228

Transaction ID : C07EB37C6C
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cresent Hardy For Congress

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2018 Primary

011

Candidate Name
Hardy, Cresent, Leo, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00666461

Transaction ID : 05577E01808
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dirigo PAC

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
2018 Contribution

011

Candidate Name
Dirigo PAC

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00391797

Transaction ID : 2335A66B28
Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. DSCC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2018

Mailing Address 120 Maryland Ave NE

FEC Identification Number

C C00042366

Transaction ID : 276716D7DB:
Amount of Each Disbursement this Period

15000.00

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

DSCC

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. DSCC (Building Fund)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2018

Mailing Address 120 Maryland Ave NE

FEC Identification Number

C C00042366

Transaction ID : 6D5DBE65A1
Amount of Each Disbursement this Period

45000.00

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name

DSCC (Building Fund)

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Friends Of Bill Posey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2018

Mailing Address P. O. Box 411486

FEC Identification Number

C C00444968

Transaction ID : 7BC4C73D3C
Amount of Each Disbursement this Period

2000.00

Memo Item

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name

Posey, William, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: FL District: 08

SUBTOTAL of Disbursements This Page (optional)..... ▶

62000.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
2022 Primary

011

Category/
Type

Candidate Name

Thune, John, Randolph, ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

FEC Identification Number

C C00409581

Transaction ID : 32A82C9BD1

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama City

State
FL

Zip Code
32406

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Dunn, Neal, Patrick, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2018

FEC Identification Number

C C00582304

Transaction ID : 928121D82AE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Garret Graves For Congress

Mailing Address PO Box 64845

City
Baton Rouge

State
LA

Zip Code
70896

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Graves, Garret, Neal, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

FEC Identification Number

C C00558486

Transaction ID : 653F1ADCB

Amount of Each Disbursement this Period

2700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6200.00

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**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13Th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Hoyer, Steny, Hamilton, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C C00140715

Transaction ID : C35718A775E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Duncan, Jeffrey, D., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00460550

Transaction ID : 7C7029227D3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kaine, Timothy, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00495358

Transaction ID : 35345C3C711

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Marshall, Roger, W., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00576173

Transaction ID : FAB1BC1C0E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5Th Avenue S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kind, Ronald, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00312017

Transaction ID : 944C5C7CBE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kirkpatrick For Congress

Mailing Address PO Box 3015

City
Tucson

State
AZ

Zip Code
85702

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Kirkpatrick, Ann, L., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00651042

Transaction ID : 90FACFA16E

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Martha Roby For Congress

Mailing Address PO Box 195

City
Montgomery

State
AL

Zip Code
36101

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Roby, Martha, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2018

FEC Identification Number

C C00462143

Transaction ID : 000020A6289

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mast For Congress

Mailing Address PO Box 3016

City
Stuart

State
FL

Zip Code
34995

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

FEC Identification Number

C C00632257

Transaction ID : 2B5BFB53F8/

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mast For Congress

Mailing Address PO Box 3016

City
Stuart

State
FL

Zip Code
34995

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

FEC Identification Number

C C00632257

Transaction ID : 4CACAC592/

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

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

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**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 2018 General

011
Category/Type

Candidate Name Matsui, Doris, O., ,

Office Sought: House Senate President
State: CA District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00409219

Transaction ID : 8C5B9519B2I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Meadows For Congress

Mailing Address PO Box 811

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement 2018 Primary

011
Category/Type

Candidate Name Meadows, Mark, Randall, ,

Office Sought: House Senate President
State: NC District: 11

Disbursement For: 2018
 Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00503094

Transaction ID : F30AB99A81I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Bishop For Congress

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116-2748

Purpose of Disbursement 2018 General

011
Category/Type

Candidate Name Bishop, Michael, D., ,

Office Sought: House Senate President
State: MI District: 08

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00561001

Transaction ID : 071A2413BB

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Thompson, Michael, C., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00326363

Transaction ID : CEA15421CE

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Missourians For Accountability And Change (MACPAC)

Mailing Address 611 Pennsylvania Ave SE
Unit 143

City Washington State DC Zip Code 20003

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Missourians For Accountability And Change (MACPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00431122

Transaction ID : 721C8C277F4

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13Th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

New Democrat Coalition PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00409730

Transaction ID : 6DD76AF5FL

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2Nd Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

NRSC

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00027466

Transaction ID : 6AA2C18B7F

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC (Building Fund)

Mailing Address 425 Second Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

NRSC (Building Fund)

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00027466

Transaction ID : 317E7EC3F42

Amount of Each Disbursement this Period

45000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Poliquin For Congress

Mailing Address PO Box 50

City
Oakland

State
ME

Zip Code
04963

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Poliquin, Bruce, Lee, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

Contribution

State: ME

District: 02

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00518654

Transaction ID : 81D846A547;

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

62500.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement 2018 Primary

011

Candidate Name

Neal, Richard, Edmund, ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00226522

Transaction ID : 74F0883D0A1

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement 2018 Primary

011

Candidate Name

Kelly, Robin, Lynne, ,

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2018

FEC Identification Number

C C00539866

Transaction ID : 6E1CB5E2BD

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Serving Our Country (SOC) PAC

Mailing Address 226 E. Canon Perdido Suite D

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement 2018 Contribution

011

Candidate Name

Serving Our Country (SOC) PAC

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00656132

Transaction ID : 13683C6249

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Sinema For Arizona

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

FEC Identification Number

C C00508804

Transaction ID : ADF2208829I

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Smucker For Congress

Mailing Address 548 Steel Way
PO Box 7066

City
Lancaster

State
PA

Zip Code
17604

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Smucker, Lloyd, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2018

FEC Identification Number

C C00599464

Transaction ID : 3891E74B566

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220-8113

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Stivers, Steve, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2018

FEC Identification Number

C C00441352

Transaction ID : 89CDBDD36I

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Texas First PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2018

Mailing Address 1519 Washington Street
Suite 200

FEC Identification Number

C	C00439398
---	-----------

City Laredo State TX Zip Code 78040

Transaction ID : C7556995D7E

Purpose of Disbursement
2018 Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Texas First PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom MacArthur for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

Mailing Address PO Box 999

FEC Identification Number

C	C00557520
---	-----------

City Edison State NJ Zip Code 08818-0999

Transaction ID : 71DC9C9CD2

Purpose of Disbursement
2018 General

011
Category/ Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

MacArthur, Thomas, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 03

Memo Item

Full Name (Last, First, Middle Initial)

C. Tuesday Group Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2018

Mailing Address 610 S. Boulevard

FEC Identification Number

C	C00433060
---	-----------

City Tampa State FL Zip Code 33606

Transaction ID : 1F54F767883

Purpose of Disbursement
2018 Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Tuesday Group Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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**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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Washington State Democratic Central Committee

Mailing Address P O Box 4027

City
Seattle

State
WA

Zip Code
98194

Purpose of Disbursement
2018 Contribution, allocation from JFC Cantwell Victory 2018

011

Candidate Name

Washington State Democratic Central Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2018

FEC Identification Number

C C00114439

Transaction ID : 47DBD7E7E7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address PO Box 9551

City
Cincinnati

State
OH

Zip Code
45209-0551

Purpose of Disbursement
2018 General

011

Candidate Name

Wenstrup, Brad, R., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00497818

Transaction ID : A6CBD5E9B1

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Westerman For Congress

Mailing Address PO Box 21097

City
Hot Springs

State
AR

Zip Code
71903

Purpose of Disbursement
2018 Primary

011

Candidate Name

Westerman, Bruce, E., ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2018

FEC Identification Number

C C00548180

Transaction ID : 95700AF19B

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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"/> 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 (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Yoder For Congress, Inc

Mailing Address PO Box 26742

City
Overland Park

State
KS

Zip Code
66225-6742

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Yoder, Kevin, Wayne, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00472365

Transaction ID : 8EB0E107191

Amount of Each Disbursement this Period

1250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. YOPAC

Mailing Address 5631 Aberdeen Rd

City
Fairway

State
KS

Zip Code
66205

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

YOPAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00497305

Transaction ID : FFA0D9AC61

Amount of Each Disbursement this Period

1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Young For Iowa, Inc.

Mailing Address PO Box 162

City
Van Meter

State
IA

Zip Code
50261

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Young, David, Edmund, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 07 / 2018

FEC Identification Number

C C00545616

Transaction ID : 3DC05B865A

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

211000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial) A. DEMOCRATIC SENATE CAMPAIGN COMMITTEE - HOUSEKEEPING (DSCC HOUSEKEEPING)		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address 33 Fifth Ave., Apt. 9c		FEC Identification Number C [REDACTED] Transaction ID : 8568E588D13 Amount of Each Disbursement this Period [REDACTED] 5000.00	
City New York	State NY	Zip Code 10003	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. NYS DEMOCRATIC ASSEMBLY CAMPAIGN COMMITTEE HOUSEKEEPING ACCOUNT (DACC)		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address 107 Washington Ave., Suite 11l		FEC Identification Number C [REDACTED] Transaction ID : 33833658E4E Amount of Each Disbursement this Period [REDACTED] 15000.00	
City Albany	State NY	Zip Code 12210	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Full Name (Last, First, Middle Initial) C. NYS SENATE REPUBLICAN CAMPAIGN COMMITTEE - HOUSEKEEPING		Date of Disbursement MM / DD / YYYY 03 / 27 / 2018	
Mailing Address P. O. Box 7229		FEC Identification Number C [REDACTED] Transaction ID : BB72FD2EC! Amount of Each Disbursement this Period [REDACTED] 15000.00	
City Albany	State NY	Zip Code 12224	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 35000.00	
TOTAL This Period (last page this line number only)..... ▶		[REDACTED]	

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

<p>A. SENATE INDEPENDENCE CAMPAIGN COMMITTEE HOUSEKEEPING (SICC HOUSEKEEPING)</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 499</p> <p>City Bronx State NY Zip Code 10461</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 03 / 27 / 2018</p> <p>FEC Identification Number</p> <p>C []</p> <p>Transaction ID : E8DCDCF3F</p> <p>Amount of Each Disbursement this Period</p> <p>[] 15000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>FEC Identification Number</p> <p>C []</p> <p>Amount of Each Disbursement this Period</p> <p>[]</p> <p><input type="checkbox"/> Memo Item</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>FEC Identification Number</p> <p>C []</p> <p>Amount of Each Disbursement this Period</p> <p>[]</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>		<p>[] 15000.00</p>
<p>TOTAL This Period (last page this line number only).....▶</p>		<p>[] 50000.00</p>