

**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

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
REPORTNEW
(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

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016

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

Conway, Thomas, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Conway, Thomas, , Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 26 2016

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">1029634.90</td></tr></table>	1029634.90					
Y	Y	Y	Y	Y	Y															
2016																				
1029634.90																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">500940.95</td></tr></table>	500940.95																		
500940.95																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">70684.87</td></tr></table>	70684.87							<table><tr><td colspan="6">597080.58</td></tr></table>	597080.58										
70684.87																				
597080.58																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">571625.82</td></tr></table>	571625.82							<table><tr><td colspan="6">1626715.48</td></tr></table>	1626715.48										
571625.82																				
1626715.48																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">172968.43</td></tr></table>	172968.43							<table><tr><td colspan="6">1228058.09</td></tr></table>	1228058.09										
172968.43																				
1228058.09																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">398657.39</td></tr></table>	398657.39							<table><tr><td colspan="6">398657.39</td></tr></table>	398657.39										
398657.39																				
398657.39																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

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).....	55076.13	422699.40
(ii) Unitemized	15608.74	174381.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70684.87	597080.58
(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)	70684.87	597080.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	70684.87	597080.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70684.87	597080.58

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6136.43	20485.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6136.43	20485.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	166700.00	889316.02
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	132.00	757.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	-2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	132.00	-1742.96
29. Other Disbursements (Including Non-Federal Donations).....	0.00	320000.00
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)) ..	172968.43	1228058.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	172968.43	1228058.09

DETAILED SUMMARY PAGE
of Disbursements

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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)	70684.87	597080.58
34. Total Contribution Refunds (from Line 28(d))	132.00	-1742.96
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70552.87	598823.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6136.43	20485.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	6136.43	20485.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 192

(check only one)

<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			

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

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

A. Abbey, Kenneth, R., , M.D., J.D.

Mailing Address 3710 SW US Veterans Hospital Road

City
PortlandState
ORZip Code
97207-1034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Portland VA Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	05	2016

Transaction ID : C3327007

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Abdelmalak, Basem, B., , M.D.Mailing Address Dept of General Anesthesiology E-3
9500 Euclid Ave.City
ClevelandState
OHZip Code
44195-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	25	2016

Transaction ID : C3341176

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Abenstein, John, P., , M.S.E.E.,

Mailing Address 10978 Eleventh Ave N.W.

City
OronocoState
MNZip Code
55960-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo ClinicOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	14	2016

Transaction ID : C3332499

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

208.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Abouleish, Amr, E., , M.D., M.B.

Mailing Address 4303 Evergreen Elm Ct

City
HoustonState
TXZip Code
77059-3120FEC 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 ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	01	2016

Transaction ID : C3325359

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Adams, David, C., , M.D.

Mailing Address 48 Henderson Terrace

City
BurlingtonState
VTZip Code
05401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of VermontOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	20	2016

Transaction ID : C3338560

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Adelman, Bruce, T., , M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City
West BloomfieldState
MIZip Code
48323-2378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health SystemOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	20	2016

Transaction ID : C3337548

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

166.68

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

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

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

FOR LINE NUMBER: PAGE 8 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Akin, Carol, F., , M.D.

Mailing Address 383 Tarren Mill Cir W

City
ColliervilleState
TNZip Code
38017-7189FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia GroupOccupation (for Individual)
MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341171

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Allaire, Patrick, H., , M.D.

Mailing Address 58991 290th St

City
CambridgeState
IAZip Code
50046-8510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McFarland ClinicOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3335890

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Ames, Scott, E., , M.D.

Mailing Address 3404 S. Birmingham Ave.

City
TulsaState
OKZip Code
74105-2827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists Inc.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326975

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1126.67

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

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

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

FOR LINE NUMBER: PAGE 9 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Angus, Shane, C., , A.A.-C, M.

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Case Western Reserve University

Occupation (for Individual)

Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332506

Amount of Each Receipt this Period

83.33

☐ Memo Item

Memo Item

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

B. Anton, James, M., , M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor St. Lukes Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3330696

Amount of Each Receipt this Period

41.67

☐ Memo Item

Memo Item

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

c. Ata, Sana, , , M.D.

Mailing Address 41 Mall Rd

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lahey Hospital and Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3331016

Amount of Each Receipt this Period

83.33

☐ Memo Item

Memo Item

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

208.33

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Babiash, Kimberly, H., , M.D.

Mailing Address 3414 N Beach Club Cir

City
Wichita

State
KS

Zip Code
67205-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCAC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2016

Transaction ID : C3332132

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bacani, Christopher, J., , M.D.

Mailing Address 198 Botany Blvd

City

Santa Rosa Beach

State
FL

Zip Code
32459-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panhandle Anesthesiology Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 15 / 2016

Transaction ID : C3333109

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Bailey, Bridget, A., , D.O.

Mailing Address 5725 E 17th Avenue Pkwy

City

Denver

State
CO

Zip Code
80220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP-CO

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.66

Date of Receipt

06 / 26 / 2016

Transaction ID : C3341180

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

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

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

FOR LINE NUMBER: PAGE 11 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Banks, Shawn, E., , M.D.

Mailing Address 1713 Cortez Street

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Miami

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338570

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Baratta, Jaime, L., , M.D.

Mailing Address 111 S 11th St

Suite 8290, Gibbon Building - Anes

City

Philadelphia

State

PA

Zip Code

19107-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Thomas Jefferson University

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339213

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Barbosa-Hernandez, German, F., , M.D.

Mailing Address 301 N Walker Ave Apt 11406

City

Oklahoma City

State

OK

Zip Code

73102-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oklahoma University - Health Science C

Occupation (for Individual)

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3344898

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

166.67

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Bassi, Richard, P., , A.A.-C

Mailing Address 9953 fair haven drive
apt I

City
Indianapolis

State
GA

Zip Code
46280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University School of Medicine

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327857

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Bautista, John, T., , M.D.

Mailing Address 9147 Saddlebow Dr

City
Brentwood

State
TN

Zip Code
37027-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Phymed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325699

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Beckenstein, Charles, R., , M.D.

Mailing Address 610 S Rome Ave Apt 602

City
Tampa

State
FL

Zip Code
33606-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339182

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

583.34

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

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

FOR LINE NUMBER: PAGE 13 OF 192

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Beckham, Jeb, , , M.D.

Mailing Address 220 W Jackson Ave Apt 407
 Unit 407

City
 Knoxville

State
 TN

Zip Code
 37902-1153

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : C3341169

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Beers, Richard, A., , M.D.

Mailing Address 7758 Salt Springs Rd.

City

Fayetteville

State

NY

Zip Code

13066-2246

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SUNY Upstate Medical Univ, Syracuse, N

Occupation (for Individual)
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2016

Transaction ID : C3338539

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Begin, Eileen, V., , M.D.

Mailing Address 110 Irving St. NW #G-226

City

Washington

State

DC

Zip Code

20010-3017

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Medstar Washington Hospital Center

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : C3327859

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Berger, David, B., , M.D.

Mailing Address 7 Sandra Ct.

7 Sandra Ct.

City

Glen Cove

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NAPA

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332377

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Berger, Scott, M., , M.D.

Mailing Address 821 McKinley Avenue

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Permanente Medical Group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3330506

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bermann, Mordechai, , , M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rutgers

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341177

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 192

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Bertsch, Stuart, , M.D.

Mailing Address 1226 Fieldsedge Dr

City
Hebron

State
KY

Zip Code
41048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAF

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3338554

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Bissing, Mary Kay, , D.O.

Mailing Address 420 W. Westleigh Rd.

City
Lake Forest

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest anesthesia partners

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3338583

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Bittenbinder, Timothy, M., M.D.

Mailing Address 2401 S 31st St
Dpt of Anesthes

City
Temple

State
TX

Zip Code
76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Scott and White

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 25 / 2016

Transaction ID : C3341158

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Blackburn, Terri, W., , M.D.

Mailing Address 4600 Anderson Way

City
Bellingham

State
WA

Zip Code
98226-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bellingham Anesthesia Associates

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341160

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

B. Block, Elizabeth, N., , A.A.

Mailing Address 12631 E 17th Ave Ste 2115

City
Aurora

State
CO

Zip Code
80045-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332363

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Boehm, Jason, A., , D.O.

Mailing Address 4131 E White Oak Drive

City
Springfield

State
MO

Zip Code
65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Clinic Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338745

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

291.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Boryan, Andrew, J., , M.D.

Mailing Address 1311 Wilson Ave

City

Chambersburg

State

PA

Zip Code

17201-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Physician Services

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
06		08		2016

Transaction ID : C3331014

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Brady, Jill, , , BSN

Mailing Address 9403 W. 146th Pl.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Blue Valley School District

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : C3338567

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Brady, Mark, D., , M.D.

Mailing Address 9403 W. 146th Pl.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesia Associates

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : C3338564

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

166.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Brainin-Mattos, Josue, , M.D.

Mailing Address 820 Prudential Dr, Suite 606

City
Jacksonville

State
FL

Zip Code
32207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332380

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Briesacher, Kurt, S., M.D.

Mailing Address 5671 Peachtree Dunwoody Rd NE Ste

City
Atlanta

State
GA

Zip Code
30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists In Anes, PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3333400

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Brockwell, Russell, C., M.D.

Mailing Address 8988 Crooked Stick Court

City
Naples

State
FL

Zip Code
34113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Naples

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3341222

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Broderick, Gearin, E., , M.D.

Mailing Address 1559 Fiddlers Marsh Dr
 PO Box 886

City
 Mt Pleasant

State
 SC

Zip Code
 29464-4288

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Department of Veterans' Affairs

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : C3326973

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Brown, Michael, S., , M.D.

Mailing Address DC005.00
 One Hospital Drive

City
 Columbia

State
 MO

Zip Code
 65212-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Missouri-Columbia

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : C3338563

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Brown, Michael, S., , M.D.

Mailing Address DC005.00
 One Hospital Drive

City
 Columbia

State
 MO

Zip Code
 65212-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Missouri-Columbia

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 25 / 2016

Transaction ID : C3341164

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: PAGE 20 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Brown, Ronald, S., Jr., M.D.

Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.

City
MobileState
ALZip Code
36607-3522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services Mobile AlabamaOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343846

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Burch, James, R., M.D.

Mailing Address 1755 Kirby Pky., Suite #330

City
MemphisState
TNZip Code
38120-4398FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia GroupOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332166

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Burgan, Jeffrey, D., M.D.

Mailing Address 11115 S. Freya Rd.

City
SpokaneState
WAZip Code
99223-9421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Medical GroupOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332212

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

416.68

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Burgess, Frederick, W., , M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City
North Providence

State
RI

Zip Code
02911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence VAMC

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3326988

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Byland, James, T., , M.D.

Mailing Address 13 Carmel Ln

City
Brentwood

State
TN

Zip Code
37027-8928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self - Nashville Anesthesia Svcs.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : C3332005

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Calimlim, Jesus Robert, R., , M.D.

Mailing Address 4583 Providence Rd.

City
Jamesville

State
NY

Zip Code
13078-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upstate Medical University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3338593

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.34

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Camps, Mario, , M.D.

Mailing Address 1755 Hibiscus St
Suite 215

City
Melbourne

State
FL

Zip Code
32901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brevard Physician Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3339254

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Cao, Xiqing, Cathy, , M.D.

Mailing Address 9116 Golden Angel Ct

City

Boonsboro

State

MD

Zip Code

21713-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Washington Hospital Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330728

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Capell, Gail, B., , M.D.

Mailing Address 84 Stockman Rd

City

Prosperity

State

SC

Zip Code

29127-7848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C3333099

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 192

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Capone, Nicholas, , , D.O.

Mailing Address 9146 Bay Point Drive

City
OrlandoState
FLZip Code
32819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLROccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	13	2016

Transaction ID : C3332167

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Carlsen, James, , , M.D.

Mailing Address P.O. Box 2889

City
Winter ParkState
FLZip Code
32789FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M	D D	Y Y Y Y
06	29	2016

Transaction ID : C3343775

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Carney, John, , , M.D.

Mailing Address 534 Ridgeview Drive

City
ErieState
PAZip Code
16505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in AnesthesiaOccupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	04	2016

Transaction ID : C3326989

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

166.68

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Carollo, Dominic, S., , M.D.

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 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : C3326840

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Castillo, Wilfrido, E., , M.D.

Mailing Address 840 E Birch Ave

City
Milwaukee

State
WI

Zip Code
53217-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 12 / 2016

Transaction ID : C3332368

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Castro, Peter, L., , M.D.

Mailing Address 2910 17th Street

City
Boulder

State
CO

Zip Code
80304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boulder Valley Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3327846

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

125.01

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Chambers, Donn, A., , M.D.

Mailing Address St. Josephs Hosp., Anes. Dept.

5665 Peachtree Dunwoody Rd., N.E.

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physician Specialists in Anesthesia, P

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3339255

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Chan, Chun, K., , M.D.

Mailing Address 168 Riverwalk PI

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Anesthesia Group

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332339

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Chance, Joshua, C., , M.D.

Mailing Address 9 Ecurie Ct

City

Little Rock

State

AR

Zip Code

72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baptist Health, Little Rock

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332168

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

166.68

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Chanvitayapongs, Jiravud, , , M.D.

Mailing Address 7737 E Purple Desert Pass

City
TucsonState
AZZip Code
85715-3656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Pueblo AnesthesiaOccupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341186

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Cherry, Samuel, A., , III, M.D.

Mailing Address 149 Lucerne Blvd

City
BirminghamState
ALZip Code
35209-6657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Birmingham VA Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : C3337309

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Chung, Hyuk, , , M.D.

Mailing Address 415 E. North Water St
Apt 2604City
ChicagoState
ILZip Code
60611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAPOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332375

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Coffman, Traci, L., , M.D.

Mailing Address 2003 Day St

City
Ann Arbor

State
MI

Zip Code
48104-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
2006 Hogback Rd

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332098

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

B. Coffman, Traci, L., , M.D.

Mailing Address 2003 Day St

City
Ann Arbor

State
MI

Zip Code
48104-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
2006 Hogback Rd

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332139

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Cohen, David, J., , M.D.

Mailing Address 32630 Bingham Rd

City
Bingham Farms

State
MI

Zip Code
48025-2430

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339069

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

104.17

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Colligan, Joseph, F., , JR

Mailing Address 1330 Wild Rose Ln.

City
Lake Forest

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341170

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Cooley, Randahl, F., , M.D.

Mailing Address 132 Rugby Rd

City
Longmeadow

State
MA

Zip Code
01106-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Springfield Anesthesia Service

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3327000

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Cooper, Philippe, J., , M.D.

Mailing Address 11560 N Canterbury Ln

City
Mequon

State
WI

Zip Code
53092-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan Anesthesiologists

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3326832

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1041.67

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

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

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

FOR LINE NUMBER: PAGE 29 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Cooper, Raymond Lebron, , , M.D.

Mailing Address 877 Jefferson Ave, Chandler Buildi
 SUITE 600

City
 Memphis

State
 TN

Zip Code
 38103-2807

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF TENNESSEE COLLEGE OF MED

Occupation (for Individual)

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C3344891

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Cotton, Stephen, C., , M.D.

Mailing Address 3906 Eaton Dr.

City

Rockford

State

IL

Zip Code

61114-6184

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

MercyHealth

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2016

Transaction ID : C3326997

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cox, Eric, Eric, , M.D.

Mailing Address 1924 Alcoa Highway, Box U-109

UT Medical Center, Dept. of Anesth

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C3339202

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**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Craft, Robert, M., , M.D.

Mailing Address 1924 Alcoa Hwy # U109

Dept. of Anesthesiology

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists2681

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339070

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Craft, Robert, M., , M.D.

Mailing Address 1924 Alcoa Hwy # U109

Dept. of Anesthesiology

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists2681

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341207

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Craft, Robert, M., , M.D.

Mailing Address 1924 Alcoa Hwy # U109

Dept. of Anesthesiology

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists2681

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341179

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Crawford, Jack, H., , M.D., Ph.D

Mailing Address 2241 Vesthaven Way E

City
Vestavia

State
AL

Zip Code
35216-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAB Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2016

Transaction ID : C3326838

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Crone, Robert, A., , M.D.

Mailing Address 124 E. Cherry Dr.

City
Memphis

State
TN

Zip Code
38117-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2016

Transaction ID : C3332169

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Crook, James, , , Jr., M.D.

Mailing Address 747 52nd St

Anesthesia Office, 3rd Floor

City
Oakland

State
CA

Zip Code
94609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Anesthesia Medical Group

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 04 / 2016

Transaction ID : C3326990

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

333.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Culp, Kimberley, E., , M.D.

Mailing Address W6025 Rim of the City Rd

City
La CrosseState
WIZip Code
54601-3040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health SystemsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : C3330695

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Cunningham, Jay, D., , D.O.

Mailing Address 18808 Saddle River Dr

City
EdmondState
OKZip Code
73012-4104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologist IncOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C3339207

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Cutter, Gary, L., , M.D.Mailing Address 1100 Marshall Way
Marshall Way, Anes.Dept.City
PlacervilleState
CAZip Code
95667-6533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDAMGOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2016

Transaction ID : C3332335

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

525.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. D'Arduini, Armando, , , M.D.

Mailing Address 216 1st St

Dept of Anes

City

Mineola

State

NY

Zip Code

11501-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NAA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326969

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. D'Ercole, Fran, J, , M.D.

Mailing Address 127 Nottingham Drive

City

Chapel Hill

State

NC

Zip Code

27517-6570

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of North Carolina School of

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3339234

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Daniel, Robert, A., , M.D.

Mailing Address 2216 Terranova Ct

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bluegrass Anesthesia Services

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343782

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

1083.34

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Daniels, William, , , D.O.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Ass of Kansas City

Occupation (for Individual)

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341181

Amount of Each Receipt this Period

83.33

☐

Memo Item

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

B. Davignon, Kristopher, R., , M.D.

Mailing Address 2 Overlook Road

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LPG

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339184

Amount of Each Receipt this Period

3.75

☐

Memo Item

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

C. Davignon, Kristopher, R., , M.D.

Mailing Address 2 Overlook Road

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LPG

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339185

Amount of Each Receipt this Period

37.92

☐

Memo Item

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Davila, Victor, , , M.D.

Mailing Address 4400 Kipling Rd

City
Columbus

State
OH

Zip Code
43220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 14 / 2016

Transaction ID : C3332503

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. De, Arup, , , M.D.

Mailing Address 11 Louise Street

City
Delmar

State
NY

Zip Code
12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325417

Amount of Each Receipt this Period

125.01

☐ Memo Item

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

c. De, Arup, , , M.D.

Mailing Address 11 Louise Street

City
Delmar

State
NY

Zip Code
12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327858

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

250.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. de Lanzac, Kraig, S., , M.D.

Mailing Address 12 Tara Pl

City
MetairieState
LAZip Code
70002-1559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332383

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Deckert, Kjersti, K., , M.D.

Mailing Address 2155 S 116th Cir

City
WaltonState
NEZip Code
68461-2026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologist, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C3339063

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. DelCampo, Louis, Joseph, , M.D.

Mailing Address 1101 W. Jackson St SW

City
GravetteState
ARZip Code
72736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ozarks Community HospitalOccupation (for Individual)
Anesthesiologist/ Pain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327149

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Delph, Matthew, C., , M.D.

Mailing Address 34 Mossy Oak Dr

City
Winfield

State
WV

Zip Code
25213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Anesthesia Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325431

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. DeMeester, James, S., , M.D.

Mailing Address 795 Arlington Blvd

City
Ann Arbor

State
MI

Zip Code
48104-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia associates of Ann Arbor

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3333402

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Dench, Edward, H., , JR

Mailing Address 945 Outer Drive

City
State College

State
PA

Zip Code
16801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pocono Anesthesia Associates PC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339194

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

125.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Di Capua, John, F., , M.D.

Mailing Address 74 Byram Ridge Road

City
Armonk

State
NY

Zip Code
10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Shore University Hospital Anesth

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3337549

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. DiLisio, Gary, J., , M.D.

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 Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 08 / 2016

Transaction ID : C3331008

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Donnelly, Alyssa, A., , M.D.

Mailing Address 99 E River Dr Fl 5

Hartford Anesthesiology Associates

City

East Hartford

State

CT

Zip Code

06108-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Integrated Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : C3325419

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Donnelly, Alyssa, A., , M.D.

Mailing Address 99 E River Dr Fl 5

Hartford Anesthesiology Associates

City

East Hartford

State

CT

Zip Code

06108-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Integrated Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C3339059

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Donovan, Matthew, , , M.D.

Mailing Address 3333 Evergreen Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Practice Consultants, P.C.

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330729

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Downs, Donald, Dean, , M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330853

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

600.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dozier, Heather, J., , M.D.

Mailing Address 3155 N Point Pkwy
Suite 100, Building F

City
Alpharetta

State
GA

Zip Code
30005-5481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anes Consultants LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 19 / 2016

Transaction ID : C3337332

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Dozier, William, M., , M.D.

Mailing Address 547 Linwood Ave. NE

City
Atlanta

State
GA

Zip Code
30306-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 05 / 2016

Transaction ID : C3327008

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Draughon, Dustin, C., , M.D.

Mailing Address 619 S 19th St
Dept of Anes

City
Birmingham

State
AL

Zip Code
35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : C3326979

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

166.68

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Drum, Elizabeth, T., , M.D.

Mailing Address 103 Hewett Rd

City
WyncoteState
PAZip Code
19095-1311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of PhiladelphiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331162

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dubuisson, Nancy, L., , M.D.

Mailing Address 321 Worth Ave

City
LafayetteState
LAZip Code
70508-6040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Management ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332504

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Duggar, Robert, G., , JR

Mailing Address 5355 Silver Fox Rd

City
RoanokeState
VAZip Code
24018-8742FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3343758

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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dupont, Cedric, , , M.D.

Mailing Address 8140 N MO Pac Expy Ste 3-210

City
Austin

State
TX

Zip Code
78759-8862

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 ▼

459.18

Date of Receipt

06 / 20 / 2016

Transaction ID : C3338572

Amount of Each Receipt this Period

7.08

☐ Memo Item

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

B. Dwarakanath, Kishan, , , M.D.

Mailing Address 6720 Bertner Ave. MC 1-226

City
Houston

State
TX

Zip Code
77030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI Baylor St Lukes Medical Center

Occupation (for Individual)
Cardiovascular Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 21 / 2016

Transaction ID : C3338891

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Ebert, Thomas, J., , M.D., Ph.D

Mailing Address 5000 W National Ave
Anesthesiology, 112A

City
Milwaukee

State
WI

Zip Code
53295-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
medical college of wisconsin

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3339206

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

140.41

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Edelman, Anthony, L., , M.D.

Mailing Address 1309 Baldwin Ave

City
Ann Arbor

State
MI

Zip Code
48104-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Ann Arbor

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 27 / 2016

Transaction ID : C3339793

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Edney, John, C., , M.D.

Mailing Address 115 Parkside Cir

City
Decatur

State
GA

Zip Code
30030-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
emory university

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2016

Transaction ID : C3339473

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Elmassian, Kenneth, , , D.O.

Mailing Address 2399 Pine Hollow Dr.

City
East Lansing

State
MI

Zip Code
48823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 01 / 2016

Transaction ID : C3325424

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

425.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Enders, Gregory, L., , M.D.

Mailing Address 206 Windlake Dr.

City
SenecaState
SCZip Code
29672-6872FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Medical Group/GHSOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C3333098

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Engels, Emil, D., , M.D., M.B.

Mailing Address 3127 Windsong Dr

City
OaktonState
VAZip Code
22124-1832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MednaxOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332361

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. England, Michael, R., , M.D.

Mailing Address 250 Beacon St # 5

City
BostonState
MAZip Code
02116-1203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts Medical CenterOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339071

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

625.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Epstein, Lawrence, , , M.D.

Mailing Address 1 Gustave L Levy Pl Anes. Dept.

Department of Anesthesiology

City
New YorkState
NYZip Code
10029-6504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Icahn School Of Medicine @ Mt Sinai

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332371

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Erkmann, John, J., , D.O.

Mailing Address 12520 Catalina St

City

Leawood

State

KS

Zip Code

66209-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associate of Kansas City

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332387

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Esparza, Luis, , , M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Old Pueblo Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338575

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Espinosa, Monique, , , M.D.

Mailing Address PO Box 16370

Anes. Dept.

City
MiamiState
FLZip Code
33101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MiamiOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	08	2016

Transaction ID : C3330730

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Evans, James, , , M.D.

Mailing Address 2302 Kingsmill Cir

City
TylerState
TXZip Code
75703-5819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Clinic AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
06	02	2016

Transaction ID : C3325436

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Farhoomand, Ladan, , , M.D.

Mailing Address 7077 Heron Circle

City
CarlsbadState
CAZip Code
92011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASMG, Inc.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	18	2016

Transaction ID : C3337319

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

433.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Feinstein, David, , , M.D.

Mailing Address Department of Anesthesia
330 Brookline Avenue

City State Zip Code
Boston MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harvard Medical Faculty Physicians

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 25 / 2016

Transaction ID : C3341159

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Fier, Adam, R., , D.O.

Mailing Address 1640 N Riverside Dr

City State Zip Code
Indiatlantic FL 32903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brevard Physican Associates

Occupation (for Individual)
Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 20 / 2016

Transaction ID : C3338561

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Fillmore, Ralph, , , M.D.

Mailing Address 1118 Ross Clark Cir., #700

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACMG

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 24 / 2016

Transaction ID : C3339190

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

166.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Fischer, Gregory, W., , M.D.

Mailing Address 183 Cat Rock Rd
P.O. Box 1010

City
Cos Cob

State
CT

Zip Code
06807-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
memorial Sloan Kettering Cancer Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : C3338541

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Fisher, James, K., , M.D.

Mailing Address 2325 Ridgewood Dr

City
Laurel

State
MS

Zip Code
39440-2175

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Central Regional Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338746

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Flacke, Gerhardt, W., , M.D.

Mailing Address 3947 E Ina Rd

City
Tucson

State
AZ

Zip Code
85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Pueblo Anesthesia

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330731

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

183.33

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Flowerdew, Richard, M., , M.D.

Mailing Address 38 Hedgerow Dr

City
Falmouth

State
ME

Zip Code
04105-1407

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 ▼

499.98

Date of Receipt

06 / 14 / 2016

Transaction ID : C3332498

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Flynn, Michael, R., , M.D.

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 ▼

500.04

Date of Receipt

06 / 12 / 2016

Transaction ID : C3332140

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Frame, William, A., , M.D.

Mailing Address 2300 N Edward St

City
Decatur

State
IL

Zip Code
62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of Decatu

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 08 / 2016

Transaction ID : C3331009

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

250.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Freeling, Michael, R., , M.D.

Mailing Address PO Box 697

City
BendState
ORZip Code
97709-0697FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bend Anesthesia Group P.C.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327860

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Freid, Eugene, , , M.D.

Mailing Address 291 Southhall Ln

City
MaitlandState
FLZip Code
32751-7274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group/US Anesthesia PartneOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C3333106

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Friedman, Gary, B., , M.D.

Mailing Address 8 Prospect St.

City
NashuaState
NHZip Code
03060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nashua Anesthesia PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3326835

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

125.01

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Friesen, Douglas, , , M.D.

Mailing Address 4013 N Ridge Rd Ste 100

City
WichitaState
KSZip Code
67205-8858FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heartland Anesthesia Associates, PAOccupation (for Individual)
physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3339221

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Fuqua, Jeffery, L., , M.D.

Mailing Address 12419 Mallard Bay Dr.

City
KnoxvilleState
TNZip Code
37922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of TNOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3341214

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Galassi, Joseph, W., , JR

Mailing Address 193 Lilac Dr

City
AllentownState
PAZip Code
18104-8552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allentown Anesthesia AssociatesOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339198

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

266.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Gelb, Adrian, W., , M.B.,B.Ch.

Mailing Address 521 Parnassus Ave Rm 455
 521 Parnassus Ave., Rm455

City
 San Francisco

State
 CA

Zip Code
 94143-2206

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UCSF

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C3332090

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gentile, Frank, M., , M.D.

Mailing Address 8 S 311 Blackthorne Lane

City
 Naperville

State
 IL

Zip Code
 60540

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Edward Hospital

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : C3327912

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Gezzar, William, W., , M.D.

Mailing Address 1820 Whitecap Circle

City
 North Fort Myers

State
 FL

Zip Code
 33903

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 USAP

Occupation (for Individual)
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : C3330854

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1041.67

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 192

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Giam, Patrick, , , M.D.

Mailing Address 6537 Brompton Rd.

2411 Fountain View, Suite 200

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

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327874

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Godbold, Michael, D., , M.D.

Mailing Address Department of Anesthesiology

1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTMCK

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338576

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Godboldt, Anthony, O., , M.D.

Mailing Address 2063 Wax Myrtle Court

City

Orange Park

State

FL

Zip Code

32073-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

North FL Anes Consultants

Occupation (for Individual)

MD

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338294

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1125.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Golbaba, Babak, H., , M.D.

Mailing Address 7894 E 126th St S Apt 1036

City
BixbyState
OKZip Code
74008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332115

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Goldar, Jose, M., , M.D.

Mailing Address 1453 SW 156th Way

City

Pembroke Pines

State

FL

Zip Code

33027-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan HealthcareOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C3338996

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Goldstein, Marilyn, J., , M.D.

Mailing Address 412 Ridgepoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3335892

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

166.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Goldzweig, Peter, , , D.O.

Mailing Address 942 Wood Hollow Ln

City
RidgewoodState
NJZip Code
07450-2230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealthOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339144

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Gosney, Michael, C., , M.D.

Mailing Address 108 Chase Dr

City
Muscle ShoalsState
ALZip Code
35661-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Medical Consultants, LLCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327869

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Greenwald, Kimberly, M., , M.D.

Mailing Address PO Box 18623

City
RaleighState
NCZip Code
27619-8623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American AnesthesiologyOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332381

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Gregory, George, A., , M.D.

Mailing Address 15 Cedar Avenue

City
Larkspur

State
CA

Zip Code
94939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired from UCSF

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326841

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Grinberg, Francisco, , , M.D.

Mailing Address 41 Pinnacle Dr

City
South Burlington

State
VT

Zip Code
05403-7914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVMHC

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339192

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Guevara, Nelson, V., , M.D.

Mailing Address 8780 NW 98TH CT

City
Doral

State
FL

Zip Code
33178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan HealthCorp

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3327913

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

183.33

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

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

FOR LINE NUMBER: PAGE 57 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Gustin, Allen, N., , M.D.

Mailing Address 2160 1st Ave, Building 103, Room 3

City
MaywoodState
ILZip Code
60153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola Department of AnesthesiologyOccupation (for Individual)
Associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3342653

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Gutzke, Glen, E., , M.D.

Mailing Address 112 Trappers Ct

City
NapervilleState
ILZip Code
60565-5441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DuPage Valley Anesthesiologists, LTDOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : C3337310

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Hagen, John, P., , M.D.

Mailing Address 1547 Babler Park Drive

City
GlencoeState
MOZip Code
63038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAAIOccupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339215

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

200.00

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

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hammond, Aaron, , , D.O.

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

City
TucsonState
AZZip Code
85719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Arizona Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3343767

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Hancock, Courtney, M., , M.D.

Mailing Address 670 Croswell Ave SE

City

East Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Practice ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330732

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Hanger, Carolyn, T., , M.D.

Mailing Address 2045 E Timber Hill Pl

City

Springfield

State

MO

Zip Code

65804-4368

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy ClinicOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3342609

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

208.34

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hanni, Keith, B., , M.D.

Mailing Address 2052 W Armitage Ave Apt D

City
Chicago

State
IL

Zip Code
60647-4591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dupage Valley Anesthesiologist

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : C3332096

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Harned, Michael, E., , M.D.

Mailing Address 1223 Summit Dr

City
Lexington

State
KY

Zip Code
40502-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kentucky

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3326991

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Harris, William, E., , M.D.

Mailing Address 3120 Legacy Trce

City
Cincinnati

State
OH

Zip Code
45237-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills Anesthesia Inc

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : C3338904

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hasche-Kluender, Hannsjoerg, , , M.D.

Mailing Address 3715 90th Ave. S.E.

City
Mercer IslandState
WAZip Code
98040-3715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : C3325112

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Hattamer, Steven, , , M.D.

Mailing Address 8 Prospect St

City
NashuaState
NHZip Code
03060-3925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in AnesthesiaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : C3339148

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Hawryschuk, Michael, C., , M.D.

Mailing Address 843 Dorgene Ln

City
CincinnatiState
OHZip Code
45244-5038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC PhysiciansOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : C3333107

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hayes, David, P., , M.D.

Mailing Address 727 S Delaware Ave

City
Springfield

State
MO

Zip Code
65802-3315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : C3325360

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Hendrick, Robert, S., , M.D.

Mailing Address 3366 Deborah Dr.

City
Monroe

State
LA

Zip Code
71201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332301

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hendrickse, Adrian, , , B.M.

Mailing Address 12401 E 17th Ave Ste B113
Department of Anesthesiology

City
Aurora

State
CO

Zip Code
80045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado Denver

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343848

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

333.34

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Henry, Richard, L., , M.D.

Mailing Address 3046 Obrien Dr

City
TallahasseeState
FLZip Code
32309-2751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of TallahassOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332142

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Henslee, Christopher, S., , M.D.

Mailing Address 1850 N Central Ave Ste 1600

City
PhoenixState
AZZip Code
85004-4633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesiology ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332340

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Hepner, David, L., , M.D.

Mailing Address 75 Francis St # L1
Department of AnesthesiologyCity
BostonState
MAZip Code
02115-6110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's HospitalOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339073

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

208.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Herlich, Andrew, , , M.D.

Mailing Address 116 Haverford Cir

City
PittsburghState
PAZip Code
15228-2380FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh School of MedOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M	D D	Y Y Y Y
06	25	2016

Transaction ID : C3339228

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Herling, Steven, L., , D.O.

Mailing Address 31 School Lane

City
Lloyd HarborState
NYZip Code
11743FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	09	2016

Transaction ID : C3331993

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Hertzberg, Linda, B., , M.D.

Mailing Address 6622 N. Forkner Ave.

City
FresnoState
CAZip Code
93711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Linda B Hertzberg MD IncOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	11	2016

Transaction ID : C3332116

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hilton, Ebony, J., , M.D.

Mailing Address 167 Ashley Ave Ste 301

City
Charleston

State
SC

Zip Code
29425-8905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Med Univ of SC Dept of Anes

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332170

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Hof, Douglas, A., , M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City
Memphis

State
TN

Zip Code
38120-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332493

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Hollinger, Ingrid, B., , M.D.

Mailing Address 1 Gustave L Levy Pl # 1010

City
New York

State
NY

Zip Code
10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Medical Center

Occupation (for Individual)
physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

766.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C3333108

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

283.34

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hondorp, Marilyn, , ,

Mailing Address 2931 Pioneer Club, S.E.

City

Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332117

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Horton, April, C., , M.D., Ph.D

Mailing Address 390 Clinton Corners Rd

City

Clinton Corners

State

NY

Zip Code

12514-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in AnesthesiaOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343783

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Houseman, Timothy, W., , M.D.

Mailing Address PO Box 1025

Eastern Shore Anesthesia

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastern Shore AnesthesiaOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326842

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

175.01

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hsieh, T. John, , M.D.

Mailing Address 136 Spring Vly

City
IrvineState
CAZip Code
92602-0910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Newport Harbor AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3335729

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hudson, Mark, E., , M.D.

Mailing Address 70 Barr Rd

City
FinleyvilleState
PAZip Code
15332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of PittsburghOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332171

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Hughes, Hayden, R., , M.D.

Mailing Address 1941 21st Ave S

City
BirminghamState
ALZip Code
35209-1345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
uabOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332160

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

625.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hughes, Jonathan, R., , M.D.

Mailing Address 350 Blountville Hwy Ste 207

City
BristolState
TNZip Code
37620-1671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia ServicesOccupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332006

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Hunt, Catherine, O., , M.D.

Mailing Address 7 Niblick Ln

City
GreenlandState
NHZip Code
03840-2623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amoskeag AnesthesiaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339205

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Hunt, David, S., , M.D.

Mailing Address 1911 Arden Rd.

City
RoanokeState
VAZip Code
24015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACVOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339175

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

425.01

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hunt, Sean, , , M.D.

Mailing Address 7 Niblick Lane

City
Greenland

State
NH

Zip Code
03840-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth-Hitchcock

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339204

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Hunter, James, M., , JR

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City
Birmingham

State
AL

Zip Code
35249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAHSF

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338565

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

c. Huntington, John, H., , M.D.

Mailing Address 3333 Evergreen Dr., NE

City
Grand Rapids

State
MI

Zip Code
49525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Medical Consultants, PC

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3327914

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

175.01

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hurley, Robert, W., , M.D., Ph.D

Mailing Address 959 N. Mayfair Rd

City

Wauwatosa

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327861

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hwang, Jaemy, M., , M.D.

Mailing Address 250 Breakwater

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southeast Anesthesiologists PC

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3330694

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Jacobs, Jeffrey, S., , M.D.

Mailing Address 11041 Pine Lodge Trl

City

Davie

State

FL

Zip Code

33328-7317

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332118

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

175.01

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

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

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

FOR LINE NUMBER: PAGE 70 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Jacobson, Douglas, J., , M.D.

Mailing Address 345 W. Linda Vista Blvd

City

Tucson

State

AZ

Zip Code

85704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Old Pueblo Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338558

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Jaffer, Aliraza, G., , M.D.

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339203

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. James, Clyatt, W., , III

Mailing Address 67 Creekside Park Court

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greenville Health System

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339211

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

208.33

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. James, Michael, L., , M.D.

Mailing Address Department of Anesthesiology
Box 3094 DUMC

City State Zip Code
Durham NC 27710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327868

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Janosy, Norah, R., , M.D.

Mailing Address 13123 E 16th Ave # B090

City State Zip Code
Aurora CO 80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital Colorado Dept of An

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327081

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

c. Jellish, W., Scott, , M.D., Ph.D

Mailing Address 2160 S 1st Ave
Bldng 103 3102

City State Zip Code
Maywood IL 60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola University Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338569

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Jensen, Cynthia, L., , M.D.

Mailing Address 434 Main St

City
WatervilleState
MEZip Code
04901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of LewistonOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339074

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Johnson, Brian, D., , M.D.

Mailing Address 11415 Blair Rd.

City
ApisonState
TNZip Code
37302-9577FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Consultants ExchangeOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332172

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Jones, D. Kurt, K., , M.D.

Mailing Address 2043 Alaqua Lakes Blvd

City
LongwoodState
FLZip Code
32779FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326843

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

175.01

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 73 OF 192

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Jones, Gary, P., , A.A.

Mailing Address 2580 Hillandale Circle
Suite 480

City
Cumming

State
GA

Zip Code
30041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAK Anesthesia

Occupation (for Individual)
Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327864

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Joshi, Sanjoy, , , M.B.,B.S.

Mailing Address 40 Kettlepond Rd

City
Jericho

State
NY

Zip Code
11753-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
MD anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332494

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Kambouris, Nicholas, G., , M.D., Ph.D

Mailing Address 2106 Creeks Farm Ln.

City
Crownsville

State
MD

Zip Code
21032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3339232

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

375.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 192

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Kane, Brian, R., , M.D.

Mailing Address 76 Peachtree Rd Ste 300

City
AshevilleState
NCZip Code
28803-3505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AllCare Clinical AssocOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338581

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Karan, Suzanne, B., , M.D.

Mailing Address 1410 Highland Ave

City
RochesterState
NYZip Code
14620-1876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of RochesterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341191

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Kataria, Tripti, , , M.D.

Mailing Address 130 S Canal St Apt 419

City
ChicagoState
ILZip Code
60606-3904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tripti Kataria, INCOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339200

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

175.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Keller, Jason, D., , D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City
KnoxvilleState
TNZip Code
37920-1511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
university anesthesiologyOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339075

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Kellman, Suzanne, , , M.D.

Mailing Address 225 N Columbus Dr Apt 3308

City
ChicagoState
ILZip Code
60601-5244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326972

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kennedy, Tara, L., , M.D.

Mailing Address 8013 Anderson St

City
PhiladelphiaState
PAZip Code
19118-2936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THOMAS JEFFERSON UNIVERSITYOccupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341143

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

791.67

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

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

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

FOR LINE NUMBER: PAGE 76 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Kercheville, Scott, , M.D.

Mailing Address 14 Eton Green Circle

City
San Antonio

State
TX

Zip Code
78257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tejas Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3332001

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kesterson, Georgina, O., , M.D.

Mailing Address 5169 Rowen Oak Rd.

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical anesthesia group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332173

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Klatt, Jonathan, L., , M.D.

Mailing Address 1845 Whitewater Cir

City
Manitowoc

State
WI

Zip Code
54220-9436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holy Family Memorial Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3339222

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Knight, Stephania, G., , M.D.

Mailing Address 4016 W 90th St

City
Sioux FallsState
SDZip Code
57108-6207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Physicians, LtdOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3339795

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Kniola, Renee, H., , M.D.

Mailing Address 620 Miller Rd

City
GwinnState
MIZip Code
49841-8767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UP Health System-BellOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325816

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Ko, Jennifer, H., , M.D.

Mailing Address 2459 Chestnut Avenue

City
GlenviewState
ILZip Code
60025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAPOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338903

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

375.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Kodali, Nagendra, S., , M.D.

Mailing Address 5961 Davenhill Dr

City
Plano

State
TX

Zip Code
75093-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 19 / 2016

Transaction ID : C3338548

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kogan, Robert, L., , M.D., Ph.D

Mailing Address 2106 Ari Ln

City
Los Angeles

State
CA

Zip Code
90049-6818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RLK Anesthesia Inc

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 20 / 2016

Transaction ID : C3338571

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Koppel, Steven, M., , M.D.

Mailing Address 1510 Woodland Dr

City
Deerfield

State
IL

Zip Code
60015-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University HealthSystem

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327865

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

216.66

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Koshkin, Eugene, , , M.D.

Mailing Address 1 University of New Mexico

Anesthesiology MSC 106000

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNM Department Of Anesthesiology & Cri

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.20

Date of Receipt

06 / 27 / 2016

Transaction ID : C3341189

Amount of Each Receipt this Period

4.17

☐ Memo Item

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

B. Koshkin, Eugene, , , M.D.

Mailing Address 1 University of New Mexico

Anesthesiology MSC 106000

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNM Department Of Anesthesiology & Cri

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.20

Date of Receipt

06 / 27 / 2016

Transaction ID : C3341190

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Kothapa, Vinod, K., , M.D.

Mailing Address 3312 E. Longridge Dr.

City

Orange

State

CA

Zip Code

92867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

California Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2016

Transaction ID : C3339165

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

95.84

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Koveleskie, Joseph, , , M.D.

Mailing Address 5500 Prytania St #435

City
New Orleans

State
LA

Zip Code
70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Medical Center

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327011

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Kreidel, Kerry, L., , M.D.

Mailing Address 4112 E Poe St

City
Tucson

State
AZ

Zip Code
85711-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arizona

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341184

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Kucharski, Donna, A., , M.D.

Mailing Address 430 Ascent Drive
Apt 15306

City
Wexford

State
PA

Zip Code
15090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allegheny health network

Occupation (for Individual)
Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332492

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

666.67

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Kucik, Corry, J., , M.D.

Mailing Address 3750 Saddle Drive
 7700 Arlington Blvd

City
 Carlsbad

State
 CA

Zip Code
 92010

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C3344899

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kuhn, Catherine, M., , M.D.

Mailing Address 14 Kendall Drive

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Duke University

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C3339209

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Kunnavatana, Shaun, S., , M.D.

Mailing Address 1783 El Camino Real

City

Burlingame

State

CA

Zip Code

94010-3205

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Anesthesia Care Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 21 / 2016

Transaction ID : C3338901

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

225.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lace, Christopher, J., , M.D.

Mailing Address 12401 E 17th Ave Ste B113

City
Aurora

State
CO

Zip Code
80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327082

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lagman, Steven, , , M.D.

Mailing Address 202 S Park St

City
Madison

State
WI

Zip Code
53715-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Madison Anesthesiology Consultants LLP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325437

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

c. Lagman, Steven, , , M.D.

Mailing Address 202 S Park St

City
Madison

State
WI

Zip Code
53715-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Madison Anesthesiology Consultants LLP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3343772

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lagorio, John, E., , M.D.

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)

Mednax

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	13	2016

Transaction ID : C3332379

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lamberg, James, J., , D.O.

Mailing Address 220 University Mnr E

City

Hershey

State

PA

Zip Code

17033-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Hershey Medical Center

Occupation (for Individual)

Physician Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	12	2016

Transaction ID : C3332374

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Lancaster, Christopher, T., , M.D.

Mailing Address 291 Southhall Ln

JLR Medical Group

City

Maitland

State

FL

Zip Code

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JLR Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	30	2016

Transaction ID : C3344893

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Landau, Steven, N., , M.D.

Mailing Address 2443 Dundee Dr

City
Ann Arbor

State
MI

Zip Code
48103-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Ann Arbor, PC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 13 / 2016

Transaction ID : C3332378

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Landrum, Alice, L., , M.D.

Mailing Address 1121 S Hickory Grove School Rd

City
Columbia

State
MO

Zip Code
65279-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Missouri Healthcare

Occupation (for Individual)

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2016

Transaction ID : C3332365

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Larson, Andrew, W., , M.D.

Mailing Address 708 Ratcliff St

City
Shreveport

State
LA

Zip Code
71104-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Center Anesthesiologists

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

06 / 22 / 2016

Transaction ID : C3339061

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Larson, Matthew, R., , M.D.

Mailing Address 2369 Cherrywood Rd

City
Minnetonka

State
MN

Zip Code
55305-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ridges Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 29 / 2016

Transaction ID : C3343766

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lasiter, Nathan, , , M.D.

Mailing Address 18904 Shilstone Way

City
Edmond

State
OK

Zip Code
73003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : C3326844

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Laughlin, Thomas, P., , M.D.

Mailing Address 1030 Burning Tree Dr.

City
Kansas City

State
MO

Zip Code
64145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Kansas City

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2016

Transaction ID : C3342649

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lawler, Patrick, J., , M.D.

Mailing Address 1301 W Ralph Rogers Rd

City
Sioux FallsState
SDZip Code
57108-2702FEC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2016

Transaction ID : C3326998

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Lawrence, John, P., , M.D., M.Ed

Mailing Address 7100 Hollyleaf Dr.

City
BurlingtonState
KYZip Code
41005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of CincinnatiOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341156

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Leachman, David, , , M.D.

Mailing Address 5541 Superstition Dr.

City
Las CrucesState
NMZip Code
88011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
David P Leachman MD PCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341188

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Leduc, Laura, H., , M.D.

Mailing Address 163 Reserve Drive

City
PiedmontState
SCZip Code
29673FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health SystemOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3343769

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lee, Christine, H., , M.D.

Mailing Address 757 Westwood Plz Ste 3304
Dept of AnesthesiologyCity
Los AngelesState
CAZip Code
90095-8358FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327021

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Lee, Jeffrey, A., , M.D.

Mailing Address 6650 Pasture Lands Pl.

City
Winter GardenState
FLZip Code
34787-6229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3330733

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

633.33

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

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lee, Maxine, M., , M.D., M.B.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332384

Amount of Each Receipt this Period

83.33



Memo Item

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

B. Leib, Marc, L., , M.D.

Mailing Address PO Box 44527

City

Phoenix

State

AZ

Zip Code

85064-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326977

Amount of Each Receipt this Period

83.33



Memo Item

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

C. Lewis, Michael, C., , M.D.

Mailing Address 2799 W Grand Blvd Rm 339

Professor Chair Anesthesiology

City

Detroit

State

MI

Zip Code

48202-2689

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Henry Ford Health System

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338892

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)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lichtenberg, Victor, , , D.O.

Mailing Address 200 Red Oak Rd

City
NorthbrookState
ILZip Code
60062-1319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332100

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Lienhart, Kristen, L., , M.D.

Mailing Address 4301 W Markham St Lot 515

City
Little RockState
ARZip Code
72205-7101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMSOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341153

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Lingaraju, Rajiv, , , M.D.

Mailing Address 2200 Arch Street #602

City
PhiladelphiaState
PAZip Code
19103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Jersey Anesthesia AssociatesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : C3336863

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

183.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lipps, Jonathan, , , M.D.

Mailing Address 410 W 10th Ave

City
Columbus

State
OH

Zip Code
43210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2016

Transaction ID : C3341182

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Lockhart, Asa, C., , M.D.

Mailing Address 2106 Kennebunk Ln.

City
Tyler

State
TX

Zip Code
75703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Caduceus Consultants

Occupation (for Individual)
Physician advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 10 / 2016

Transaction ID : C3332007

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Lok, Jason, , , M.D.

Mailing Address 5496 East Taft Road

City
North Syracuse

State
NY

Zip Code
13212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Spine & Wellness Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.69

Date of Receipt

06 / 20 / 2016

Transaction ID : C3338557

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.68

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Long, Michael, A., , M.D.

Mailing Address 3941 Foxfire Ln

City
KingsportState
TNZip Code
37664-4409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343849

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Losey, Allison, R., , M.D.

Mailing Address 8710 Crest Ridge Cir

City
AustinState
TXZip Code
78750-3016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol anesthesiology associationOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332497

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Luikart, Paul, J., , M.D.

Mailing Address 684 Marble Rock Cir

City
Green BayState
WIZip Code
54311-6947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BayCare ClinicOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343776

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1125.01

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lumbley, Joshua, L., , M.D.

Mailing Address 61 W. Weisheimer Rd

City
Columbus

State
OH

Zip Code
43214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332174

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Lumbley, Joshua, L., , M.D.

Mailing Address 61 W. Weisheimer Rd

City
Columbus

State
OH

Zip Code
43214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3341178

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Lumermann, Claudio, , , M.D.

Mailing Address 270-05 76th Ave
Suite 2000

City
New Hyde Park

State
NY

Zip Code
11040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Claudio Lumermann,

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339196

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

166.67

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lustgarten, Moises, , M.D.

Mailing Address 3201 NE 183rd St Apt 3107

City
Aventura

State
FL

Zip Code
33160-2593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IRSF

Occupation (for Individual)
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327867

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Madril, Danielle, R., M.D.

Mailing Address 2421 San Domingo St

City
Coral Gables

State
FL

Zip Code
33134-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miami Children's Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3339143

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Malik, Asif, M., M.D.

Mailing Address 2758 Charnwood Dr

City
Troy

State
MI

Zip Code
48098-2184

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 ▼

499.98

Date of Receipt

06 / 25 / 2016

Transaction ID : C3341154

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

165.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Marcovitz, Michael, J., , M.D.

Mailing Address 4483 Ford Rd.

City
Ann ArborState
MIZip Code
48105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Ann Arbor, PC

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
06	/	15	/	2016

Transaction ID : C3333068

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Markgraf, Kurt, W., , M.D.

Mailing Address 3663 McKinley Ave

City
Fort MyersState
FLZip Code
33901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Anesthesia and Pain Management

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2016

Transaction ID : C3341157

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Martel, Colleen, G., , M.D.

Mailing Address 523 Robert E Lee Blvd

City
New OrleansState
LAZip Code
70124-2542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tulane University

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : C3332104

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

216.66

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Martello, Alfred, J., , M.D.

Mailing Address 4912 Nobles Pond Dr NW

City
CantonState
OHZip Code
44718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Anesthesia GroupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3339223

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mastropolo, Gregg, A., , A.A.-C

Mailing Address 150 S Little Tor Rd

City
New CityState
NYZip Code
10956-3126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quinnipiac UniversityOccupation (for Individual)
Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3343770

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Matlin, Fredric, J., , M.D.

Mailing Address 23 Lodge Ln

City
Miller PlaceState
NYZip Code
11764-1913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Long Island Anesthesia Physicians, LLPOccupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332176

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

166.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Matter, Jean-Paul, , M.D.

Mailing Address PO Box 43381

City
Cincinnati

State
OH

Zip Code
45243-0381

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : C3325438

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Maxwell, Scott, W., , M.D.

Mailing Address 16305 Scotland Way

City
Edmond

State
OK

Zip Code
73013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologists, LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3326993

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Mayer, David, C., , M.D.

Mailing Address 130 Mason Farm Rd
CB 7010 N2201

City
Chapel Hill

State
NC

Zip Code
27599-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC Health Care

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : C3327872

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

106.67

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. McClarty, Stacey, J., , M.D.

Mailing Address 8505 Rambling Rose Dr

City
OoltewahState
TNZip Code
37363-7115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ACE Anesthesiology Dept of Anesthesiol

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3341420

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. McCord, Matthew, M., , M.D.

Mailing Address 5400 Timber Bend Dr.

City
BrightonState
MIZip Code
48116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Joseph Mercy Health System

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339167

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. McCreary, Joel, E., , D.O.

Mailing Address 4595 E Calle Redonda

City
PhoenixState
AZZip Code
85018-3817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Valley Anesthesiology Consultants

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332177

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

225.01

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. McGuire, Stephanie, R., , M.D.

Mailing Address 304 Huntingdon Rd

City
Kansas CityState
MOZip Code
64113-1460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Kansas CityOccupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3333403

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Meddows, Michael, J., , M.D.

Mailing Address 8508-B Atlantic Ave.

City
Virginia BeachState
VAZip Code
23451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATLANTIC ANESTHESIAOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3332003

Amount of Each Receipt this Period

3.50

☐ Memo Item

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

c. Mehaffey, Gregory, R., , M.D.

Mailing Address 2000 Glenn Arbor Ct

City
SherwoodState
ARZip Code
72120-4332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMSOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : C3333104

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1045.17

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Merritt, Christopher, K., , M.D.

Mailing Address 5901 Annunciation St

City
New Orleans

State
LA

Zip Code
70115-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PMC NO

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 21 / 2016

Transaction ID : C3338897

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mesrobian, James, R., , M.D.

Mailing Address 827 E Birch Ave

City
Whitefish Bay

State
WI

Zip Code
53217-5360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 04 / 2016

Transaction ID : C3327843

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Mets, Berend, , , M.B.,Ch.B.

Mailing Address Dept of Anes, H187
500 University Dr Rm C2840

City
Hershey

State
PA

Zip Code
17033-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Hershey

Occupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2016

Transaction ID : C3331021

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Michaels, Robert, K., , M.D.

Mailing Address 3632 Beech Tree Dr

City
Orlando

State
FL

Zip Code
32835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327012

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Michalowski, Piotr, , , M.D., Ph.D

Mailing Address 545 Jasmine Pl NW

City
Issaquah

State
WA

Zip Code
98027-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA PSHCS

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339145

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Miller, Burney, A., , M.D.

Mailing Address 820 S. First St. Terrace

City
Odessa

State
MO

Zip Code
64076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : C3337293

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1091.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Miller, Michael, D., , M.D.

Mailing Address 15936 Oak Park Ct

City
WestfieldState
INZip Code
46074-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aci, Ilc

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	D D	Y Y Y Y
06	26	2016

Transaction ID : C3339242

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Miller, Vincent, , , M.D.

Mailing Address 333 Southfield Dr

City
WillistonState
VTZip Code
05495-5213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Vermont Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	11	2016

Transaction ID : C3332360

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Minana, Mitchell, F., , M.D.

Mailing Address 1306 E Welden Dr

City
SpokaneState
WAZip Code
99223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ProvidenceOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
06	16	2016

Transaction ID : C3333404

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

216.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Minana, Mitchell, F., , M.D.

Mailing Address 1306 E Welden Dr

City
Spokane

State
WA

Zip Code
99223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2016

Transaction ID : C3339116

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Mitchell, Brian, , , M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

City
Portland

State
OR

Zip Code
97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA

Occupation (for Individual)
Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2016

Transaction ID : C3332119

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Mitchell, Karen, P., , M.D.

Mailing Address 827 Old Oyster Trl

City
Sugar Land

State
TX

Zip Code
77478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327863

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Mohacsi, Tibor, G., , M.D.

Mailing Address 11008 W 125th St

City

Overland Park

State

KS

Zip Code

66213-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SLPS

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339168

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Montague, Raul, R., , M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Medical Consultants, PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332120

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Montoya, Ruben, S., , II

Mailing Address 710 Lexington Ave

City

Indianapolis

State

IN

Zip Code

46203

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3341216

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Moran, Kenneth, R., , M.D.

Mailing Address 4029 Hidden Hill Ct

City
PowellState
OHZip Code
43065-7112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State Wexner Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341152

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Morris, Caroline, , , M.D.

Mailing Address 2797 Fox Creek Dr.

City
GermantownState
TNZip Code
38138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia GroupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338893

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Morris, Jason, E., , M.D.

Mailing Address 2797 Fox Creek Dr.

City
GermantownState
TNZip Code
38138-5723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical anesthesia groupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338894

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

241.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Morrow, Scott, C., , M.D.

Mailing Address 220 Genius Drive

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : C3332178

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Moss, William, E., , D.O.

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)
NCAP

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : C3327839

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Mrachek, John, P., , M.D.

Mailing Address 4520 W. Woodland Rd.

City
Edina

State
MN

Zip Code
55424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 27 / 2016

Transaction ID : C3341185

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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FOR LINE NUMBER: PAGE 106 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Murillo, Sergio, A., M.D.

Mailing Address 2170 Trenton Way

City
AllenState
TXZip Code
75013-4911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	02	2016

Transaction ID : C3326834

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Murphy, Bryant, A., M.D.

Mailing Address 367 Kimberwicke Dr

City

Fayetteville

State

NC

Zip Code

28311-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC School of MedicineOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	D D	Y Y Y Y
06	06	2016

Transaction ID : C3327875

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Murray, Mark, M.D.Mailing Address 1924 Alcoa Highway, Box U-109
Department of Anesthesia

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University AnesthesiologistsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y
06	06	2016

Transaction ID : C3327856

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

225.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Musumeci, Ross, J., , M.D., M.B.

Mailing Address 98 Wayne Rd

City
NeedhamState
MAZip Code
02494-1770FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anaesthesia Associates of MAOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332121

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Nagi, Peter, A., , M.D.

Mailing Address 4036 Old Leeds Circle

City
Mountain BrkState
ALZip Code
35213-2929FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. of Alabama at BirminghamOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343784

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Nalavany, Gary, , , M.D.

Mailing Address 250 Fame Ave.

City
HanoverState
PAZip Code
17331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hanover Anesthesia and Pain MedicineOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338566

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

208.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 192

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nanners, Kenneth, C., , M.D.

Mailing Address 170 Leewood Farms Rd

City
WheelingState
WVZip Code
26003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Business AdministrationOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3342620

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Napolitano, Charles, A., , M.D., Ph.DMailing Address 4301 W. Markham Street
Department of AnesthesiologyCity
Little RockState
ARZip Code
72205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMSOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341183

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Naughton, Norah, N., , M.D.Mailing Address 1H247 UH SPC 5048
1500 East Medical Center DriveCity
Ann ArborState
MIZip Code
48109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MichiganOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

491.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : C3325412

Amount of Each Receipt this Period

8.33

☐ Memo Item

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

133.34

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Naughton, Norah, N., , M.D.

Mailing Address 1H247 UH SPC 5048

1500 East Medical Center Drive

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.66

Date of Receipt

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : C3325415

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Nechin, Kenneth, M., , M.D.

Mailing Address 12605 Tribunal Lane

City

Potomac

State

MD

Zip Code

20854-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fairfax Anesthesiology Associates

Occupation (for Individual)
Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 29 / 2016

Transaction ID : C3342621

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Neirink, Donald, L., , M.D.

Mailing Address 7018 Oakhurst Ridge Rd

City

Clarkston

State

MI

Zip Code

48348

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 ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : C3339055

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nester, Kyle, P., ,

Mailing Address 4150 Nelson Road
 Building A

City
 Lake Charles

State
 LA

Zip Code
 70605

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Anesthesia Associates

Occupation (for Individual)
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : C3325427

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Nichols, Michael, S., , A.A.-C

Mailing Address 2580 Hillandale Cir

City
 Cumming

State
 GA

Zip Code
 30041-6320

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Avance Education Solutions

Occupation (for Individual)
 Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : C3339193

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Niederlehner, James, R., , M.D.

Mailing Address 6609 Hidden Woods Ct

City
 Roanoke

State
 VA

Zip Code
 24018-7489

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 ANES CONSULT OF VA

Occupation (for Individual)
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : C3332331

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nixon, Heather, C., , M.D.

Mailing Address 1740 W. Taylor Ave

Suite 3200: Anesthesiology Depart

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Illinois at Chicago

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2016

Transaction ID : C3327844

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Norman, Peter, H., , M.D.

Mailing Address 3922 Amherst St.

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT MD Anderson Cancer Center

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3344865

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Nounou, Joseph, M., , M.D.

Mailing Address 668 Lakeside Dock Dr

City

Kingsport

State

TN

Zip Code

37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bristol Anesthesia Services

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332122

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

208.34

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nova, Hugo, A., , M.D.

Mailing Address 1201 Heritage Acres Blvd

City
Rockledge

State
FL

Zip Code
32955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brevard Physician Associates, PLLC

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 29 / 2016

Transaction ID : C3342622

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. O'Leary, Kathleen, A., , M.D.

Mailing Address 666 Elm and Carlton St
Roswell Park Cancer Institute

City
Buffalo

State
NY

Zip Code
14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roswell Park Cancer Institute

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2016

Transaction ID : C3344888

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Ohanian, Neshan, V., , M.D.

Mailing Address 648 S Bates St

City
Birmingham

State
MI

Zip Code
48009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Michigan

Occupation (for Individual)
Attending Anesthesiologist; Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 22 / 2016

Transaction ID : C3338997

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

208.34

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Oladipupo, Oluwatosin, , , M.D.

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 ▼

600.00

Date of Receipt

06 / 28 / 2016

Transaction ID : C3342614

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Olin, Douglas, A., , M.D.

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-JLR Division

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2016

Transaction ID : C3326845

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

c. Olszewski, Robert, F., , Jr., M.D.

Mailing Address 2400 Chestnut St Apt 2609

City
Philadelphia

State
PA

Zip Code
19103-4324

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 ▼

500.04

Date of Receipt

06 / 30 / 2016

Transaction ID : C3343785

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

316.68

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

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

FOR LINE NUMBER: PAGE 114 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Oswalt, Kenneth, E., , M.D.

Mailing Address 2500 N State St # S108-A

City
JacksonState
MSZip Code
39216-4500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMMCOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338902

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Padakandla, Udaya, , , M.B.

Mailing Address 4449 Young Dr.

City
CarrolltonState
TXZip Code
75010-1145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia ProvidersOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338899

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Page, Sam, L., , M.D.

Mailing Address 17 Windsor Terrace Ln

City
Creve CoeurState
MOZip Code
63141-9000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western AnesthesiologyOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332008

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

166.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Page, Sam, L., , M.D.

Mailing Address 17 Windsor Terrace Ln

City
Creve CoeurState
MOZip Code
63141-9000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western AnesthesiologyOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M	D D	Y Y Y Y
06	18	2016

Transaction ID : C3338540

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Paiste, Juhan, , , M.D.

Mailing Address JT 845

619 19th St S

City
BirminghamState
ALZip Code
35249-6810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UABOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M	D D	Y Y Y Y
06	01	2016

Transaction ID : C3325422

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Palmrose, Frank, E., , M.D.

Mailing Address 1001 SW Coronado Street

City
PortlandState
ORZip Code
97219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAG, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	14	2016

Transaction ID : C3332501

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

208.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Pandya, Parag, , M.D.

Mailing Address 210 Royal Vw

City
PittsfordState
NYZip Code
14534-9633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Finger Lakes HealthOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.33

Date of Receipt

M M	D D	Y Y Y Y
06	13	2016

Transaction ID : C3332385

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Panger, Michael, R., , M.D.

Mailing Address 146 Whispering Woods Rd.

City
CharlestonState
WVZip Code
25304-2739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Anesthesia ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	18	2016

Transaction ID : C3337294

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Pappas, John, L., , M.D.

Mailing Address 294 Barden Rd

City
Bloomfield HillsState
MIZip Code
48304-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAMIOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	D D	Y Y Y Y
06	18	2016

Transaction ID : C3338544

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Park, Chanwang, , , M.D.

Mailing Address 11954 Winners Cir

City
CarmelState
INZip Code
46032-4429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants of IndianapolisOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327013

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Pascual, Rafael, P., , M.D.

Mailing Address 1488 Jesse Jewell Pky SE, Ste. 100

City
GainesvilleState
GAZip Code
30501-3852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3341241

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Patterson, Todd, H., , D.O.

Mailing Address 1439 Wedgewood Ave

City
Des PlainesState
ILZip Code
60018-1315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRAAOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : C3337297

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

383.33

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Pauker, Kenneth, Y., , M.D.

Mailing Address 18 Sierra Vista

City

Laguna Niguel

State

CA

Zip Code

92677-7952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

retired

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339201

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Pearson, Don, R., , JR

Mailing Address 4326 Beechwood Rd

City

Knoxville

State

TN

Zip Code

37920-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338900

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Pentakota, Sujatha, , , M.D.

Mailing Address 110 Cypress St Unit 210

City

Brookline

State

MA

Zip Code

02445-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BWPO

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331028

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

176.66

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Pentakota, Sujatha, , , M.D.

Mailing Address 110 Cypress St Unit 210

City
Brookline

State
MA

Zip Code
02445-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BWPO

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

06 / 25 / 2016

Transaction ID : C3341167

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Pentakota, Sujatha, , , M.D.

Mailing Address 110 Cypress St Unit 210

City
Brookline

State
MA

Zip Code
02445-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BWPO

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

06 / 25 / 2016

Transaction ID : C3341195

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Peoples, Emily, , , M.D.

Mailing Address 1500 E Medical Center Dr Spc 5048

City
Ann Arbor

State
MI

Zip Code
48109-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMHS

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 10 / 2016

Transaction ID : C3332102

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

133.33

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Perry, Jeremie, J., , M.D.

Mailing Address 2410 Whispering Oaks Ct.

City
AbileneState
TXZip Code
79606-4366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hendrick Anesthesia NetworkOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3333405

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Perry, Jeremie, J., , M.D.

Mailing Address 2410 Whispering Oaks Ct.

City
AbileneState
TXZip Code
79606-4366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hendrick Anesthesia NetworkOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3334158

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Perryman, Kathy, M., , M.D.

Mailing Address 11412 Canterbury Cir.

City
Shawnee MissionState
KSZip Code
66211-2935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKCOccupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332123

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

250.01

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Phadke, Aparna, S., M.D.

Mailing Address 4401 Penn Ave

Main Hospital

City

Pittsburgh

State

PA

Zip Code

15224-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UPP

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338592

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Phillips, Mark, C., M.D.

Mailing Address 619 19th St S

University of Alabama- Birmingham

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAB

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : C3342612

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Poage, Jeffrey, A., M.D.

Mailing Address 211 Roan Dr

City

Danville

State

CA

Zip Code

94526-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sheridan Healthcare

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339141

Amount of Each Receipt this Period

83.33

☐ 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**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Podnar, Jeffrey, J., , M.D.

Mailing Address 3911 N. Ashland Ave., #C

City
Chicago

State
IL

Zip Code
60613-2507

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 ▼

1333.32

Date of Receipt

06 / 18 / 2016

Transaction ID : C3338543

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Polce, Dean, , , D.O.

Mailing Address 3092 Red Arrow Dr

City
Las Vegas

State
NV

Zip Code
89135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 26 / 2016

Transaction ID : C3339244

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Polce, Roma, C., , M.D.

Mailing Address 3092 Red Arrow Dr.

City
Las Vegas

State
NV

Zip Code
89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAMC Southern Nevada

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 15 / 2016

Transaction ID : C3333071

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

266.67

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Policky, Kevin, J., , M.D.

Mailing Address 11912 W 141st St

City

Overland Park

State

KS

Zip Code

66221-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAKC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341162

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Porter, C. Thomas, T., , M.D.

Mailing Address 7 Campeche Estates Dr

City

Galveston

State

TX

Zip Code

77554-6360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Medical BranchOccupation (for Individual)
Physician/Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : C3327950

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Porter, Jason, , , M.D.

Mailing Address 275 Woody Drive

City

Richmond

State

IN

Zip Code

47374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somnia, IncOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339076

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

633.33

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Prasad, Ravindra, V., , M.D.

Mailing Address N2201 North Wing CB 7010

City
Chapel Hill

State
NC

Zip Code
27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNC School of Medicine

Occupation (for Individual)

Professor, Department of Anesthesiolog

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

MM / DD / YYYY
06 / 19 / 2016

Transaction ID : C3338585

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Pregler, Johnathan, L., , M.D.

Mailing Address 10556 Dunleer Dr

City
Los Angeles

State
CA

Zip Code
90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA Department of Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : C3325420

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Price, John, D., , M.D.

Mailing Address 110 29th Ave N Ste 202

City
Nashville

State
TN

Zip Code
37203-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 12 / 2016

Transaction ID : C3332136

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

666.66

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Quilligan, Theodore, J., , M.D.

Mailing Address 627 8th St

City
Huntington Beach

State
CA

Zip Code
92648-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allied Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338580

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Rahimzadeh, Nariman, , , M.D.

Mailing Address 1 E Liberty St Ste 555
Suite 555

City
Reno

State
NV

Zip Code
89501-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of Reno

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341155

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Rangj, Navdip, S., , M.D.

Mailing Address 10191 W. Shrewsbury Run

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327014

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

216.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rao, Sripad, P., , M.D.

Mailing Address 1504 Bay Rd Apt 3307

City
Miami Beach

State
FL

Zip Code
33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Of Miami

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339183

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Raphael, David, A., ,

Mailing Address 600 Jefferson Ave

City
Louisville

State
CO

Zip Code
80027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
High Plains Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : C3339044

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Raty, Sally, , , M.D.

Mailing Address 6414 Rutgers Ave

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Director Residency Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332180

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

583.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Ravikant, Neeju, , M.D.

Mailing Address 875 W Glengarry Circle

City
Bloomfield Hills

State
MI

Zip Code
48301-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of Ann Arbor

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3333406

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Reagan, Zed, , M.D.

Mailing Address 514 W Pueblo St Fl 2

City
Santa Barbara

State
CA

Zip Code
93105-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amgsb

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338559

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Redmon, Benjamin, F., , M.D.

Mailing Address 231 Parker Rd

City
Chapel Hill

State
NC

Zip Code
27517-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3331010

Amount of Each Receipt this Period

36.67

☐ Memo Item

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

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

120.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Redmon, Benjamin, F., , M.D.

Mailing Address 231 Parker Rd

City
Chapel Hill

State
NC

Zip Code
27517-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332343

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Ricks, Cameron, J., , M.D.

Mailing Address 2903 Highland Ave Apt D

City

Manhattan Bch

State

CA

Zip Code

90266-2080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Irvine

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339187

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Rigol, Jason, A., , M.D.

Mailing Address 3117 Palm Vista

City

Metairie

State

LA

Zip Code

70003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325439

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

101.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rivard, John, C., , M.D.

Mailing Address 2104 Copley Ave.

City
Ann ArborState
MIZip Code
48104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANES ASSOC ANN ARBOROccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3342652

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Roberts, Michael, W., , II

Mailing Address 430 W Symmes St

City
NormanState
OKZip Code
73069-5658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : C3325402

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Rodriguez, Dora, C., , M.D.

Mailing Address 1714 Daniel Ct

City
BreaState
CAZip Code
92821-2359FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser PermanenteOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343786

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

175.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Roethle, Scott, T., , M.D.

Mailing Address 5005 W 131 Terr

City
Leawood

State
KS

Zip Code
66209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.03

Date of Receipt

06 / 11 / 2016

Transaction ID : C3332124

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Roethle, Scott, T., , M.D.

Mailing Address 5005 W 131 Terr

City
Leawood

State
KS

Zip Code
66209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.03

Date of Receipt

06 / 25 / 2016

Transaction ID : C3341166

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Rosemeier, Frank, , , M.D.

Mailing Address 8713 Lake Tibet Ct.

City
Orlando

State
FL

Zip Code
32836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Attending Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327085

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

208.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rosen, Gerald, P., , M.D.

Mailing Address 4300 Alton Rd # 1401

City
Miami Beach

State
FL

Zip Code
33140-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miami Beach Anesthesiology Assoc.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2016

Transaction ID : C3327849

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Rosenfeld, Michael, J., , M.D.

Mailing Address 145 Shale Bank Rd

City
Marion

State
VA

Zip Code
24354-6787

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Highlands Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2016

Transaction ID : C3327002

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Rothman, Brian, S., , M.D.

Mailing Address 1301 Medical Center Dr # 4648

City
Nashville

State
TN

Zip Code
37232-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : C3335893

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rublaitus, Stephen, M., , D.O.

Mailing Address 278 E Oneida Avenue

City
Elmhurst

State
IL

Zip Code
60126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DuPage Valley Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : C3338896

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Saloum, James, N., , M.D.

Mailing Address 1400 S Overlund Pass

City
Sioux Falls

State
SD

Zip Code
57110

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 05 / 2016

Transaction ID : C3327032

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Sardesai, Mahesh, P., , M.D.

Mailing Address 5230 Centre Avenue
Suite 205

City
Pittsburgh

State
PA

Zip Code
15232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : C3332344

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

683.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Satterfield, Thomas, A., , M.D.

Mailing Address PO Box 410014

City
Salt Lake City

State
UT

Zip Code
84141-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PMG

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2016

Transaction ID : C3333140

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Scarboro, Gina, M., , A.A.

Mailing Address 112 Samuel Lyon Way

City
Savannah

State
GA

Zip Code
31411-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South University

Occupation (for Individual)

Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 24 / 2016

Transaction ID : C3339210

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Scharf, Andrew, W., , M.D.

Mailing Address 4642 Kensington Ave

City
Richmond

State
VA

Zip Code
23226-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth University Healt

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 08 / 2016

Transaction ID : C3330725

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1541.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Scharr, Nerma, B., , M.D.

Mailing Address 1631 Courts Meadow Cv

City
ColliervilleState
TNZip Code
38017-8319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical anesthesia groupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3344889

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Schinelli, Anthony, , , M.D.

Mailing Address 1855 Vermack Ct.

City
DunwoodyState
GAZip Code
30338-5127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PSAOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327862

Amount of Each Receipt this Period

45.14

☐ Memo Item

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

c. Schmitz, Michael, L., , M.D.

Mailing Address 8500 Barrett Road

City
RolandState
ARZip Code
72135-9282FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ. Arkansas for Medical Sciences, DOccupation (for Individual)
Pediatric Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332345

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

136.81

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Schulman, Steven, B., , M.D.

Mailing Address 100 Port Washington Blvd

City
Roslyn

State
NY

Zip Code
11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY CV Anesthesiologists

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332382

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Shah, Nishant, , , M.D.

Mailing Address 416 W. Deming Place, 1W

City
Chicago

State
IL

Zip Code
60614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Ridge Anesthesiology Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : C3338538

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Shah, Pranav, R., , M.D.

Mailing Address 11460 Willows Green Way
Apt 116

City
Glen Allen

State
VA

Zip Code
23059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VCUHS

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3344895

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

196.66

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Shannon, Connor, L., , M.D.

Mailing Address 254 Ridge Ave

City
Winnetka

State
IL

Zip Code
60093-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia Providers, LTD

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3327848

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Shaw, Kevin, M., , M.D.

Mailing Address 7 Cobtail Way

City
Simsbury

State
CT

Zip Code
06070-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Integrated Anesthesiology Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.01

Date of Receipt

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : C3332181

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

c. Shipe, Timothy, R., , M.D.

Mailing Address 1304 Masters Ct

City
Chesapeake

State
VA

Zip Code
23320-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAI

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : C3332480

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

608.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Shipley, Bret, E., , M.D.

Mailing Address 6918 Melrose Lane

City
Oklahoma City

State
OK

Zip Code
73127-6140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bret E. Shipley, M.D.

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 09 / 2016

Transaction ID : C3331029

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Shook, Douglas, C., , M.D.

Mailing Address 110 Charlemont St

City
Newton

State
MA

Zip Code
02461-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2016

Transaction ID : C3337292

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Siddiqui, Afreen, , , M.B.,B.S.

Mailing Address 1 Darl Ct

City
East Greenwich

State
RI

Zip Code
02818-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 19 / 2016

Transaction ID : C3338552

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Simon, Michael, B., , M.D.

Mailing Address 35 Gellatly Dr

City
Wappingers Falls

State
NY

Zip Code
12590-6452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcorp

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331998

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Slonin, Jonathan, H., , M.D., M.B.

Mailing Address 5191 SW Longspur Lane

City
Palm City

State
FL

Zip Code
34990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327870

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Slonin, Jonathan, H., , M.D., M.B.

Mailing Address 5191 SW Longspur Lane

City
Palm City

State
FL

Zip Code
34990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339115

Amount of Each Receipt this Period

250.03

☐ Memo Item

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

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

416.69

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Smith, Blair, , , M.D.

Mailing Address 1046 Lake Colony Ln

City
VestaviaState
ALZip Code
35242-7405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Alabama Health ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327851

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Smith, Phillip, J., , M.D.

Mailing Address 1016 15th Ave NW

City
HickoryState
NCZip Code
28601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unifour Anesthesia AssociatesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339216

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Smith, William, D., , M.D.

Mailing Address 2223 Edgemont

City
BristolState
TNZip Code
37620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BASOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : C3339142

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

208.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Smythe, Paul, R., , M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City State Zip Code
Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Medical School

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : C3333072

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Soleta, Amy, Opilla, , M.D.

Mailing Address 4551 NE 35th Ave

City State Zip Code
Portland OR 97211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OHSU

Occupation (for Individual)
pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : C3332500

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Sorah, Shannon, M., , D.O.

Mailing Address 11743 Couch Mill Road

City State Zip Code
Knoxville TN 37932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MMC Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 07 / 2016

Transaction ID : C3330688

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

183.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Sorbin, Kortnee, L., , M.D.

Mailing Address 10718 W 163rd Ter

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAKC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332373

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Soto, Roy, G., , M.D.

Mailing Address 3250 Chestnut Run Drive

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mednax

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332125

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Spanakis, Spiro, G., , D.O.

Mailing Address 48 Old Mill Road

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UMASS Memorial Medical Group

Occupation (for Individual)

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332143

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Springer, Andrew, N., , M.D.

Mailing Address 410 W 10th Ave

Dept of Anes N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Ohio State University

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3337551

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Spirtel, Brett, M., , M.D.

Mailing Address 10726 Deer Ridge Ct

City

Zeeland

State

MI

Zip Code

49464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

APC Grand Rapids

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : C3332101

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Stack, Kathryn, E., , M.D.

Mailing Address 6200 Mountain Brook Ln NW

City

Sandy Springs

State

GA

Zip Code

30328-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory University School of Medicine De

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : C3325440

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

208.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Stamps, Myra, C., , M.D.

Mailing Address 4436 Jett Rd NW

City
Atlanta

State
GA

Zip Code
30327-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stamps Anesthesia Services, LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2016

Transaction ID : C3327866

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stamps, Myra, C., , M.D.

Mailing Address 4436 Jett Rd NW

City
Atlanta

State
GA

Zip Code
30327-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stamps Anesthesia Services, LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2016

Transaction ID : C3332099

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stasiewicz, Susan, D., , M.D.

Mailing Address 7241 Preservation Ct

City
Fulton

State
MD

Zip Code
20759-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WHC

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2016

Transaction ID : C3342651

Amount of Each Receipt this Period

250.00

☐ Memo Item

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300.00

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steeves, Glen, L., M.D.

Mailing Address 24 Eagle Dr

City
Bedford

State
NH

Zip Code
03110-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Care Group PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2016

Transaction ID : C3338748

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stein, Erica, , M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City
Columbus

State
OH

Zip Code
43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : C3325421

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stein, Steven, P., M.D.

Mailing Address 18 Harbor Hill Dr

City
Lloyd Harbor

State
NY

Zip Code
11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331995

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stephenson, John, H., , M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City
Atlanta

State
GA

Zip Code
30342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia, P

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 04 / 2016

Transaction ID : C3327842

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stiegler, Marjorie, , , M.D.

Mailing Address 10817 Round Brook Cir

City
Raleigh

State
NC

Zip Code
27617-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC Chapel Hill

Occupation (for Individual)
Assoc Prof Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.34

Date of Receipt

MM / DD / YYYY
06 / 25 / 2016

Transaction ID : C3341168

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stoltzfus, Luke, D., , M.D.

Mailing Address 915 E 1st St
Anesthesiology Department

City
Duluth

State
MN

Zip Code
55805-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Luke's

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 29 / 2016

Transaction ID : C3343774

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stone, Kenneth, R., , M.D.

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327873

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoner, Matthew, G., , M.D.

Mailing Address 7708 Pointe Venezia Drive

City
Orlando

State
FL

Zip Code
32836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR-USAP

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3339743

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stroud, Jason, M., , M.D.

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : C3327871

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Cinnamon, L., , M.D.

Mailing Address 1364 Clifton Rd NE

Emory University Hospital Anesthes

City

Atlanta

State

GA

Zip Code

30322-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory University Hospital

Occupation (for Individual)

Director of Transplant Anesthesiology

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341209

Amount of Each Receipt this Period

83.33



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Erin, A., , M.D.

Mailing Address Dept of Anes PUH C-224

200 Lothrop St.

City

Pittsburgh

State

PA

Zip Code

15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UPMC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331030

Amount of Each Receipt this Period

83.34



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, George, , , D.O.

Mailing Address 2321 Butler Bay Dr. N.

City

Windermere

State

FL

Zip Code

34786-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JLR Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2016

Transaction ID : C3326994

Amount of Each Receipt this Period

83.34



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.01

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Suyderhoud, Johan, P., , M.D.

Mailing Address 4401 Warnall Rd.

City
Kansas CityState
MOZip Code
64111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Lukes Physician SpecialistsOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2016

Transaction ID : C3332359

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sween, Steven, L., , M.D.

Mailing Address 240 Marchand Ct NW

City
AtlantaState
GAZip Code
30328-2055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PSAOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2016

Transaction ID : C3339245

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Teetor, Travis, J., , M.D.

Mailing Address 19309 Briggs St

City
OmahaState
NEZip Code
68130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boys Town National Research HospitalOccupation (for Individual)
Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325441

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

266.67

TOTAL This Period (last page this line number only).....▶

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thompson, Brian, W., , M.D.

Mailing Address 10350 Tuxford Dr

City
Alpharetta

State
GA

Zip Code
30022-4736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anesthesiology Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : C3327876

Amount of Each Receipt this Period

3.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Brian, W., , M.D.

Mailing Address 10350 Tuxford Dr

City
Alpharetta

State
GA

Zip Code
30022-4736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anesthesiology Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.10

Date of Receipt

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : C3327877

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Thomson, Sydney, I., , M.D.

Mailing Address 6224 Hidden Meadow Ct

City
San Jose

State
CA

Zip Code
95135-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coast Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY
06 / 20 / 2016

Transaction ID : C3338574

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomson, Sydney, I., , M.D.

Mailing Address 6224 Hidden Meadow Ct

City
San Jose

State
CA

Zip Code
95135-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coast Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : C3339197

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tongson, Sebastian, E., , M.D.

Mailing Address 2656 Meeting Pl

City
Orlando

State
FL

Zip Code
32814-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Partners / JLR Medical G

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341193

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tountas, Melissa, A., , M.D.

Mailing Address 9219 Cromwell Woods Sq.

City
Orlando

State
FL

Zip Code
32827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR/USAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332108

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

208.33

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Truxillo, Terrence, Mike, , M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City
New Orleans

State
LA

Zip Code
70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 30 / 2016

Transaction ID : C3343851

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Turner, Christopher, , , M.D., Ph.D

Mailing Address 600 Highland Ave B6 319 CSC
Dept of Anesthesiology

City
Madison

State
WI

Zip Code
53792-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UW Health

Occupation (for Individual)
Anesthesiology Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 05 / 2016

Transaction ID : C3327854

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turner, Judi, A., , M.D., Ph.D

Mailing Address 1002 Franklin Street
UCLA

City
Santa Monica

State
CA

Zip Code
90403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 25 / 2016

Transaction ID : C3341151

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turner, Katja, R., , M.D.

Mailing Address 410 West 10th Ave

City
Columbus

State
OH

Zip Code
43210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
the ohio state university

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341175

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vance, Jennifer, , , M.D.

Mailing Address 1500 E Medical Center Dr Spc 5014

City
Ann Arbor

State
MI

Zip Code
48109-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Dept of Anesthe

Occupation (for Individual)
Cardiothoracic Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332182

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Varlotta, David, , , D.O.

Mailing Address 1303 Bayshore Blvd.

City
Tampa

State
FL

Zip Code
33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : C3338582

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Villani, Juan, P., , M.D.

Mailing Address 160 Green Glades

City
Ridgeland

State
MS

Zip Code
39157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Mississippi Medical Center

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332346

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vizena, Annette, , , M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City
Fort Collins

State
CO

Zip Code
80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2016

Transaction ID : C3332334

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vogelhut, Mark, M., , M.D.

Mailing Address 3603 Hennessy PI

City
Charlotte

State
NC

Zip Code
28210

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3342624

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Volker, Cassie, , , M.D.

Mailing Address 16320 Barton St.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Kansas City

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : C3325361

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vollers, James, Michael, , M.D.

Mailing Address 750 NE 13th St
Suite 200

City

Oklahoma City

State

OK

Zip Code

73126-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oklahoma University Medical Science Ce

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2016

Transaction ID : C3331011

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vossler, Charles, H., , III

Mailing Address 6500 Granda Dr.

City

Prairie Village

State

KS

Zip Code

66208-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northland Anesthesiology

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327030

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wagner, Lance, W., , M.D.

Mailing Address 150 55th St

City
Brooklyn

State
NY

Zip Code
11220-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPB

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 24 / 2016

Transaction ID : C3339214

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wagner, Robert, , , A.A.-C

Mailing Address 700 Dockview Way
Apt 1424

City
Tampa

State
FL

Zip Code
33602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nova Southeastern University

Occupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 05 / 2016

Transaction ID : C3327852

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wald, Samuel, H., , M.D.

Mailing Address 518 Torwood Lane

City
Los Altos

State
CA

Zip Code
94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 25 / 2016

Transaction ID : C3341150

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallace, Austin, F., , M.D.

Mailing Address 22 Tanglewood Dr.

City
Durango

State
CO

Zip Code
81301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Colorado Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
06 / 24 / 2016

Transaction ID : C3339189

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wallace-Talifarro, Ebon, J., , M.D.

Mailing Address 5109 N. Ravenswood Ave

City
Chicago

State
IL

Zip Code
60640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VANES

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

MM / DD / YYYY
06 / 12 / 2016

Transaction ID : C3332393

Amount of Each Receipt this Period

4.17

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walsh, James, J., , M.D.

Mailing Address 166 83rd St.

City
Brooklyn

State
NY

Zip Code
11209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 10 / 2016

Transaction ID : C3332105

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wang, Ellen, Y., , M.D.

Mailing Address 2517 Valdivia Way

City
BurlingameState
CAZip Code
94010-5433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford UniversityOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	05	2016

Transaction ID : C3327022

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warner, Travis, A., , M.D.Mailing Address 6220 E. Tanuri Valley Pl
Unit 5101City
TucsonState
AZZip Code
85750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Pueblo AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	20	2016

Transaction ID : C3338562

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Washington, Erika, L., , M.D.Mailing Address 6431 FANNIN
msb 5.020City
HOUSTONState
TXZip Code
77030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC-Houston Dept of AnesthesiologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	19	2016

Transaction ID : C3337334

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

583.34

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waters, Jonathan, H., , M.D.

Mailing Address 617 Saint James St

City
Pittsburgh

State
PA

Zip Code
15232-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332095

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weesner, Kathryn, A., , M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C3332097

Amount of Each Receipt this Period

7.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weesner, Kathryn, A., , M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

542.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332372

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weingarten, Toby, , M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City
Rochester

State
MN

Zip Code
55905-0001

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 ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 18 / 2016

Transaction ID : C3337312

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weir, Jesse, W., , M.D.

Mailing Address 6911 Van Dorn St Ste 2

City
Lincoln

State
NE

Zip Code
68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associated Anesthesiologist PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2016

Transaction ID : C3337318

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weiss, Alan, , M.D.

Mailing Address 960 Royal Arms Dr

City
Girard

State
OH

Zip Code
44420-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Belpark Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 24 / 2016

Transaction ID : C3339199

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weissman, Steven, L., , M.D.

Mailing Address 155 Baltic Circle

City
Tampa

State
FL

Zip Code
33606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Hospital Tampa

Occupation (for Individual)
Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2016

Transaction ID : C3338536

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weitzel, Nathaen, S., , M.D.

Mailing Address 12401 E 17th Ave Ste B113
Leprino Office Bldg

City
Aurora

State
CO

Zip Code
80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univeristy of Colorado Denver Anesthe

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3343852

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wells, Lynda, , , M.D.

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2016

Transaction ID : C3341174

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wetzal, Ezekiel, J., , M.D.

Mailing Address 2201 MARIE PLACE

City
MonroeState
LAZip Code
71201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Anesthesia of MonroeOccupation (for Individual)
Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2016

Transaction ID : C3327853

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weyers, E., Willis, , M.D.

Mailing Address 278 HIGH RIDGE LN

City
PITTSBOROState
NCZip Code
27312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC HospitalsOccupation (for Individual)
Anesthesiologist/ Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : C3325442

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weyers, E., Willis, , M.D.

Mailing Address 278 HIGH RIDGE LN

City
PITTSBOROState
NCZip Code
27312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC HospitalsOccupation (for Individual)
Anesthesiologist/ Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2016

Transaction ID : C3338553

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whitney, Susan, J., , M.D.

Mailing Address 2402 W 69th Ter

City

Mission Hills

State

KS

Zip Code

66208-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associated of Kansas City

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326846

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whitrock, Kevin, K., , M.D.

Mailing Address 46 Willow Ridge Dr

City

Smithtown

State

NY

Zip Code

11787-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NAPA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C3344894

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wild, David, M., , M.D.

Mailing Address 3901 Rainbow Blvd
Mailstop 1034

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kansas University Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326978

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

208.34

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 192
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilder, Nicole, S., , M.D.

Mailing Address 5596 N Dixboro Rd

City
Ann ArborState
MIZip Code
48105-9415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Health System SOccupation (for Individual)
Pediatric Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	D D	Y Y Y Y
06	02	2016

Transaction ID : C3325443

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wildt, David, J., , M.D.

Mailing Address 3021 Berkshire

City
Cleveland HtsState
OHZip Code
44118-2756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MichiganOccupation (for Individual)
Fellow Critical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M	D D	Y Y Y Y
06	09	2016

Transaction ID : C3331018

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilkhu, Harshdeep, , , M.D.

Mailing Address 2216 Mallard Circle

City
Winter ParkState
FLZip Code
32789FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Anesthesia ConsultantsOccupation (for Individual)
Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	02	2016

Transaction ID : C3326833

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, James, H., , M.D.

Mailing Address N2201 UNC Hospitals, Campus Box 70

Dept of Anesthesiology

City

Chapel Hill

State

NC

Zip Code

27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of North Carolina

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : C3326836

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, James, H., , M.D.

Mailing Address N2201 UNC Hospitals, Campus Box 70

Dept of Anesthesiology

City

Chapel Hill

State

NC

Zip Code

27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of North Carolina

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : C3332158

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wlody, David, J., , M.D.

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)

SUNY-Downstate

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : C3332511

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

358.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wlody, David, J., , M.D.

Mailing Address 210 W 107th St Apt 6C

City
New YorkState
NYZip Code
10025-3097FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY-DownstateOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M	D D	Y Y Y Y
06	30	2016

Transaction ID : C3344863

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wojciechowski, Paul, J., , M.D.

Mailing Address 7743 Eleventh Hour Ln

City
West ChesterState
OHZip Code
45069-3857FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of CincinnatiOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	24	2016

Transaction ID : C3339208

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Work, Byron, B., , M.D.

Mailing Address 3749 Lynnfield Dr

City
Virginia BeachState
VAZip Code
23452-4721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic AnesthesiaOccupation (for Individual)
Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M	D D	Y Y Y Y
06	20	2016

Transaction ID : C3338577

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

216.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 192

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Work, Byron, B., , M.D.

Mailing Address 3749 Lynnfield Dr

City
Virginia BeachState
VAZip Code
23452-4721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic AnesthesiaOccupation (for Individual)
Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : C3339191

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Workman, Jason, , , M.D.Mailing Address 7575 W Washington Ave
Suite 127-374City
Las VegasState
NVZip Code
89128-4333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Consultants, IncOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : C3330687

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wright, Crystal, C., , M.D.

Mailing Address 3032 Jarrard St.

City
HoustonState
TXZip Code
77005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of MedicineOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : C3338550

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: PAGE 167 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yarnall, David, C., , M.D.

Mailing Address 3300 Gallows Rd

City
Falls Church

State
VA

Zip Code
22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Virginia

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : C3326847

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. York, James, K., , M.D.

Mailing Address 129-4 Hidden Creek Circle

City
Dothan

State
AL

Zip Code
36301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2016

Transaction ID : C3337335

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Lawrence, I., , M.D.

Mailing Address 1717 Valley Forge Dr.

City
Hixson

State
TN

Zip Code
37343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Tennessee

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : C3341172

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zaafran, Sherif, , M.D.

Mailing Address 2411 Fountainview
Suite 200

City
Houston

State
TX

Zip Code
77057

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2016

Transaction ID : C3331997

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zeleznik, Matthew, W., , M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City
Atlanta

State
GA

Zip Code
30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2016

Transaction ID : C3332144

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zeleznik, Matthew, W., , M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City
Atlanta

State
GA

Zip Code
30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C3342639

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

166.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 169 OF 192

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zvara, David, A., , M.D.

Mailing Address Campus Box 7010 - N2201 UNC Hospit

City
Chapel Hill

State
NC

Zip Code
27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina School of

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : C3332348

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.34

55076.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 192

<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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Merchant Credit Card

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : D175012

Amount of Each Disbursement this Period

6136.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	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).....▶

6136.43

6136.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 192

<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

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

Full Name (Last, First, Middle Initial)

A. BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2016 Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00235655

Transaction ID : D174572

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRIAN FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 939

City
LanghorneState
PAZip Code
19047Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: PA District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00607416

Transaction ID : D174581

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathy for Maryland

Mailing Address PO BOX 43516

City
NottinghamState
MDZip Code
21236Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Szeliga, Kathy, , ,Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	6		

FEC Identification Number

C C00591768

Transaction ID : D174502

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 192

<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

Full Name (Last, First, Middle Initial)

A. CLEAN PAC

Mailing Address P.O. BOX 151563

City
San RafaelState
CAZip Code
94915Purpose of Disbursement
2016 Contribution

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	6		

FEC Identification Number

C C00564260

Transaction ID : D174505

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength & Security PAC (CASS PAC)

Mailing Address PO Box 14331

City
Baton RougeState
LAZip Code
70898Purpose of Disbursement
2016 Contribution

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00480228

Transaction ID : D174575

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DREW FERGUSON FOR CONGRESS INC.

Mailing Address PO BOX 387

City

State

Zip Code

Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Ferguson, Drew, , , DDS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00607838

Transaction ID : D174361

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DENA

Mailing Address 3956 TOWN CENTER BLVDSTE 457

City
OrlandoState
FLZip Code
32837Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Minning, Dena, , Dr.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2016

FEC Identification Number

C C00581926

Transaction ID : D174582

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOBS UNITE LABOR AND INDUSTRY IN AMERICA PAC (JULIA PAC)

Mailing Address 410 1ST ST SE SUITE 310

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2016

FEC Identification Number

C C00567495

Transaction ID : D173738

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOU CORREA FOR CONGRESSMailing Address 420 N Twin Oaks Valley Rd
Unit 2229City
San MarcosState
CAZip Code
92079-7090Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Correa, Lou, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2016

FEC Identification Number

C C00578302

Transaction ID : D173732

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. M-PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

Mailing Address 607 14th Street N.W.
Suite 600City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

FEC Identification Number

C C00365270

Transaction ID : D174571

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHIGAN REPUBLICAN PARTY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

Mailing Address 520 Seymour Ave

City
LansingState
MIZip Code
48933-1118Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

FEC Identification Number

C C00041160

Transaction ID : D173742

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BARBARA LEE FOR CONGRESS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

Mailing Address 505 14TH ST, SUITE 900

City
OAKLANDState
CAZip Code
94612Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Lee, Barbara, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 13

FEC Identification Number

C C00331769

Transaction ID : D174583

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City
TEANECKState
NJZip Code
07666Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Pascrell, Bill, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

FEC Identification Number

C C00313510

Transaction ID : D173731

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City
SPRINGFIELDState
MOZip Code
65804Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Long, Billy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

FEC Identification Number

C C00460063

Transaction ID : D174503

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City
CHICAGOState
ILZip Code
60680Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Rush, Bobby, L., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

FEC Identification Number

C C00257121

Transaction ID : D174289

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 918 PENNSYLVANIA AVE SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Watson Coleman, Bonnie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00558437

Transaction ID : D173739

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR BRIAN BABIN FOR CONGRESS

Mailing Address PO BOX 159

City
WOODVILLEState
TXZip Code
75979Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Babin, Brian, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00553859

Transaction ID : D174356

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR BRIAN BABIN FOR CONGRESS

Mailing Address PO BOX 159

City
WOODVILLEState
TXZip Code
75979Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Babin, Brian, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 36

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00553859

Transaction ID : D174357

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).....▶

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City
AllentownState
PAZip Code
18105Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Dent, Charlie, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: PA

District: 15

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00386847

Transaction ID : D174355

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City
AllentownState
PAZip Code
18105Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Dent, Charlie, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: PA

District: 15

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00386847

Transaction ID : D174573

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City
JACKSONVILLEState
FLZip Code
32203Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Brown, Corrine, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: FL

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00272732

Transaction ID : D174359

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. CRESENT HARDY FOR CONGRESS

Mailing Address PO BOX 753941

City
LAS VEGASState
NVZip Code
89136Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Hardy, Cresent, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00550608

Transaction ID : D174360

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City
RIVERDALEState
GAZip Code
30296Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Scott, David, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	1	6		

FEC Identification Number

C C00369801

Transaction ID : D174288

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

City
GallatinState
TNZip Code
37066Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Black, Diane, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00472878

Transaction ID : D174352

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9500.00

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City
SACRAMENTOState
CAZip Code
95812Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Matsui, Doris, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: CA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00409219

Transaction ID : D174363

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City
GAINESVILLEState
GAZip Code
30503Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Collins, Doug, Allen, Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify)

State: GA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	6		

FEC Identification Number

C C00502039

Transaction ID : D174501

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City
BALTIMOREState
MDZip Code
21203Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Cummings, Elijah, E., Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: MD

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	1	6		

FEC Identification Number

C C00310318

Transaction ID : D174286

Amount of Each Disbursement this Period

2700.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5700.00

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
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(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City
HUNTINGTONState
WVZip Code
25711Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Jenkins, Evan, H, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	6		

FEC Identification Number

C C00548271

Transaction ID : D174358

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City
RALEIGHState
NCZip Code
27624Purpose of Disbursement
2016 Special Primary Contribution

011

Category/
Type

Candidate Name

Holding, George, E.B., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State: NC

District: 13

Special Primary

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00499236

Transaction ID : D173736

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City
MISHAWAKAState
INZip Code
46546Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	6		

FEC Identification Number

C C00468579

Transaction ID : D174504

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. HUFFMAN FOR CONGRESS 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Mailing Address P.O. BOX 151563

City
SAN RAFAELState
CAZip Code
94915Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Huffman, Jared, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 02

FEC Identification Number

C C00536680

Transaction ID : D173729

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JEFF DUNCAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address PO BOX 732

City
CLINTONState
SCZip Code
29325Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 03

FEC Identification Number

C C00460550

Transaction ID : D174284

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MOOLENAAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City
MIDLANDState
MIZip Code
48640Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Moolenaar, John, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 04

FEC Identification Number

C C00561530

Transaction ID : D174579

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City
THOUSAND OAKSState
CAZip Code
91358Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00513077**Transaction ID : D174578**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ZELDIN FOR CONGRESS

Mailing Address 47 FLINTLOCK DRIVE

City
SHIRLEYState
NYZip Code
11967Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Zeldin, Lee, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00552547**Transaction ID : D173744**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City
ROCHESTERState
NYZip Code
14607Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Slaughter, Louise, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00213611**Transaction ID : D173740**

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)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City
ROCHESTERState
NYZip Code
14607Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Slaughter, Louise, M., Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 25

FEC Identification Number

C C00213611

Transaction ID : D173741

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City
ROCHESTERState
NYZip Code
14607Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Slaughter, Louise, M., Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 25

FEC Identification Number

C C00213611

Transaction ID : D174354

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Mailing Address P.O. Box 1441

City
TopekaState
KSZip Code
66601Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Jenkins, Lynn, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 02

FEC Identification Number

C C00433730

Transaction ID : D174500

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City
HIGHLANDSState
NCZip Code
28741Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Meadows, Mark, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00503094

Transaction ID : D173735

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC

City
SAN JOSEState
CAZip Code
95112Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Honda, Michael, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00351379

Transaction ID : D173730

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC

City
SAN JOSEState
CAZip Code
95112Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Honda, Michael, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	9		2	0	1	6		

FEC Identification Number

C C00351379

Transaction ID : D174577

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. MULVANEY FOR CONGRESS

Mailing Address P.O. Box 1975

City
LancasterState
SCZip Code
29721Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Mulvaney, Mick, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00471292

Transaction ID : D173737

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOYLE FOR CONGRESS COMMITTEE

Mailing Address 205 HAWTHORNE CT

City
PITTSBURGHState
PAZip Code
15221Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Doyle, Mike, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00290064

Transaction ID : D174353

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City
ColumbusState
OHZip Code
43231Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Tiberi, Pat, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

FEC Identification Number

C C00347492

Transaction ID : D174574

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City
PALM BEACH GARDENSState
FLZip Code
33418Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Murphy, Patrick, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

FEC Identification Number

C C00493825

Transaction ID : D174580

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City
HICKORYState
NCZip Code
28603Purpose of Disbursement
2016 Special Primary Contribution

011

Candidate Name

McHenry, Patrick, T., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State: NC

District: 10

Special Primary

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

FEC Identification Number

C C00393629

Transaction ID : D173733

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City
FlagstaffState
AZZip Code
86004Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Gosar, Paul, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

FEC Identification Number

C C00461806

Transaction ID : D174364

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. RALPH ABRAHAM FOR CONGRESS

Mailing Address P.O. BOX 270

City
ARCHIBALDState
LAZip Code
71218Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Abraham, Ralph, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00563940

Transaction ID : D174365

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PITTENGER FOR CONGRESS LLC

Mailing Address PO BOX 11207

City
CHARLOTTEState
NCZip Code
28220Purpose of Disbursement
2016 Special Primary Contribution

011

Candidate Name

Pittenger, Robert, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State: NC District: 09

Special Primary

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00514513

Transaction ID : D173734

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MOULTON FOR CONGRESS

Mailing Address PO BOX 2013

City
SalemState
MAZip Code
01970Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Moulton, Seth, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	1	6		

FEC Identification Number

C C00547240

Transaction ID : D174285

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. STEVE COHEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Mailing Address 349 KENILWORTH PLACE

City
MEMPHISState
TNZip Code
38112Purpose of Disbursement
2016 Primary Contribution

011

Category/
Type

Candidate Name

Cohen, Steve, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 09

FEC Identification Number

C C00422980

Transaction ID : D175010

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address P.O. Box 425

City
RoswellState
GAZip Code
30077Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Price, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

FEC Identification Number

C C00386755

Transaction ID : D174287

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKY HARTZLER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Mailing Address PO BOX 531

City
HARRISONVILLEState
MOZip Code
64701Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Hartzler, Vicky, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 04

FEC Identification Number

C C00464602

Transaction ID : D174576

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. CLAY JR. FOR CONGRESS

Mailing Address P.O. BOX 4544

City
ST. LOUISState
MOZip Code
63108Purpose of Disbursement
2016 General Contribution

011

Candidate Name

Clay, William Lacy, , Rep.,Category/
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MO

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00346080**Transaction ID : D173756**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUNDMailing Address 607 14th Street N.W.
Suite 800City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2016 Contribution

011

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☐ General☒ Other (specify)

State:

District:

2016 Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	6		

FEC Identification Number

C C00327395**Transaction ID : D174366**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City
DES MOINESState
IAZip Code
50304Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Grassley, Charles, E., Sen.,Category/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: IA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

C C00230482**Transaction ID : D173743**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

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 PageFOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City
SIOUX FALLSState
SDZip Code
57101Purpose of Disbursement
2016 General Contribution

011

Category/
Type

Candidate Name

Thune, John, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: SD

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

FEC Identification Number

C C00409581

Transaction ID : D174362

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. YOPAC

Mailing Address 5631 ABERDEEN RD

City
FairwayState
KSZip Code
66205Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

FEC Identification Number

C C00497305

Transaction ID : D174282

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

166700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Felice, Francis, , , M.D.

Mailing Address 2626 Holly Hall St Apt 514

City
HoustonState
TXZip Code
77054-4178Purpose of Disbursement
Refund of 6/2/2016

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 6/2/2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

FEC Identification Number

C**Transaction ID : D175016**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patel, Arti, X., MS,

Mailing Address 1061 American Ln,

City
SchaumburgState
ILZip Code
60173-4973Purpose of Disbursement
Refund of 6/12/2016

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 6/12/2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2016

FEC Identification Number

C**Transaction ID : D175014**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patel, Arti, X., MS,

Mailing Address 1061 American Ln,

City
SchaumburgState
ILZip Code
60173-4973Purpose of Disbursement
Refund of 6/12/2016

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 6/12/2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2016

FEC Identification Number

C**Transaction ID : D175015**

Amount of Each Disbursement this Period

7.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roboubi, Babak, , DR, M.D.

Mailing Address 7305 Helmsdale Rd.

City
BethesdaState
MDZip Code
20817Purpose of Disbursement
Refund of 6/13/2016 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Refund of 6/13/2016

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

FEC Identification Number

C**Transaction ID : D175011**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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).....▶

100.00

132.00