10/26/2016	16 :	19
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PAGE 1 / 192

	ND DIS	OF REC BURSEN An Authorized		S		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT		mple: If typii the lines.	ng, type	12FE4M	5
American Society of Ane	sthesiologi	sts Political Ac		mittee		
	1061 American I					
ADDRESS (number and street)						
Check if different than previously reported. (ACC)	Schaumburg					60173 
2. FEC IDENTIFICATION NUM	BER 🔻	CITY A		S		ZIP CODE
C C00255752		3. IS THIS REPORT		NEW N) <b>OR</b>	<b>x</b> (A)	IENDED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
April 15 Quarterly Report (Q1)		Apr 20 (M4)	×	Jul 20 (M7)	Oct 2	20 (M10) Year Only) Jan 31 (YE)
July 15 Quarterly Report (Q2)		y Election t for the:	Primary (12F Convention (		General (	
October 15 Quarterly Report (Q3) January 31			M M /	D D /	Y Y Y Y	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Da	Election on y -Election	General (300		Runoff (3	0R) State of
Year Only) (MY) Termination Report (TER)		t for the:		D D /	Y Y Y Y Y	in the State of
5. Covering Period 06	/ D D / 01	2016	through	06	/ D D / 30	2016
I certify that I have examined this I Type or Print Name of Treasurer	Report and to t Conway, Thoma		wledge and I	pelief it is true	e, correct and	d complete.
Signature of Treasurer	Thomas, , Mr.,		[Electronically	<i>Filed]</i> Da	ate 10	/ D D / Y Y Y Y 26 / 2016
NOTE: Submission of false, erroneou	s, or incomplete	e information may su	bject the per	son signing thi	is Report to th	ne penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### American Society of Anesthesiologists Political Action Committee

R	Report Covering the Period: From: 06		b: 06 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		1029634.90
	(b) Cash on Hand at Beginning of Reporting Period	500940.95	
	(c) Total Receipts (from Line 19)	70684.87	597080.58
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	571625.82	1626715.48
7.	Total Disbursements (from Line 31)	172968.43	1228058.09
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	398657.39	398657.39
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	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

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Image#	2010	01020	90340	200002

### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: 06	0040	To: 06 / 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. 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		507000 50
Totals to Line 33, page 5)▶	70684.87	597080.58
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
<ol><li>Refunds of Contributions Made</li></ol>		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	70684.87	597080.58
0 Total Fadaral Pagainta		
<ol> <li>Total Federal Receipts (subtract Line 18(c) from Line 19)</li> </ol>	70684.87	597080.58
		007000.00

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 20485.03 Expenditures ..... 6136.43 (c) Total Operating Expenditures 20485.03 (add 21(a)(i), (a)(ii), and (b)) 6136.43 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 889316.02 and Other Political Committees... 166700.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 132.00 757.04 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 -2500.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 132.00 -1742.96 29. Other Disbursements (Including Non-Federal Donations)..... 320000.00 0.00 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 Total Federal Election Activity (add (C) 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

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	١
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#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

	i.		i.	i.		70684.87
		-7			-7	
						132.00
	1	-	1	1	-	102.00
		1				70550.07
1		- 7			7	70552.87
1		-			-	6136.43
						0.00
		-7-			-7-	
			1			6136.43
		-7-			-7-	

- E					
	 	7		 7	597080.58
- 65					
		-		-	-1742.96
- E	1				
		-7		7	598823.54
- E					20485.03
	 -	-7	1	 -7	
- E					0.00
- L.	 	7		 -7	0.00
100					
				 _	20485.03

COLUMN B

Calendar Year-to-Date



### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIP	13	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE	(In Full)								
American Society	of Anesthesiologists F	Political Action Committe	96						
A. Abbey, Kenneth, R., ,		Date of Receipt							
	/ US Veterans Hospital Road		06 05 2016						
City Portland	State OR	Zip Code 97207-1034	Transaction ID : C3327007           Amount of Each Receipt this Period						
FEC ID number of contrib federal political committee	ů.		41.67						
Name of Employer (for In Portland VA Medical Cente	,	cupation (for Individual) nesthesiologist	Memo Item						
Receipt For: Primary G Other (specify) ▼	eneral Aggregate	e Year-to-Date ▼ 250.02							
Full Name of Individual (I B. Abdelmalak, Basen	ast, First, Middle Initial) or Full	Organization Name	Date of Receipt						
9500 Eu	General Anesthesiology E-3 Clid Ave.		M M / D D / Y Y Y Y 06 25 2016						
City Cleveland	State OH	Zip Code 44195-0001	Transaction ID : C3341176 Amount of Each Receipt this Period						
FEC ID number of contrib federal political committee	ů.		83.33						
Name of Employer (for Ir Cleveland Clinic		cupation (for Individual) nesthesiologist	Memo Item						
Receipt For:	Aggregate	e Year-to-Date ▼							
Other (specify) ▼	eneral	499.98	1						
Full Name of Individual (I C. Abenstein, John, F	ast, First, Middle Initial) or Full P., , M.S.E.E.,	Organization Name	Date of Receipt						
Mailing Address 10978 E	leventh Ave N.W.		M M / D D / Y Y Y Y 06 14 2016						
City Oronoco	State MN	Zip Code 55960-2110	Transaction ID : C3332499         Amount of Each Receipt this Period						
FEC ID number of contrib federal political committee	<b>U</b>		83.33						
Name of Employer (for In Mayo Clinic		cupation (for Individual) ysician	Memo Item						
Receipt For: Primary G Other (specify)	eneral Aggregati	e Year-to-Date ▼ 499.98							
SUBTOTAL of Receipts Th	s Page (optional)		208.33						
TOTAL This Period (last pa	ge this line number only)	·····							

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(che	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	iologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Abouleish, Amr, E., , M.D., M.B.	Initial) or Full C	rganization Name		Date of	Ree	ceipt					
Mailing Address 4303 Evergreen Elm Ct				<sup>M</sup> M	/	01	) / Y	y y 2016	Y		
City Houston	State TX	Zip Code 77059-3120					C332535 leceipt th	is Period			
FEC ID number of contributing federal political committee.	С					y. 1		83.3	34		
Name of Employer (for Individual) UTMB		upation (for Individual) sician		Me	mo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1								
Full Name of Individual (Last, First, Middle B. Adams, David, C., , M.D.	Initial) or Full C	rganization Name		Date of	Ree	ceipt					
Mailing Address 48 Henderson Terrace				м м 06	/	20		2016	Y		
City Burlington	State VT	Zip Code 05401					C333856				
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
Name of Employer (for Individual) University of Vermont		upation (for Individual) esthesiologist		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		250.02	]								
Full Name of Individual (Last, First, Middle Adelman, Bruce, T, , M.D.	Initial) or Full C	rganization Name		Date of	Ree	ceipt					
Mailing Address 4896 Woodcliff Hill Rd N				<sup>M</sup> 06	/	D D D 20		2016	Y		
City West Bloomfield	State MI	Zip Code 48323-2378				-	C333754 Receipt th	<b>18</b> is Period			
FEC ID number of contributing federal political committee.	С					,	. y	41.0	67		
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) sthesiologist		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02									
SUBTOTAL of Receipts This Page (optional).						, .	. ,	166.6	58		
TOTAL This Period (last page this line number	er only)		•			-					

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PAGE 8 OF

		Use separate schedule(s)	(check	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11b		11c	12	47				
Any information copied from such Reports and or for commercial purposes, other than using the			erson for	the pu	urpose								
American Society of Anesthes	iologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle I A. Akin, Carol, F., , M.D.	nitial) or Full O	rganization Name	Dat	Date of Receipt									
Mailing Address 383 Tarren Mill Cir W				06 / 26 / Y Y Y Y 2016									
City Collierville	State TN	Zip Code 38017-7189				ID:C3		1 s Period					
FEC ID number of contributing federal political committee.	С				-7-		-y=-	85.0	00				
Name of Employer (for Individual) Medical Anesthesia Group		upation (for Individual) Anesthesiologist		Men	no Itei	m							
Receipt For: Primary General	Aggregate	Year-to-Date ▼											
Other (specify) <b>v</b>		510.00											
Full Name of Individual (Last, First, Middle I Allaire, Patrick, H., , M.D.	nitial) or Full O	rganization Name	Dat	e of F	Receip	ot							
Mailing Address 58991 290th St			06 / 16 / 2016 Transaction ID : C3335890										
City	State	Zip Code						-					
Cambridge		50046-8510	Am	ount c	of Eac	h Rece	eipt thi	s Period					
FEC ID number of contributing federal political committee.	С	C				41.67							
Name of Employer (for Individual) McFarland Clinic		Occupation (for Individual) physician			no Itei	m							
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		375.03											
Full Name of Individual (Last, First, Middle I c. Ames, Scott, E., , M.D.	nitial) or Full O	rganization Name	Dat	e of F	Receip	ot							
Mailing Address 3404 S. Birmingham Ave.				06 <sup>™</sup>	/ D	03	/ Y	2016	Y				
City Tulsa	State OK	Zip Code 74105-2827				ID:C3		5 s Period					
FEC ID number of contributing federal political committee.	С				y		9	1000.0	00				
Name of Employer (for Individual) Associated Anesthesiologists Inc.		upation (for Individual) sthesiologist		Mer	no Ite	m							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1										
SUBTOTAL of Receipts This Page (optional)								1126.6	67				
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9 OF

ıт		Use separate schedule(s)				(check only one)									
11				for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		12 16	17			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay r addr	not be sold or used by any pe ess of any political committee	ersor to :	n for the	e pur ontril	pose of putions f	solicitin	g con	tributio	ons			
$\square$	NAME OF COMMITTEE (In Full)														
/	American Society of Anesthesiol	ogists P	'oli	tical Action Committe	ee										
<u> </u>	Full Name of Individual (Last, First, Middle Initi Angus, Shane, C., , A.AC, M.	al) or Full C	Full Organization Name					Date of Receipt							
	Mailing Address 820 1st N.E. LL-150, Mail 25			1		M 06	VI /	D 14		Ŷ 20	ү 16	Y			
	City Washington	State DC		Zip Code 20002					C33325 Receipt t		eriod				
	FEC ID number of contributing federal political committee.	С							1.95		83.3	3			
	Name of Employer (for Individual) Case Western Reserve University	Occupation (for Individual) Professor					/lem	o Item							
	Receipt For:       Primary       General	Aggregate	Yea	ar-to-Date ▼	d										
	Other (specify) <b>v</b>	L	-9-	249.99											
B	Full Name of Individual (Last, First, Middle Initi Anton, James, M., , M.D.	al) or Full C	Drga	nization Name		Date of	of B	acaint							
υ.	Mailing Address 2302 Paradise Canyon Dr.							06 07 / Y Y Y Y 2016							
	City	State		Zip Code		Tran	sact	ion ID :	C33306	96					
	Pearland	TX		77584-3297		Amour	nt of	Each F	Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С						-gr.			41.6	7			
	Name of Employer (for Individual) Baylor St. Lukes Medical Center		•	tion (for Individual) esiologist		N	/lem	o Item							
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Primary General Other (specify) ▼	300.02													
с.	Full Name of Individual (Last, First, Middle Initi Ata, Sana, , , M.D.	al) or Full C	Drga	nization Name		Date of	of Re	eceipt							
	Mailing Address 41 Mall Rd					06		08	JL	201	16	Ŷ			
	City Burlington	State MA		Zip Code 01805-0001	-				C33310 Receipt t		ariod				
	FEC ID number of contributing federal political committee.	С						J			83.3	3			
	Name of Employer (for Individual) Lahey Hospital and Medical Center		•	tion (for Individual) esiologist		Ν	Nem	o Item							
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⊢	UBTOTAL of Receipts This Page (optional)				1 			, . , .			208.33	3			

FOR LINE NUMBER:

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177			(check only one)										
110			for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12				
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
<u> </u>	NAME OF COMMITTEE (In Full)			- 10 0									
	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee									
Α.	Full Name of Individual (Last, First, Middle Initial Babiash, Kimberly, H., , M.D.	) or Full Or	ganization Name	Date of Receipt									
	Mailing Address 3414 N Beach Club Cir				<sup>M</sup> 06	/	D D D D D D D D D D D D D D D D D D D	) / Y	2016	Y			
	City Wichita	State KS	Zip Code 67205-2532					C333213 leceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				50.0	00			
	Name of Employer (for Individual) MCAC	Occu Anes		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ 250.00										
	Full Name of Individual (Last, First, Middle Initial	) or Full Or	agnization Name										
	Bacani, Christopher, J., , M.D.				Date of	Re	ceipt						
	Mailing Address 198 Botany Blvd			M M 06	1	D D D 15	/ Y	2016	Y				
	City Santa Rosa Beach	State FL	Zip Code 32459-2615	_				C333310	9 is Period				
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Physician Aggregate Year-to-Date V			83.33								
	Name of Employer (for Individual) Panhandle Anesthesiology Associates				Me	emc	Item						
	Other (specify) ▼		499.98										
	Full Name of Individual (Last, First, Middle Initial Bailey, Bridget, A., , D.O.	) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 5725 E 17th Avenue Pkwy	1			06 <sup>M</sup>	1	26		2016	Y			
	City Denver	State CO	Zip Code 80220					C334118 leceipt th	<b>30</b> is Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y :	, y	83.3	33			
	Name of Employer (for Individual) USAP-CO		pation (for Individual) thesiologist		Me	emo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.66										
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	216.6	66			
т	OTAL This Period (last page this line number on	ly)	••••••	-									

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PAGE 11 OF

IT.			Use separate schedule(s)	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 13		11b	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the		pose of	soliciting	contribut	ions				
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e									
A.	Full Name of Individual (Last, First, Middle Initia Banks, Shawn, E., , M.D.	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1713 Cortez Street			M 06									
	City Coral Gables	State FL	Zip Code 33134			ion ID : Each R		70 his Period					
	FEC ID number of contributing federal political committee.	С						41.6	37				
	Name of Employer (for Individual) University of Miami		upation (for Individual) sician		Nemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
в.	Full Name of Individual (Last, First, Middle Initia Baratta, Jaime, L., , M.D.	al) or Full O	organization Name	Date	of Re	eceipt							
	Mailing Address 111 S 11th St Suite 8290, Gibbon Building - A City	Anes State Zip Code			M /	D D D 24	/ Y	2016	Ŷ				
	Philadelphia	PA	19107-4824			ion ID : (		3 is Period					
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Anesthesiologist			41.67								
	Name of Employer (for Individual) Thomas Jefferson University				Nemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
с.	Full Name of Individual (Last, First, Middle Initia Barbosa-Hernandez, German, F., ,		organization Name	Date	of Re	eceipt							
	Mailing Address 301 N Walker Ave Apt 11406			06		D 30	/ Y	2016	Y				
	City Oklahoma City	State OK	Zip Code 73102-1840			t <b>ion ID :</b> Each R		98 Iis Period					
	FEC ID number of contributing federal political committee.	С				y	y	83.3	33				
	Name of Employer (for Individual) Oklahoma University - Health Science C		upation (for Individual) istant Professor		√lemo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98										
s	UBTOTAL of Receipts This Page (optional)		•			,	,	166.6	§7				
Т	OTAL This Period (last page this line number or	וy)	•										

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PAGE 12 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	esiologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Midd Bassi, Richard, P., , A.AC	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9953 fair haven driveapt I			M M / D D / Y Y Y Y 06 06 2016								
City Indianapolis	State GA	Zip Code 46280	Transaction ID : C3327857 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Indiana University School of Medicine		upation (for Individual) gram Director	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]								
Full Name of Individual (Last, First, Midd <b>B. Bautista, John, T., , M.D.</b>	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9147 Saddlebow Dr			06 / 02 / 2016								
City Brentwood	State TN	Zip Code 37027-6060	Transaction ID : C3325699 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Phymed		upation (for Individual) sician	Memo Item								
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify) ▼		500.00	]								
Full Name of Individual (Last, First, Midd Beckenstein, Charles, R., , M.		rganization Name	Date of Receipt								
Mailing Address 610 S Rome Ave Apt 602			06 / Y Y Y Y Y 06 24 2016								
City Tampa	State FL	Zip Code 33606-2589	Transaction ID : C3339182 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Sheridan Healthcare		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]								
SUBTOTAL of Receipts This Page (optional	al)		583.34								
TOTAL This Period (last page this line nun	nber only)										

### SCHEDULE A (FEC Form 3X) DEAEIDTA

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PAGE 13 OF

	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		, p								
American Society of Anesthe	esiologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middl A. Beckham, Jeb, , , M.D.	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 220 W Jackson Ave Apt 4 Unit 407			06 / D D / Y Y Y Y 26 2016							
City Knoxville	State TN	Zip Code 37902-1153	Transaction ID : C3341169 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) University Anesthesiologists		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
Full Name of Individual (Last, First, Middl B. Beers, Richard, A., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 7758 Salt Springs Rd.			06 / D D / Y Y Y Y 18 2016							
City	State NY	Zip Code	Transaction ID : C3338539							
Fayetteville	INF	13066-2246	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.67							
Name of Employer (for Individual) SUNY Upstate Medical Univ, Syracuse, N		upation (for Individual) sician	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		250.02	]							
Full Name of Individual (Last, First, Middl C. Begin, Eileen, V., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 110 Irving St. NW #G-226	3		M M / D D / Y Y Y Y Y 06 06 2016							
City Washington	State DC	Zip Code 20010-3017	Transaction ID : C3327859 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Medstar Washington Hospital Center		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]							
SUBTOTAL of Receipts This Page (optional	l)		166.67							
TOTAL This Period (last page this line num	ber only)									

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PAGE 14 OF

			Use separate schedule(s)	(check only one)							
11			for each category of the Detailed Summary Page	<b>×</b> 11a	111		11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the					e of sol					
	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	e							
Α.	Full Name of Individual (Last, First, Middle Initia Berger, David, B., , M.D.	al) or Full O	rganization Name	Date o	of Receip	pt					
	Mailing Address 7 Sandra Ct.			06		13		2016	Y		
	7 Sandra Ct.	State	Zip Code		saction	- 1			_		
	Glen Cove	NY	11542				ipt this I	Period			
	FEC ID number of contributing federal political committee.	С						83.3	3		
	Name of Employer (for Individual) NAPA		upation (for Individual) sician		lemo Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	· · · ·	400.09								
	Other (specify) <b>v</b>		499.98								
в.	Full Name of Individual (Last, First, Middle Initia Berger, Scott, M., , M.D.	al) or Full O	rganization Name	Date o	of Receip	pt					
	Mailing Address 821 McKinley Avenue			06		07		016	Y		
	City	State	Zip Code	Trans	saction	ID : C33	30506				
	Louisville	CO	80027	Amour	nt of Ead	ch Rece	ipt this I	Period			
	FEC ID number of contributing federal political committee.	С						500.0	0		
	Name of Employer (for Individual) Colorado Permanente Medical Group		upation (for Individual) esthesiologist		lemo Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
с.	Full Name of Individual (Last, First, Middle Initia Bermann, Mordechai, , , M.D.	al) or Full O	rganization Name	Date o	of Receip	pt					
	Mailing Address 7 Plymouth Ln			06	JL	26	2	016	Y		
	City East Brunswick	State NJ	Zip Code 08816-3322		saction		341177 ipt this I	Poriod			
	FEC ID number of contributing federal political committee.	С					ipt tills i	41.6	7		
	Name of Employer (for Individual) Rutgers		upation (for Individual) sician		lemo Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary     General       Other (specify)		250.02								
s	UBTOTAL of Receipts This Page (optional)						y .	625.0	0		
т	OTAL This Period (last page this line number o	nly)					-				

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PAGE 15 OF

ITF			(check only one)									
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 1	F	11k		11c	12	<u> </u>		
	/ information copied from such Reports and Sta for commercial purposes, other than using the n			rson for								
	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesiolo	ogists P	olitical Action Committe	e								
	Full Name of Individual (Last, First, Middle Initia Bertsch, Stuart, , , M.D.	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 1226 Fieldsedge Dr			M	06 <sup>M</sup>	/ D	20	/ Y	y y 2016	Y		
	City Hebron	State KY	Zip Code 41048					333855 ceipt th	<b>4</b> is Period			
	FEC ID number of contributing federal political committee.	С				-9		-	41.6	67		
	Name of Employer (for Individual) USAF		upation (for Individual) esthesiologist		Mei	no Ite	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02									
	Full Name of Individual (Last, First, Middle Initia Bissing, Mary Kay, , , D.O.	l) or Full O	organization Name	Da	te of	Receip	ot					
	Mailing Address 420 W. Westleigh Rd.					/ D	20	/ Y	2016	Y		
		State	Zip Code 60045					333858				
-	Lake Forest		Am	ount	of Ead	h Reo	ceipt th	is Period	_			
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Physician			83.33							
	Name of Employer (for Individual) Nidwest anesthesia partners				Mer	no Ite	m					
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼											
<b>C.</b>	Full Name of Individual (Last, First, Middle Initia Bittenbinder, Timothy, M., , M.D.	l) or Full O	organization Name	Da	te of	Receip	ot					
	Mailing Address 2401 S 31st St Dpt of Anesthes	1		M	06 <sup>M</sup>	/ D	25	/ Y	2016	Y		
	City Temple	State TX	Zip Code 76508-0001					334115 ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С				y		y	83.3	33		
	Name of Employer (for Individual) Baylor Scott and White		upation (for Individual) sician		Me	no Ite	m					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98									
รเ	JBTOTAL of Receipts This Page (optional)		•			7		9	208.3	33		
тс	TAL This Period (last page this line number on	ly)	••••••			Ŧ		-				

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PAGE 16 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	the name and a	duress of any political committee										
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Blackburn, Terri, W., , M.D.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4600 Anderson Way			M M / D D / Y Y Y Y 06 25 2016									
City Bellingham	State WA	Zip Code 98226-7938	Transaction ID : C3341160 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		166.67									
Name of Employer (for Individual) Bellingham Anesthesia Associates		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.02	]									
Full Name of Individual (Last, First, Middle B. Block, Elizabeth, N, , A.A.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 12631 E 17th Ave Ste 211			06 / D / Y Y Y Y 2016									
City Aurora	State CO	Zip Code 80045-2527	Transaction ID : C3332363 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		41.67									
Name of Employer (for Individual) University of Colorado		upation (for Individual) tified Anesthesiologist Assistant	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]									
Full Name of Individual (Last, First, Middle C. Boehm, Jason, A., , D.O.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4131 E White Oak Drive			06 21 2016									
City Springfield	State MO	Zip Code 65809-2348	Transaction ID : C3338745 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Mercy Clinic Anesthesiology		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	]									
SUBTOTAL of Receipts This Page (optional)	)		291.68									
TOTAL This Period (last page this line num	per only)											

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PAGE 17 OF

		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	★     11a     11b     11c     12       13     14     15     16     17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions								
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e								
Α.	Full Name of Individual (Last, First, Middle Initia Boryan, Andrew, J., , M.D.	ll) or Full O	Organization Name	Date of Receipt								
	Mailing Address 1311 Wilson Ave			06 / D D / Y Y Y Y 06 08 2016								
	City Chambersburg	State PA	Zip Code 17201-1333	Transaction ID : C3331014           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		83.33								
	Name of Employer (for Individual) Summit Physician Services		upation (for Individual) esthesiologist	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99									
в.	Full Name of Individual (Last, First, Middle Initia Brady, Jill, , , BSN	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 9403 W. 146th Pl.			M M / D D / Y Y Y Y 06 20 2016								
	City Overland Park	State KS	Zip Code 66221	Transaction ID : C3338567 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer (for Individual) Blue Valley School District		cupation (for Individual) gistered Nurse	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼ 250.02									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Brady, Mark, D., , M.D.	ll) or Full O	Organization Name	Date of Receipt								
	Mailing Address 9403 W. 146th Pl.			06 20 2016								
	City Overland Park	State KS	Zip Code 66221	Transaction ID : C3338564 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		41.67								
	Name of Employer (for Individual) Midwest Anesthesia Associates		upation (for Individual) sician Anesthesiologist	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.02									
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	166.67								
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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Middle Brainin-Mattos, Josue, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 820 Prudential Dr, Suite 60	06										
City Jacksonville	State FL	Zip Code 32207	Transaction ID : C3332380 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Florida Anesthesia Associates		upation (for Individual) esthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 499.98	1								
Full Name of Individual (Last, First, Middle B. Briesacher, Kurt, S., , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 5671 Peachtree Dunwoody	y Rd NE Ste		M M / D D / Y Y Y Y 06 16 2016								
City Atlanta	State GA	Zip Code 30342-5005	Transaction ID : C3333400 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Physician Specialists In Anes, PC		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		250.02	1								
Full Name of Individual (Last, First, Middle Brockwell, Russell, C., , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 8988 Crooked Stick Court			M M / D D / Y Y Y Y 06 28 2016								
City Naples	State FL	Zip Code 34113	Transaction ID : C3341222 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer (for Individual) Anesthesia Associates of Naples		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1								
SUBTOTAL of Receipts This Page (optional)	)		625.00								
TOTAL This Period (last page this line numb	per only)										

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ıт.	TEMIZED RECEIPTS		Use separate schedule(s	s) (	(check only one)							
11			for each category of the Detailed Summary Page		¥ 11a 13	11b	11c	12	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements make name and a	ay not be sold or used by a address of any political comm	ny perso nittee to	on for the	purpose o	f soliciting	g contrib	utions			
	American Society of Anesthesic	ologists P	Political Action Comr	nittee								
Α.	Full Name of Individual (Last, First, Middle Ini Broderick, Gearin, E., , M.D.	tial) or Full C	Drganization Name		Date of Receipt							
	Mailing Address 1559 Fiddlers Marsh Dr PO Box 886 City	State	Zip Code		06	03		2016	Y			
	Mt Pleasant	Sc	29464-4288			action ID t of Each I			d			
	FEC ID number of contributing federal political committee.	С						500	.00			
	Name of Employer (for Individual) Department of Veterans' Affairs		cupation (for Individual) esthesiologist		M	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 500.00									
в.	Full Name of Individual (Last, First, Middle Ini Brown, Michael, S., , M.D.	tial) or Full C	Drganization Name		Date o	f Receipt						
	Mailing Address DC005.00 One Hospital Drive City	State	Zip Code		06	/ D		2016	Y			
	Columbia	MO	65212-0001	-		action ID : t of Each I			d			
	FEC ID number of contributing federal political committee.	С							.33			
	Name of Employer (for Individual) University of Missouri-Columbia		cupation (for Individual) esthesiologist		М	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , , 666.64									
c.	Full Name of Individual (Last, First, Middle Ini Brown, Michael, S., , M.D.	tial) or Full C	Drganization Name		Date o	f Receipt						
	Mailing Address DC005.00 One Hospital Drive City	State	Zip Code		06 Trans	25 saction ID	5	2016 64	Y			
	Columbia	MO	65212-0001			t of Each I			d			
	FEC ID number of contributing federal political committee.	С				, , ,	, ,	83	.33			
	Name of Employer (for Individual) University of Missouri-Columbia		cupation (for Individual) esthesiologist		M	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 666.64									
s	UBTOTAL of Receipts This Page (optional)			►		, , ,	,	666	.66			
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only								
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	<b>X</b> 1	1a 3	11b	11c	12					
Any information copied from such Reports or for commercial purposes, other than usi			person for	the p	urpose		ng contribu					
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Commit	tee									
Full Name of Individual (Last, First, Mide Brown, Ronald, S., , Jr., M.D.		rganization Name	Da	te of	Receipt	t						
Mailing Address 1 Mobile Infirmary Cir., 2	2nd Fl.			06 30 2016								
City Mobile	State AL	Zip Code 36607-3522				D:C3343	<b>846</b> this Perioc	k				
FEC ID number of contributing federal political committee.	C			_	-y		83	.34				
Name of Employer (for Individual) Anesthesia Services Mobile Alabama		upation (for Individual) sthesiologist		Mei	mo Iten	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1									
Full Name of Individual (Last, First, Mide B. Burch, James, R., , M.D.	dle Initial) or Full O	rganization Name	Da	te of	Receipt	t						
Mailing Address 1755 Kirby Pky., Suite #	330			06		13	2016	Y				
City Memphis	State TN	Zip Code 38120-4398				<b>D : C3332</b> 1	<b>166</b> this Perioc					
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Medical Anesthesia Group		upation (for Individual) sthesiologist		Mei	mo Iten	n						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]									
Full Name of Individual (Last, First, Mide C. Burgan, Jeffrey, D., , M.D.	dle Initial) or Full O	rganization Name	Da	te of	Receipt	t						
Mailing Address 11115 S. Freya Rd.				06 <sup>™</sup>		13 <sup>/</sup>	2016	Y				
City Spokane	State WA	Zip Code 99223-9421				<b>D : C3332</b> n Receipt	<b>212</b> this Perioc					
FEC ID number of contributing federal political committee.	С			_	y	,	250	.00				
Name of Employer (for Individual) Providence Medical Group	Occu MD	upation (for Individual)		Me	mo Iter	n						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]									
SUBTOTAL of Receipts This Page (option	ial)				,	,	416.	.68				
TOTAL This Period (last page this line nu	mber only)				-							

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Burgess, Frederick, W., , M.D., Ph.D	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 569 Fruit Hill Ave			M M / D D / Y Y Y Y 06 04 2016								
City North Providence	State RI	Zip Code 02911	Transaction ID : C3326988 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.34								
Name of Employer (for Individual) Providence VAMC		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]								
Full Name of Individual (Last, First, Middle <b>3.</b> Byland, James, T., , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 13 Carmel Ln		- 1	M M / D D / Y Y Y Y 06 10 2016								
City	State	Zip Code	Transaction ID : C3332005								
Brentwood	TN	37027-8928	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		41.67								
Name of Employer (for Individual) Self - Nashville Anesthesia Svcs.		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify) ▼		250.02	]								
Full Name of Individual (Last, First, Middle C. Calimlim, Jesus Robert, R., , M.		rganization Name	Date of Receipt								
Mailing Address 4583 Providence Rd.			06 / D D / Y Y Y Y 20 2016								
City Jamesville	State NY	Zip Code 13078-9581	Transaction ID : C3338593 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Upstate Medical University		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]								
SUBTOTAL of Receipts This Page (optional).			208.34								
TOTAL This Period (last page this line number	er only)										

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
angle American Society of Anesthe	siologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Middle A. Camps, Mario, , , M.D.	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1755 Hibiscus St Suite 215												
City Melbourne	State FL	Zip Code 32901										
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Brevard Physician Associates		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1									
Full Name of Individual (Leet First Middle		versionation Name										
Full Name of Individual (Last, First, Middle B. Cao, Xiqing, Cathy, , M.D.	initial) of Full O	rganization Name	Date of Receipt									
Mailing Address 9116 Golden Angel Ct			06 / <sup>V</sup> Y Y Y Y 2016									
City Boonsboro	State MD	Zip Code 21713-1867	Transaction ID : C3330728 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Medstar Washington Hospital Center		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.02	1									
Full Name of Individual (Last, First, Middle C. Capell, Gail, B., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 84 Stockman Rd			06 / D D / Y Y Y Y Y 2016									
City Prosperity	State SC	Zip Code 29127-7848	Transaction ID : C3333099 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) Lexington Medical Center		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]									
SUBTOTAL of Receipts This Page (optional	)		583.34									
TOTAL This Period (last page this line num	ber only)											

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PAGE 23 OF

	-	Use separate schedule(s)	(check only	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11c	12	 						
Any information copied from such Reports a or for commercial purposes, other than usin				ourpose of soli									
NAME OF COMMITTEE (In Full)													
American Society of Anesthe	esiologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Midd Capone, Nicholas, , , D.O.	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9146 Bay Point Drive			M M M	/ D D /		016	ſ						
City Orlando	State FL	Zip Code 32819	Transaction ID : C3332167 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 41.67										
Name of Employer (for Individual) JLR		upation (for Individual) sthesiologist	Me	mo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02											
Full Name of Individual (Last, First, Midd B. Carlsen, James, , , M.D.	le Initial) or Full C	rganization Name	Date of	Receipt									
Mailing Address P.O. Box 2889	1-		06 / D D / Y Y Y Y 2016										
City Winter Derk	State FL	Zip Code		ction ID : C33									
Winter Park	12	32789	Amount	of Each Rece	ipt this P	'eriod	_						
FEC ID number of contributing federal political committee.	C				- <b>1</b>	41.67	7						
Name of Employer (for Individual) USAP		upation (for Individual) esthesiologist	Me	mo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		333.36											
Full Name of Individual (Last, First, Midd C. Carney, John, , , M.D.	le Initial) or Full C	rganization Name	Date of	Receipt									
Mailing Address 534 Ridgeview Drive			06	/ D D /		016	r						
City Erie	State PA	Zip Code 16505		of Each Rece		eriod							
FEC ID number of contributing federal political committee.	C			y .	,	83.34	4						
Name of Employer (for Individual) North American Partners in Anesthesia		upation (for Individual) STHESIOLOGIST	Me	mo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04											
SUBTOTAL of Receipts This Page (optional	al)			, , ,	, .	166.68	3						
TOTAL This Period (last page this line nun	nber only)				-								

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g cont	tributio	ons		
$\land$	NAME OF COMMITTEE (In Full)	la giata D	olitical Action Committe										
	American Society of Anesthesio	iogists Po		ee									
Α.	Full Name of Individual (Last, First, Middle Initi Carollo, Dominic, S., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 6511 Louis XIV St												
	City New Orleans	State LA	Zip Code 70124-3219					C332684		eriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>					41.6	7		
	Name of Employer (for Individual) Ochsner		upation (for Individual) sician Anesthesiologist		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
В.	Full Name of Individual (Last, First, Middle Initi Castillo, Wilfrido, E., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 840 E Birch Ave			06 / D D / Y Y Y Y 2016									
	City Milwaukee	State WI	Zip Code 53217-5359					C333236		ule el			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 41.67									
	Name of Employer (for Individual) Aurora Medical Group	Occi Ane		М	emo	tem							
	Receipt For:	Aggregate	Year-to-Date ▼ , 250.02										
<u> </u>	Full Name of Individual (Last, First, Middle Initi Castro, Peter, L., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 2910 17th Street				<sup>M</sup> 06	/	D D 04	/ Y	201	6 6	Y		
	City Boulder	State CO	Zip Code 80304					C332784		eriod	_		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			41.6	7		
	Name of Employer (for Individual) Boulder Valley Anesthesiology		ipation (for Individual) iician		М	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.35										
⊢	UBTOTAL of Receipts This Page (optional)						, . , .	5		125.0 <sup>-</sup>	1		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c		2	17							
	y information copied from such Reports and Sta for commercial purposes, other than using the								g conti									
<u> </u>	NAME OF COMMITTEE (In Full)		adress of any political commute	, 10 3		TUTIC		10111 3001										
	American Society of Anesthesiol	ogists P	olitical Action Committe	ee														
Α.	Full Name of Individual (Last, First, Middle Initia Chambers, Donn, A., , M.D.	al) or Full O	organization Name		Date of	Re	eceipt											
	Mailing Address St. Josephs Hosp., Anes. Dept. 5665 Peachtree Dunwoody Rd.				M M / D D / Y Y Y Y 06 27 2016													
	City Atlanta	State GA	Zip Code 30342					C333925 Receipt th		riod								
	FEC ID number of contributing federal political committee.	С					-			41.67	7							
	Name of Employer (for Individual) Physician Specialists in Anesthesia, P		upation (for Individual) sthesiologist		M	emo	tem Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02															
	Full Name of Individual (Last, First, Middle Initia Chan, Chun, K., , M.D.	al) or Full O	organization Name		Date of	Re	eceipt											
	Mailing Address 168 Riverwalk Pl			06 / 14 / 2016 Transaction ID : C3332339														
	City	State TN	Zip Code															
	Memphis								Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-y 1			41.67	7							
	Name of Employer (for Individual) Medical Anesthesia Group	Occi ane		M	emo	o Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02															
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	organization Name		Date of	Re	eceipt											
	Mailing Address 9 Ecurie Ct				06 M	/	D 13		201									
	City Little Rock	State AR	Zip Code 72223-8917					C333210 Receipt th		riod								
	FEC ID number of contributing federal political committee.	С		83.														
	Name of Employer (for Individual) Baptist Health, Little Rock		upation (for Individual) sthesiologist		М	emo	o Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04															
s	JBTOTAL of Receipts This Page (optional)		•	•			y	. ,	1	66.68	3							
т	OTAL This Period (last page this line number o	nly)	••••••	-				-		-								

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesth	esiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Midd A. Chanvitayapongs, Jiravud, , , M.D.	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7737 E Purple Desert Pa	ass		M M / D D / Y Y Y Y 06 26 2016									
City Tucson	State AZ	Zip Code 85715-3656	Transaction ID : C3341186 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.33									
Name of Employer (for Individual) Old Pueblo Anesthesia		upation (for Individual) sthesiologists	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]									
Full Name of Individual (Last, First, Midd Cherry, Samuel, A., , III, M.D.	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 149 Lucerne Blvd			06 / 18 / Y Y Y Y 2016									
City _Birmingham	State AL	Zip Code 35209-6657	Transaction ID : C3337309 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.34									
Name of Employer (for Individual) Birmingham VA Medical Center		upation (for Individual) esthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]									
Full Name of Individual (Last, First, Midd C. Chung, Hyuk, , , M.D.	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 415 E. North Water St Apt 2604			M M / D D / Y Y Y Y 06 12 2016									
City Chicago	State IL	Zip Code 60611	Transaction ID : C3332375 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) MAP		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	1									
SUBTOTAL of Receipts This Page (option	al)	······	250.00									
TOTAL This Period (last page this line nur	nber only)	······										

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PAGE 27 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       version for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesth	esiologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Mide Coffman, Traci, L., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2003 Day St			Model       Model <td< td=""></td<>									
City Ann Arbor	State MI	Zip Code 48104-3605										
FEC ID number of contributing federal political committee.	С		20.83									
Name of Employer (for Individual) 2006 Hogback Rd	Occ MD	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1									
			-									
Full Name of Individual (Last, First, Mido B. Coffman, Traci, L., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2003 Day St			06 / 12 / 2016									
City	State	Zip Code	Transaction ID : C3332139									
Ann Arbor	MI	48104-3605	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) 2006 Hogback Rd	Occ MD	upation (for Individual)	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		375.00	]									
Full Name of Individual (Last, First, Mido C. Cohen, David, J., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 32630 Bingham Rd			06 23 2016									
City Bingham Farms	State MI	Zip Code 48025-2430	Transaction ID : C3339069 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		41.67									
Name of Employer (for Individual) Mednax		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	1									
SUBTOTAL of Receipts This Page (option	al)		104.17									
TOTAL This Period (last page this line nur	mber only)											

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	-	Use separate schedule(s)	(cheo	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	_	1b	11c	12					
Any information copied from such Reports or for commercial purposes, other than us						se of s							
NAME OF COMMITTEE (In Full)	a aciala ciata D	alitical Action Commit											
American Society of Anest	lesiologists P		lee										
Full Name of Individual (Last, First, Mid A. Colligan, Joseph, F., , JR	dle Initial) or Full O	rganization Name	D	Date of Receipt									
Mailing Address 1330 Wild Rose Ln.				Mom     /     27     2016       Transaction ID : C3341170       Amount of Each Receipt this Period									
City Lake Forest	State IL	Zip Code 60045											
FEC ID number of contributing federal political committee.	С							41.0	67				
Name of Employer (for Individual) Anesthesia Consultants		upation (for Individual) sthesiologist		Me	mo It	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1										
Full Name of Individual (Last, First, Mid Cooley, Randahl, F., , M.D.	dle Initial) or Full O	rganization Name	D	ate of	Rece	eipt							
Mailing Address 132 Rugby Rd			06 / 03 / 2016 Transaction ID : C3327000										
City Longmeadow	State MA	Zip Code 01106-1532											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Springfield Anesthesia Service		upation (for Individual) esthesiologist	- [	Me	mo It	tem							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		500.00	]										
Full Name of Individual (Last, First, Mid Cooper, Philippe, J., , M.D.	dle Initial) or Full O	rganization Name	D	ate of	Rece	eipt							
Mailing Address 11560 N Canterbury Lr	1			<sup>M</sup> 06	/	02	/ Y	2016	Y				
City Mequon	State WI	Zip Code 53092-2781					ceipt thi	is Period					
FEC ID number of contributing federal political committee.	С			_	y		y	500.0	00				
Name of Employer (for Individual) Metropolitan Anesthesiologists		upation (for Individual) sician		Me	mo It	tem							
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 500.00											
SUBTOTAL of Receipts This Page (option	nal)				9		. ,	1041.6	67				
TOTAL This Period (last page this line nu	umber only)						- 45-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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				or each category of the Detailed Summary Page	×	11a 13		] 1′   14	F		11c 15	12		17	
or	y information copied from such Reports and Stateme for commercial purposes, other than using the name					or the		po	se of		liciting	contrik			
	NAME OF COMMITTEE (In Full) American Society of Anesthesiologis	sts P	olit	ical Action Committe	e										
Α.	Full Name of Individual (Last, First, Middle Initial) or Cooper, Raymond Lebron, , , M.D. Mailing Address 877 Jefferson Ave, Chandler Buildi	<sup>·</sup> Full O	rgar	nization Name	Date of Receipt										
	City St Memphis T	ate		Zip Code 38103-2807		Trans			ID :		334489	1			
	FEC ID number of contributing federal political committee.					mount	I OT	Ea	ich H	lec	eipt thi	s Peric 8	od 3.33		
	Name of Employer (for Individual)         UNIVERSITY OF TENNESSEE COLLEGE OF MED         Receipt For:       Agg         Primary       General         Other (specify) ▼	PH	' YSIC	ion (for Individual) CIAN ANESTHESIOLOGIST ur-to-Date ▼ 499.98		Me	emo	o It	em						
Β.	Full Name of Individual (Last, First, Middle Initial) or Cotton, Stephen, C., , M.D. Mailing Address 3906 Eaton Dr.	Full O	rgar	nization Name		ate of	f Re	ece	D D	)	/ Y	Y Y	Ý		
	City St Rockford II FEC ID number of contributing federal political committee.	_		Zip Code 61114-6184	06     04     2016       Transaction ID : C3326997       Amount of Each Receipt this Period       500.00										
	Name of Employer (for Individual) MercyHealth		upat sicia	tion (for Individual) an		Me	emo	o It	em						
	Receipt For:     Agg       Primary     General       Other (specify) ▼			ır-to-Date ▼ 500.00											
с.	Full Name of Individual (Last, First, Middle Initial) or Cox, Eric, Eric, , M.D.	<sup>·</sup> Full O	rgar	nization Name		ate of	Re	ece	ipt						
	Mailing Address 1924 Alcoa Highway, Box U-109 UT Medical Center, Dept. of Anesth City	ate		Zip Code		06			24	1	/ Y 333920	2016 2	Y		
	-	N		37920	A							s Peric	bd		
	FEC ID number of contributing federal political committee.				ļ			,			<u>9</u>	8	3.33		
	Name of Employer (for Individual) University Anesthesiologists	Occi Phys	•	ion (for Individual) n		M	emo	o It	em						
	Receipt For:     Agg       Primary     General       Other (specify)	regate	Yea	ur-to-Date ▼ 499.98											
s	UBTOTAL of Receipts This Page (optional)			•	[			,		l	7	66	6.66		
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			for each category of the Detailed Summary Page	✗     11a     11b     11c     12       13     14     15     16     17										
	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) American Society of Anesthesiolo	gists P	olitical Action Committe	e										
Α.	Full Name of Individual (Last, First, Middle Initial) Craft, Robert, M., , M.D. Mailing Address 1924 Alcoa Hwy # U109	) or Full O	Organization Name	Date of Receipt										
	Dept. of Anesthesiology City	State	Zip Code	06 23 2016 Transaction ID : C3339070										
	Knoxville	TN	37920-1511	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		41.67										
	Name of Employer (for Individual) University Anesthesiologists2681		upation (for Individual) esthesiologist	Memo Item										
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.98											
в.	Full Name of Individual (Last, First, Middle Initial) Craft, Robert, M., , M.D.	) or Full O	Organization Name	Date of Receipt										
	Mailing Address 1924 Alcoa Hwy # U109 Dept. of Anesthesiology	1		06 / Y Y Y Y 25 2016										
	City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : C3341207 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		83.33										
	Name of Employer (for Individual) University Anesthesiologists2681		cupation (for Individual) esthesiologist	Memo Item										
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.98											
с.	Full Name of Individual (Last, First, Middle Initial) Craft, Robert, M., , M.D.	) or Full O	Organization Name	Date of Receipt										
	Mailing Address 1924 Alcoa Hwy # U109 Dept. of Anesthesiology	1		06 / Y Y Y Y 2016										
	City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : C3341179 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		83.33										
	Name of Employer (for Individual) University Anesthesiologists2681 Receipt For:	Ane	upation (for Individual) sthesiologist	Memo Item										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.98											
s	UBTOTAL of Receipts This Page (optional)			208.33										
т	OTAL This Period (last page this line number onl	y)	•											

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171			Use separate schedule(s)	(ch	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
<u>.</u>	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee										
A.	Full Name of Individual (Last, First, Middle Initia Crawford, Jack, H., , M.D., Ph.D	ll) or Full O	rganization Name	Date of Receipt										
	Mailing Address 2241 Vesthaven Way E				м м 06	/	03	) / Y	y y 2016	Y				
	City Vestavia	State AL	Zip Code 35216-2007	_	Transaction ID : C3326838 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>				250.0	00				
	Name of Employer (for Individual) UAB Hospital		upation (for Individual) sician		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name of Individual (Last, First, Middle Initia Crone, Robert, A., , M.D.	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 124 E. Cherry Dr.			06 / D D / Y Y Y Y 2016										
	City	State TN	Zip Code					C333216						
	Memphis		38117-3111	-	Amount	of	Each F	Receipt th	is Period	_				
	FEC ID number of contributing federal political committee.	C			Ļ.	-			41.6	67				
	Name of Employer (for Individual) Medical Anesthesia Group		upation (for Individual) esthesiologist		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify) ▼		250.02											
C.	Full Name of Individual (Last, First, Middle Initia Crook, James, , , Jr., M.D.	ll) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 747 52nd St Anesthesia Office, 3rd Floor				06 <sup>M</sup>	/	04		2016	Y				
	City Oakland	State CA	Zip Code 94609					C332699						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	41.6	67				
	Name of Employer (for Individual) Childrens Anesthesia Medical Group		upation (for Individual) iatric Anesthesiologist		Me	emo	ttem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02											
s	UBTOTAL of Receipts This Page (optional)		<b>-</b>				, .	. ,	333.3	34				
т	OTAL This Period (last page this line number or	ıly)	••••••	•			-	-						

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		Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12								
Any information copied from such Reports and or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)						Commute								
American Society of Anesthes	siologists P	olitical Action Committ	ee											
Full Name of Individual (Last, First, Middle Culp, Kimberley, E., , M.D.	Date of Receipt													
Mailing Address W6025 Rim of the City Rd			M M / D D / Y Y Y Y Y 06 07 2016											
City La Crosse	State WI	Zip Code 54601-3040	Transaction ID : C3330695 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		41.67											
Name of Employer (for Individual) Gundersen Health Systems		upation (for Individual) esthesiologist		emo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  250.02	1											
Full Name of Individual (Last, First, Middle	Initial) or Full C	Prganization Name	Data at	Dessint										
B. Cunningham, Jay, D., , D.O. Mailing Address 18808 Saddle River Dr			Date of Receipt											
City Edmond	State OK	Zip Code 73012-4104		action ID : C t of Each Re										
FEC ID number of contributing federal political committee.	FEC ID number of contributing						83.33							
Name of Employer (for Individual) Affiliated Anesthesiologist Inc		upation (for Individual) rsician	M	emo Item										
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		499.98	1											
Full Name of Individual (Last, First, Middle C. Cutter, Gary, L., , M.D.	Initial) or Full C	organization Name	Date of	Receipt										
Mailing Address 1100 Marshall Way Marshall Way, Anes.Dept.			<sup>M</sup> 06	/ D D 14		2016	Y							
City Placerville	State CA	Zip Code 95667-6533		action ID : C										
FEC ID number of contributing federal political committee.	С				5	400.0	0							
Name of Employer (for Individual) EDAMG		upation (for Individual) sician		emo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	]											
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PAGE 33 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)									
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	ny information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g conti	ributio	ons		
$\square$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesio	logists P	olitical Action Committe	ee									
<u>к</u>	Full Name of Individual (Last, First, Middle Initi D'Arduini, Armando, , , M.D.	rganization Name		Date of	f Re	eceipt							
	Mailing Address 216 1st St Dept of Anes			06 / D D / Y Y Y Y 06 03 2016									
	City Mineola	State NY	Zip Code 11501-3901	-	Transaction ID : C3326969 Amount of Each Receipt this Period								
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	federal political committee.	С		500.00									
	Name of Employer (for Individual) NAA		upation (for Individual) sthesiologist		Μ	emo	tem						
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	Other (specify)		500.00	11									
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_	Full Name of Individual (Last, First, Middle Initi D'Ercole, Fran, J, , M.D.	ial) or Full O		Data	( D.								
р.	Mailing Address 127 Nottingham Drive		$\neg$	Date of Receipt									
					06	ľ	25		2016				
	City	State	Zip Code					C333923					
	Chapel Hill	NC	27517-6570	_	Amoun	t of	Each R	eceipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С	500.00							ס			
	Name of Employer (for Individual) University of North Carolina School of		upation (for Individual) sician Anesthesiologist		M	emo	tem						
	Receipt For:	Aggregate											
	Primary     General       Other (specify) ▼		, 500.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Daniel, Robert, A., , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 2216 Terranova Ct			06 / D / Y Y Y Y 06 30 2016									
	City Lexington	State KY	Zip Code 40513					C334378					
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	Name of Employer (for Individual) Bluegrass Anesthesia Services	Occupation (for Individual)			M	emo	o Item						
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American Society of Anesthes	siologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle Daniels, William, , , D.O.	Initial) or Full O	rganization Name	Date of Receipt										
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		upation (for Individual) sician		Merr	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]										
Full Name of Individual (Last, First, Middle B. Davignon, Kristopher, R., , M.D.	Initial) or Full O	rganization Name	Dat	e of F	leceipt								
Mailing Address 2 Overlook Road			06 / Y Y Y Y 06 24 2016										
City	State	Zip Code				: C333918							
Barrington	RI	02806	Amount of Each R				nis Period						
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Name of Employer (for Individual) LPG		Occupation (for Individual) Anesthesiologist			Memo Item								
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Mailing Address 2 Overlook Road				D6	/ D	D / Y	2016 Y	Ŷ					
City Barrington	State RI	Zip Code 02806				Receipt th							
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Name of Employer (for Individual) LPG		upation (for Individual) sthesiologist		Men	no Item								
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	y information copied from such Reports and Stat for commercial purposes, other than using the na												
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$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	e									
Α.	Full Name of Individual (Last, First, Middle Initial Davila, Victor, , , M.D.	) or Full Or	organization Name		Date of	Re	eceipt						
	Mailing Address 4400 Kipling Rd			06 / Y Y Y Y 06 14 2016									
	City Columbus	State OH	Zip Code 43220		Transaction ID : C3332503 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		83.33									
	Name of Employer (for Individual) The Ohio State University		upation (for Individual) esthesiologist		Me	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 499.98										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name De, Arup, , , M.D.					Re	eceipt						
	Mailing Address 11 Louise Street		06 01 2016										
	City Delmar	State NY	Zip Code 12054-3039	Transaction ID : C3 Amount of Each Rec									
	FEC ID number of contributing federal political committee.	С	125.01										
	Name of Employer (for Individual) Albany Medical Center	Occupation (for Individual) Anesthesiologist			Me	emc	o Item						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
	Full Name of Individual (Last, First, Middle Initial De, Arup, , , M.D.	) or Full Or	Organization Name		Date of	Be							
	Mailing Address 11 Louise Street				06 M	/	06		2016	Y			
	City Delmar	State NY	Zip Code 12054-3039					C33278	58 his Period				
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	Name of Employer (for Individual) Albany Medical Center	Occupation (for Individual) Anesthesiologist			Me	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 250.02										
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PAGE 36 OF

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	ME OF COMMITTEE (In Full) merican Society of Anesthesiolo	ogists Po	olitical Action Committe	ee											
	ll Name of Individual (Last, First, Middle Initia e Lanzac, Kraig, S., , M.D.	) or Full Or	rganization Name	Date of Receipt											
Ma	illing Address 12 Tara Pl														
Cit M	y etairie	State LA	Zip Code 70002-1559	Transaction ID : C3332383 Amount of Each Receipt this Period											
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	II Name of Individual (Last, First, Middle Initia eckert, Kjersti, K., , M.D.	) or Full Or	rganization Name		Data a	f De	agint								
	uiling Address 2155 S 116th Cir						Date of Receipt								
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W	alton	NE	68461-2026		Amoun	t of	Each R	leceipt th	is Period						
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	me of Employer (for Individual) sociated Anesthesiologist, PC	Occu Ane		М	emo	tem									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 249.99												
	II Name of Individual (Last, First, Middle Initia DelCampo, Louis, Joseph, , M.D.	) or Full Or	rganization Name		Date o	f Re	eceipt								
	iling Address 1101 W. Jackson St SW	1		06 06 Y Y Y Y Y 06 06 2016											
Cit G	y ravette	State AR	Zip Code 72736					C332714 Receipt th							
	C ID number of contributing leral political committee.	С				,	,	83.	_						
Name of Employer (for Individual) Ozarks Community Hospital			Occupation (for Individual) Anesthesiologist/ Pain Management				o Item								
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.34												
SUB	TOTAL of Receipts This Page (optional)			•			, ,		249.	99					
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	-	Use separate schedule(s)	(check only one)										
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Any information copied from such Reports an or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
American Society of Anesthe	siologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle Delph, Matthew, C., , M.D.	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 34 Mossy Oak Dr			06 / D D / Y Y Y Y 06 02 2016										
City Winfield	State WV	Zip Code 25213	Transaction ID : C3325431 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		41.67										
Name of Employer (for Individual) General Anesthesia Services		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]										
Full Name of Individual (Last, First, Middle B. DeMeester, James, S., , M.D.	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 795 Arlington Blvd			06 / D D / Y Y Y Y 2016										
City	State MI	Zip Code	Transaction ID : C3333402										
Ann Arbor	IVII	48104-2727	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) Anesthesia associates of Ann Arbor		upation (for Individual) esthesiologist	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		250.02	]										
Full Name of Individual (Last, First, Middle C. Dench, Edward, H., , JR	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 945 Outer Drive			06 / D D / Y Y Y Y 24 2016										
City State College	State PA	Zip Code 16801	Transaction ID : C3339194           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		41.67										
Name of Employer (for Individual) Pocono Anesthesia Associates PC		upation (for Individual) sician	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]										
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PAGE 38 OF

		Use separate schedule(s)				(check only one)									
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Any information copied from such Reports and or for commercial purposes, other than using t			erson foi												
NAME OF COMMITTEE (In Full)															
American Society of Anesthes	iologists P	olitical Action Committ	ee												
Full Name of Individual (Last, First, Middle Di Capua, John, F., , M.D.	Initial) or Full C	rganization Name	Da	ate of	Re	ceipt									
Mailing Address 74 Byram Ridge Road			06 / D D / Y Y Y Y 2016												
City Armonk	State NY	Zip Code 10504-1210	Transaction ID : C3337549 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С					,		83.:	34						
Name of Employer (for Individual) North Shore University Hospital Anesth		upation (for Individual) sician		Me	mo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1												
Full Name of Individual (Last, First, Middle B. DiLisio, Gary, J., , M.D.	Initial) or Full C	rganization Name	Da	ate of	Re	ceipt									
Mailing Address 324 Gannett Dr Ste 200				06	/	08		2016	Y						
City South Portland	State ME	Zip Code 04106-3266		Transaction ID : C3331008 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	C				41.67									
Name of Employer (for Individual) Spectrum Medical Group		Occupation (for Individual) Physician			mo	Item									
Receipt For:	Aggregate	Year-to-Date 🔻													
Primary General Other (specify) ▼		250.02	1												
Full Name of Individual (Last, First, Middle Donnelly, Alyssa, A., , M.D.	Initial) or Full C	rganization Name	Da	ate of	Re	ceipt									
Mailing Address 99 E River Dr Fl 5 Hartford Anesthesiology As City	sociates State	Zip Code	_ L	06 Fransa	/ acti	01		2016 19	Y						
East Hartford	СТ	06108-7301				-		nis Period							
FEC ID number of contributing federal political committee.	C			_		y	9	50.	00						
Name of Employer (for Individual) Integrated Anesthesia Associates		upation (for Individual) sthesiologist		Me	emo	Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00													
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page		13		14		15		16	17		
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	ull Name of Individual (Last, First, Middle In Donnelly, Alyssa, A., , M.D.	itial) or Full O	)rgai	nization Name		Date of Receipt									
ſ	Iailing Address 99 E River Dr FI 5 Hartford Anesthesiology Asso	ciates				06 / D D / Y Y Y Y 22 2016									
C	Dity	State		Zip Code		Trans	acti	ion ID	: 0	333905	59				
-	East Hartford	СТ		06108-7301	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С			50.00										
	Name of Employer (for Individual) ntegrated Anesthesia Associates		•	ion (for Individual) esiologist		М	emc	ltem							
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		itial) or Full O	)rgai	nization Name		Data at		agint							
_	Address 3333 Evergreen Drive N.E.				_	Date of	ne	· ·							
-						06 08 2016									
	Dity	State	Zip Code	Transaction ID : C3330729											
_	Grand Rapids	MI		49525-9756	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		50.00											
	Name of Employer (for Individual) Anesthesia Practice Consultants, P.C.		tion (for Individual) esiologist		М	emc	ltem								
Ē	Receipt For:	Aggregate	Yea	ur-to-Date ▼											
	Primary General Other (specify) ▼		1												
	Full Name of Individual (Last, First, Middle In Downs, Donald, Dean, , M.D.	itial) or Full O	)rgai	nization Name		Date of	Re	eceipt							
ſ	Aailing Address 7351 Oliver Woods Dr SE					<sup>M</sup> 06	1	D 0		/ Y		)16 <sup>°</sup>	Y		
	City	State		Zip Code		Trans	act	ion ID	: 0	333085	53				
-	Grand Rapids	MI	_	49546-9707	-	Amoun	t of	Each	Re	ceipt th	is F	Period			
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1	Name of Employer (for Individual)	Occi	upat	ion (for Individual)		Memo Item									
	Anesthesia Practice Consultants	Ane	sthe	siologist											
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American Society of Anesthe	esiologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle Dozier, Heather, J., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3155 N Point Pkwy Suite 100, Building F													
City Alpharetta	State GA	Zip Code 30005-5481		Transaction ID : C3337332 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C						83.	34					
Name of Employer (for Individual) Northside Anes Consultants LLC		upation (for Individual) sthesiologist		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	1										
Full Name of Individual (Last, First, Middle B. Dozier, William, M., , M.D.	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 547 Linwood Ave. NE			M	M	05	/ Y	ү ү 2016	Y					
City	State	Zip Code				C332700	-						
Atlanta	GA	30306-4424	Amo	unt of	Each F	leceipt th	is Period						
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) American Anesthesiology		Occupation (for Individual) Physician			o Item								
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		250.02	]										
Full Name of Individual (Last, First, Middle C. Draughon, Dustin, C., , M.D.	e Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 619 S 19th St Dept of Anes			M O	6	03		2016	Y					
City Birmingham	State AL	Zip Code 35249-6810				C332697 Receipt th	<b>79</b> is Period						
FEC ID number of contributing federal political committee.	С				,	, ,	41.	67					
Name of Employer (for Individual) UAB		upation (for Individual) ident		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  208.35	]										
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	erican Society of Anesthesiolo	ogists Po	olitical Action Committe	ee										
	lame of Individual (Last, First, Middle Initia m, Elizabeth, T., , M.D.	l) or Full Or	rganization Name		Date of Receipt									
Mailin	g Address 103 Hewett Rd				06 / D / Y Y Y Y 06 09 2016									
City Wynd	cote	State PA	Zip Code 19095-1311					C333116 eceipt th	52 is Period					
	ID number of contributing al political committee.	С			<u> </u>			 	250.	.00				
Childr	e of Employer (for Individual) ren's Hospital of Philadelphia		ipation (for Individual) sthesiologist		M	emo	Item							
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
	lame of Individual (Last, First, Middle Initia Duisson, Nancy, L., , M.D.	l) or Full Or	rganization Name		Date of	f Re	ceipt							
Mailin	g Address 321 Worth Ave		06 / 14 / 2016											
City		State LA	Zip Code					C333250						
Lafay			70508-6040	Amount of Each Receipt this Period										
	ID number of contributing al political committee.	С			<u>L</u> .	_			83.	33				
	e of Employer (for Individual) Management Consultants		upation (for Individual) sthesiologist		M	emo	Item							
		Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		333.32											
	lame of Individual (Last, First, Middle Initia ggar, Robert, G., , JR	l) or Full Or	rganization Name		Date of	f Re	ceipt							
Mailin	g Address 5355 Silver Fox Rd				<sup>M</sup> 06	/	29	/ Y	2016	Y				
City Roar	noke	State VA	Zip Code 24018-8742					C334375 eceipt th	58 is Period					
	ID number of contributing al political committee.	С			<u> </u>		<b>,</b>	. y	250.	.00				
ACV,			ipation (for Individual) thesiologist		М	emc	tem							
	pt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
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NAME OF COMMITTEE (In Full)														
American Society of Anesthes	iologists P	olitical Action Committ	ee											
Full Name of Individual (Last, First, Middle I Dupont, Cedric, , , M.D.	nitial) or Full C	rganization Name	Date of Receipt											
Mailing Address 8140 N MO Pac Expy Ste 3	-210			06 / D D / Y Y Y Y 20 2016										
City Austin	State TX	Zip Code 78759-8862	A	Transaction ID : C3338572 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С							7.0	08					
Name of Employer (for Individual) Mednax		upation (for Individual) sician		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 459.18	]											
Full Name of Individual (Last, First, Middle I B. Dwarakanath, Kishan, , , M.D.	nitial) or Full C	rganization Name		)oto of	De	agint								
Mailing Address 6720 Bertner Ave. MC 1-226	6		Date of Receipt											
City	State						C333889							
Houston		77030	A	Amount	of	Each F	Receipt th	nis Period						
FEC ID number of contributing federal political committee.	С				_	-		83.:	33					
Name of Employer (for Individual) CHI Baylor St Lukes Medical Center		Occupation (for Individual) Cardiovascular Anesthesiologist				Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]											
Full Name of Individual (Last, First, Middle I Ebert, Thomas, J., , M.D., Ph.D.	nitial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address 5000 W National Ave Anesthesiology, 112A				м м 06	/	D 24		2016	Y					
City Milwaukee	State WI	Zip Code 53295-0001	A			-	: C333920 Receipt th							
FEC ID number of contributing federal political committee.	С					, .		50.0	00					
Name of Employer (for Individual) medical college of wisconsin		upation (for Individual) sthesiologist		Me	emo	ltem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]											
SUBTOTAL of Receipts This Page (optional)						, .		140.4	11					
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$\backslash$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesic	ologists P	olitical Action Committ	ee									
<u>к</u>	Full Name of Individual (Last, First, Middle Ini Edelman, Anthony, L., , M.D.	tial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1309 Baldwin Ave				06 / 27 / Y Y Y Y Y 2016								
	City	State MI	Zip Code 48104-3624		Transaction ID : C3339793								
	Ann Arbor			Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				_	-		4	41.67			
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	emo	ltem						
	Anesthesia Associates of Ann Arbor	Phys	sician Anesthesiologist										
	Receipt For:												
	Primary General		250.02	11.									
	Other (specify) ♥	(specify) ▼ 250.02											
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name										
Β.	Edney, John, C., , M.D.				Date of	f Re	eceipt						
	Mailing Address 115 Parkside Cir		Zip Code		<sup>M</sup> 06	/	D D 27	/ Y	2016				
	City	State GA					C333947	-					
		GA	30030-1410		Amoun	t of	Each R	eceipt th	iis Peri	lod	_		
	FEC ID number of contributing federal political committee.	C			Ľ.	_	-		30	00.00	)		
	Name of Employer (for Individual) emory university	Occupation (for Individual) Anesthesiologist				emo	tem						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		300.00	1									
с.	Full Name of Individual (Last, First, Middle Ini Elmassian, Kenneth, , , D.O.	tial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 2399 Pine Hollow Dr.				06	1	01	/ Y	2016				
	City East Lansing	State MI	Zip Code 48823					C332542					
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	Name of Employer (for Individual)		upation (for Individual)		M	emo	b Item						
	Capital Area Anesthesia	Phys	sician Anesthesiologist	_									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		499.98										
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Any information copied from such Reports and or for commercial purposes, other than using				the pu									
NAME OF COMMITTEE (In Full)				conti	ibutiona	s nom suc							
American Society of Anesthes	siologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle <b>A.</b> Enders, Gregory, L., , M.D.	Initial) or Full C	rganization Name	Dat	e of F	Receipt								
Mailing Address 206 Windlake Dr.				M M / D D / Y Y Y Y 06 15 2016									
City Seneca	State SC	Zip Code 29672-6872				: C333330 Receipt t	<b>98</b> his Period	_					
FEC ID number of contributing federal political committee.	C				-		500.	00					
Name of Employer (for Individual) University Medical Group/GHS		upation (for Individual) sthesiologist		Men	no Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1										
Full Name of Individual (Last, First, Middle B. Engels, Emil, D., , M.D., M.B.	Initial) or Full C	rganization Name	Dat	e of F	Receipt								
Mailing Address 3127 Windsong Dr			06 / 11 / Y Y Y Y 06 11 2016										
City Oakton	State VA	Zip Code 22124-1832	Transaction ID : C3332361 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) Mednax		Occupation (for Individual) Anesthesiologist			no Item								
Receipt For:	Aggregate	Year-to-Date V											
Primary     General       Other (specify) ▼		250.00	1										
Full Name of Individual (Last, First, Middle C. England, Michael, R., , M.D.	Initial) or Full C	rganization Name	Dat	e of F	Receipt								
Mailing Address 250 Beacon St # 5				D6		3	2016	Y					
City Boston	State MA	Zip Code 02116-1203				Receipt t	<b>71</b> his Period						
FEC ID number of contributing federal political committee.	C				y	. ,	41.	67					
Name of Employer (for Individual) Tufts Medical Center		upation (for Individual) sician		Men	no Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02											
SUBTOTAL of Receipts This Page (optional).					y	. ,	625.0	00					
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
American Society of Anesthes	siologists P	olitical Action Committe	ee										
Full Name of Individual (Last, First, Middle Epstein, Lawrence, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1 Gustave L Levy PI Anes. Department of Anesthesiology	ogy		06 / Y Y Y Y 2016										
City New York	State NY	Zip Code 10029-6504	Transaction ID : C3332371           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		83.33										
Name of Employer (for Individual) Icahn School Of Medicine @ Mt Sinai		upation (for Individual) sician	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98											
Full Name of Individual (Last, First, Middle <b>Erkmann, John, J., , D.O.</b>	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 12520 Catalina St			06 13 2016										
City Leawood	State KS	Zip Code 66209-2649	Transaction ID : C3332387 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) Anesthesia Associate of Kansas City		upation (for Individual) esthesiologist	Memo Item										
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify)		458.33	1										
Full Name of Individual (Last, First, Middle C. Esparza, Luis, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2810 N Swan Rd Ste 100			06 / <sup>y</sup> y y y y 20 2016										
City Tucson	State AZ	Zip Code 85712-6300	Transaction ID : C3338575 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) Old Pueblo Anesthesia		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98											
SUBTOTAL of Receipts This Page (optional)		•••••	249.99										
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#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

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Α.	Full Name of Individual (Last, First, Middle II Espinosa, Monique, , , M.D.	nitial) or Full O	Organization Name	Date of Receipt									
	Mailing Address PO Box 16370 Anes. Dept.				M M / D D / Y Y Y Y 06 08 2016								
	City Miami	State FL	Zip Code 33101		Transaction ID : C3330730 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С								.34			
	Name of Employer (for Individual) University of Miami Receipt For:		upation (for Individual) esthesiologist		M	emo Ite	em						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04										
в.	Full Name of Individual (Last, First, Middle In Evans, James, , , M.D.	nitial) or Full O	Organization Name		Date of	Recei	pt						
	Mailing Address 2302 Kingsmill Cir				м м 06	/ [	02	/ Y	y y 2016	Y			
	City Tyler	State TX	Zip Code 75703-5819				332543	-	1				
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Trinity Clinic Anesthesia	Occi		М	emo Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
с.	Full Name of Individual (Last, First, Middle In Farhoomand, Ladan, , , M.D.	nitial) or Full O	Organization Name		Date of	Recei	pt						
	Mailing Address 7077 Heron Circle				M M 06	/	18	/ Y	ү ү 2016	Y			
	City Carlsbad	State CA	Zip Code 92011					333731 ceipt thi	9 s Period	1			
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	Name of Employer (for Individual) ASMG, Inc.	Occi Anes	М	emo Ite	em								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
s	UBTOTAL of Receipts This Page (optional)				Γ.	. ,		y	433.	34			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 1	F	_	1b	11c	12	<u> </u>				
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NAME OF COMMITTEE (In Full)													
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Full Name of Individual (Last, First, Middle II A. Feinstein, David, , , M.D.	nitial) or Full C	Organization Name	Da	te of I	Rece	eipt							
Mailing Address Department of Anesthesia 330 Brookline Avenue			M	06 / 25 / Y Y Y Y 2016									
City Boston	State MA	Zip Code 02215		Transaction ID : C3341159 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С				-			41.0	67				
Name of Employer (for Individual) Harvard Medical Faculty Physicians		upation (for Individual) esthesiologist		Mer	no It	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1										
Full Name of Individual (Last, First, Middle In B. Fier, Adam, R., , D.O.	nitial) or Full C	Organization Name	Da	te of I	Rece	eipt							
Mailing Address 1640 N Riverside Dr			06 / 20 / Y Y Y Y										
City Indiatlantic	State FL	Zip Code 32903					<b>333856</b> eceipt th						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Brevard Physican Associates		upation (for Individual) diac Anesthesiologist		Mei	no It	tem							
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Full Name of Individual (Last, First, Middle In C. Fillmore, Ralph, , , M.D.	nitial) or Full C	Organization Name	Da	te of	Rece	eipt							
Mailing Address 1118 Ross Clark Cir., #700			M	06 <sup>M</sup>	/	D D 24	/ Y	2016	Y				
City Dothan	State AL	Zip Code 36301					C333919 eceipt th	is Period					
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Name of Employer (for Individual) ACMG	Occ MD	upation (for Individual)		Me	no li	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98											
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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the			(check only one)												
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<u>А.</u>	Full Name of Individual (Last, First, Middle Init Fischer, Gregory, W., , M.D.	Name of Individual (Last, First, Middle Initial) or Full Organization Name cher, Gregory, W., , M.D.				Date of Receipt										
	Mailing Address 183 Cat Rock Rd				06 18 2016											
	P.O. Box 1010 City	State	Zip Code		Transaction ID : C3338541											
	Cos Cob	СТ	06807-1202					eceipt th		riod						
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	Name of Employer (for Individual) memorial Sloan Kettering Cancer Center		upation (for Individual) sthesiologist		M	lem	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]												
В.	Full Name of Individual (Last, First, Middle Init Fisher, James, K., , M.D.	tial) or Full O	rganization Name	Date of Receipt												
	Mailing Address 2325 Ridgewood Dr	1	06 / 21 / 2016 Transaction ID : C3338746													
	City	State MS	Zip Code					-								
	Laurel		39440-2175	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C		50.00												
	Name of Employer (for Individual) South Central Regional Medical Center	Occupation (for Individual) Anesthesiologist			M	lem	o Item									
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	Other (specify) ▼		300.00	]												
c.	Full Name of Individual (Last, First, Middle Init Flacke, Gerhardt, W., , M.D.	tial) or Full O	rganization Name		Date o	of Re	eceipt									
	Mailing Address 3947 E Ina Rd				06	J.	08		2016							
	City Tucson	State AZ	Zip Code 85718-1531					C33307: eceipt th		riod						
	FEC ID number of contributing federal political committee.	С			Ē		9	, y		50.00	)					
	Name of Employer (for Individual) Old Pueblo Anesthesia		upation (for Individual) sician		N	1em	o Item									
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	I Name of Individual (Last, First, Middle Initial lowerdew, Richard, M., , M.D.	) or Full Or	rganization Name	Date of Receipt									
	iling Address 38 Hedgerow Dr	1			м м 06	/	D 14	) / Y	ү ү 2016	Y			
Cit Fa	y Imouth	State ME	Zip Code 04105-1407					C333249 Receipt th		b			
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Sp	me of Employer (for Individual) ectrum Medical Group		ipation (for Individual) sician		М	emo	ttem						
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	I Name of Individual (Last, First, Middle Initial Iynn, Michael, R., , M.D.	) or Full Or	rganization Name		Date o	f Re	eceipt						
	iling Address 6808 Stone Mill Dr			06 / 12 / 2016 Transaction ID : C3332140									
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	I Name of Individual (Last, First, Middle Initial rame, William, A., , M.D.	) or Full Or	rganization Name		Date o	f Re	eceipt						
	iling Address 2300 N Edward St	1			06	/	08		ү ү 2016	Y			
Cit De	y ecatur	State IL	Zip Code 62526-4163	_				C333100 Receipt th		d			
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As	me of Employer (for Individual) sociated Anesthesiologists of Decatu		upation (for Individual) sthesiologist		M	lemo	o Item						
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98										
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A.	Full Name of Individual (Last, First, Middle Initial Freeling, Michael, R., , M.D.	) or Full Or	rganization Name		Date of Receipt							
	Mailing Address PO Box 697				м м 06	1	06	) / Y	ې 201	16		
	City Bend	State OR	Zip Code 97709-0697					C332786 leceipt th		riod		
	FEC ID number of contributing federal political committee.	С								41.6	7	
	Name of Employer (for Individual) Bend Anesthesia Group P.C.		upation (for Individual) sthesiologist		Me	emc	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02									
В.	Full Name of Individual (Last, First, Middle Initial Freid, Eugene, , , M.D.	) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 291 Southhall Ln			06 / D D / Y Y Y Y Y 2016								
	City Maitland	State Zip Code FL 32751-7274						C333310 leceipt th	-	riod		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Anesthesiologist			41.67							
	Name of Employer (for Individual) JLR Medical Group/US Anesthesia Partne				Me	emc	Item					
		Aggregate										
	Other (specify) ▼											
C.	Full Name of Individual (Last, First, Middle Initial Friedman, Gary, B., , M.D.	) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 8 Prospect St.				<sup>M</sup> 06	/	02		201	6 6		
	City Nashua	State NH	Zip Code 03060				-	C332683 leceipt th		riod	_	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			41.6	7	
Name of Employer (for Individual) Nashua Anesthesia Partners			upation (for Individual) sthesiologist		M	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 250.02									
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$\rangle$	American Society of Anesthesiolo	ogists P	olitical Action Committe	e								
Α.	Full Name of Individual (Last, First, Middle Initia Friesen, Douglas, , , M.D.	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 4013 N Ridge Rd Ste 100				06	/ D 25		2016	Y			
	City Wichita	State KS	Zip Code 67205-8858				: C33392 Receipt th	21 nis Period				
	FEC ID number of contributing federal political committee.	С					1 45	83.3	34			
	Name of Employer (for Individual) Heartland Anesthesia Associates, PA		upation (for Individual) sician anesthesiologist		Men	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04									
в.	Full Name of Individual (Last, First, Middle Initia Fuqua, Jeffery, L., , M.D.	l) or Full O	rganization Name	Dat	e of F	Receipt						
	Mailing Address 12419 Mallard Bay Dr.				D6	/ D 28		2016	Y			
	City Knoxville	State TN	Zip Code 37922				: C33412					
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) American Anesthesiology of TN	Occupation (for Individual) Physician			Men	no Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify) ▼		600.00									
С.	Full Name of Individual (Last, First, Middle Initia Galassi, Joseph, W., , JR	l) or Full O	rganization Name	Dat	e of F	Receipt						
	Mailing Address 193 Lilac Dr				D6	/ D 24		ү 2016	Y			
	City Allentown	State PA	Zip Code 18104-8552				: C33391 Receipt th	98 nis Period				
	FEC ID number of contributing federal political committee.	С				, .	,	83.3	33			
	Name of Employer (for Individual) Allentown Anesthesia Associates		upation (for Individual) sician Anesthesiologist		Men	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98									
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b		11c 15	12	17	
Any information copied from such or for commercial purposes, othe				or the		pose		oliciting	g contribu	tions	
NAME OF COMMITTEE (In F American Society of		olitical Action Committe	эе								
Full Name of Individual (Last, Gelb, Adrian, W., , M.B.,B Mailing Address 521 Parnassu 521 Parnassu City San Francisco FEC ID number of contributing federal political committee.	.Ch. us Ave Rm 455 us Ave., Rm455 State CA	Zip Code 94143-2206		mount	of	lion II	10 D : C:	/ Y 333209 ceipt th	2016 90 his Period 500.		
UCSF Receipt For: Primary Genera Other (specify) ▼	Ane Aggregate	sthesiologist Year-to-Date ▼ 500.00			51110						
Full Name of Individual (Last, <b>B.</b> Gentile, Frank, M., , M. Mailing Address 8 S 311 Black City Naperville	D.	Zip Code 60540	Date of Receipt 06 / 07 / 2016 Transaction ID : C3327912								
FEC ID number of contributing federal political committee. Name of Employer (for Indivic Edward Hospital Receipt For:	C Lual) Occ Ane Aggregate	upation (for Individual) esthesiologist Year-to-Date ▼ 250.02				) Iten	_		41.	_	
Full Name of Individual (Last, Gezzar, William, W., , Mailing Address 1820 Whiteca City North Fort Myers FEC ID number of contributing federal political committee.	M.D. ap Circle State FL	Zip Code 33903			/ acti	ion I	08 D : C	333085	2016 54 his Period 500.		
Name of Employer (for Individ USAP Receipt For: Primary General Other (specify)	Aggregate	upation (for Individual) sician Year-to-Date ▼ 500.00		Me	emo	o Iten	n				
SUBTOTAL of Receipts This Pa		, , , , , , , , , , , , , , , , , , ,				7		,	1041.	67	
TOTAL This Period (last page the	his line number only)		. [			_					

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anestl	nesiologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Mic A. Giam, Patrick, , , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6537 Brompton Rd. 2411 Fountain View, St	lite 200		M M / D D / Y Y Y Y 06 06 2016								
City Houston	State TX	Zip Code 77005-3903	Transaction ID : C3327874 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.33								
Name of Employer (for Individual) U.S. Anesthesia Partners		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]								
Full Name of Individual (Last, First, Mic B. Godbold, Michael, D., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address Department of Anesthe 1924 Alcoa Hwy # U10	9		06 / 20 / 2016								
City Knoxville	State	Zip Code 37920-1511	Transaction ID : C3338576 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) UTMCK		upation (for Individual) sician	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		250.02	]								
Full Name of Individual (Last, First, Mic C. Godboldt, Anthony, O., , M.D		rganization Name	Date of Receipt								
Mailing Address 2063 Wax Myrtle Court			06 / Y Y Y Y 06 20 2016								
City Orange Park	State FL	Zip Code 32073-2370	Transaction ID : C3338294 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual) North FL Anes Consultants	Occi MD	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]								
SUBTOTAL of Receipts This Page (optio	nal)		1125.00								
TOTAL This Period (last page this line nu	umber only)										

FOR LINE NUMBER:

PAGE 54 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Golbaba, Babak, H., , M.D.	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 7894 E 126th St S Apt 1036	6		M M / D D / Y Y Y Y 06 11 2016								
City	State	Zip Code	Transaction ID : C3332115								
Bixby	OK	74008	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) St John Medical Center		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify) V		250.02	1								
Full Name of Individual (Last, First, Middle B. Goldar, Jose, M., , M.D.	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1453 SW 156th Way			06 / Y Y Y Y 06 22 2016								
City Dembroka Dines	State FL	Zip Code	Transaction ID : C3338996								
Pembroke Pines		33027-2379	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Sheridan Healthcare		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) V		250.02	]								
Full Name of Individual (Last, First, Middle C. Goldstein, Marilyn, J., , M.D.	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 412 Ridgepoint Court			06 / D D / Y Y Y Y 06 16 2016								
City Piney Flats	State TN	Zip Code 37686	Transaction ID : C3335892								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) Bristol Anesthesia Services		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.32	]								
SUBTOTAL of Receipts This Page (optional).			166.67								
TOTAL This Period (last page this line number	er only)	······									

FOR LINE NUMBER:

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		Use separate schedule(s)			(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11		11b	11c	12	<b></b>				
Any information copied from such Reports and or for commercial purposes, other than using t				he pu								
NAME OF COMMITTEE (In Full)		adiess of any pullical committee		JUILII	JULIONS	nom such	- commu					
American Society of Anesthes	iologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle I <b>A.</b> Goldzweig, Peter, , , D.O.	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 942 Wood Hollow Ln				6	/ D 23		y y 2016	Y				
City Ridgewood	State NJ	Zip Code 07450-2230				<b>C333914</b> Receipt th						
FEC ID number of contributing federal political committee.	С						41.6	67				
Name of Employer (for Individual) TeamHealth		upation (for Individual) esthesiologist		Mem	io Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
			_									
Full Name of Individual (Last, First, Middle I Gosney, Michael, C., , M.D.	nitial) or Full C	organization Name	Date	e of R	eceipt							
Mailing Address 108 Chase Dr	0	7.0.0.1	06 / 06 / 2016 Transaction ID : C3327869									
City Muscle Shoals	State AL	Zip Code 35661-2950										
FEC ID number of contributing federal political committee.	С	C			Amount of Each Receipt this Period 83.33							
Name of Employer (for Individual) Anesthesia Medical Consultants, LLC	Occ Phy		Mem	io Item								
Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
Other (specify) ▼		1										
Full Name of Individual (Last, First, Middle I C. Greenwald, Kimberly, M., , M.D.	nitial) or Full C	organization Name	Date	e of R	eceipt							
Mailing Address PO Box 18623			0	6	/ D 13	3	2016	Y				
City Raleigh	State NC	Zip Code 27619-8623				: C333238 Receipt th	-					
FEC ID number of contributing federal political committee.	С				y	, ,	41.6	67				
Name of Employer (for Individual) American Anesthesiology		upation (for Individual) sician		Merr	io Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]									
SUBTOTAL of Receipts This Page (optional)					9	. ,	166.6	57				
TOTAL This Period (last page this line number	er only)											

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PAGE 56 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
I LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Middle <b>A.</b> Gregory, George, A., , M.D.	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 15 Cedar Avenue			06 03 2016								
City 	State CA	Zip Code 94939	Transaction ID : C3326841 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Retired from UCSF		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
Full Name of Individual (Last, First, Middle <b>B.</b> Grinberg, Francisco, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 41 Pinnacle Dr			06 / 24 / 2016								
City South Burlington	State VT	Zip Code 05403-7914	Transaction ID : C3339192								
FEC ID number of contributing	C	03403-7914	Amount of Each Receipt this Period 83.33								
federal political committee.											
Name of Employer (for Individual) UVMMC	Occ MD	upation (for Individual)	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		499.98	]								
Full Name of Individual (Last, First, Middle C. Guevara, Nelson, V., , M.D.	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8780 NW 98TH CT			06 / 07 / Y Y Y Y 06 07 2016								
City Doral	State FL	Zip Code 33178	Transaction ID : C3327913           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Sheridan HealthCorp		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
SUBTOTAL of Receipts This Page (optional)			183.33								
TOTAL This Period (last page this line numb	per only)										

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	-	Use separate schedule(s)	(check o	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12				
Any information copied from such Reports a or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)	-										
American Society of Anesthe	esiologists P	olitical Action Committe	ee								
Full Name of Individual (Last, First, Middl Gustin, Allen, N., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2160 1st Ave, Building 10			M 06		D D D 29	) / Y	2016	Y			
City Maywood	State IL	Zip Code 60153				C334265 Receipt th	is Period				
FEC ID number of contributing federal political committee.	С		Ē				75.0	0			
Name of Employer (for Individual) Loyola Department of Anesthesiology		upation (for Individual) ociate Professor of Anesthesiolog		Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
Full Name of Individual (Last, First, Middl B. Gutzke, Glen, E., , M.D.	e Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 112 Trappers Ct			06		D D 18	/ Y	y y 2016	Y			
City	State	Zip Code 60565-5441				C333731					
Naperville	_	00305-5441	Amou	nt of	Each H	leceipt th	is Period	_			
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) anesthesiologist			-gr- 1		41.6	57			
Name of Employer (for Individual) DuPage Valley Anesthesiologists, LTD					o Item						
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		250.02									
Full Name of Individual (Last, First, Middl C. Hagen, John, P., , M.D.	e Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 1547 Babler Park Drive			M 06		D D D 24		2016	Y			
City Glencoe	State MO	Zip Code 63038				C333921 leceipt th	is Period				
FEC ID number of contributing federal political committee.	С				y	9	83.3	13			
Name of Employer (for Individual) WAAI		upation (for Individual) iatric Anesthesiologist		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00									
SUBTOTAL of Receipts This Page (optiona	l)	•			, .	. ,	200.0	0			
TOTAL This Period (last page this line num	ber only)	••••••			-ge 1	-					

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PAGE 58 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle I A. Hammond, Aaron, , , D.O.	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 3390 N. Campbell Ave., Ste	. 110		06 / D D / Y Y Y Y 29 2016							
City Tucson	State AZ	Zip Code 85719	Transaction ID : C3343767 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Southern Arizona Anesthesia Services		upation (for Individual) esthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  499.98	1							
Full Name of Individual (Last, First, Middle I B. Hancock, Courtney, M., , M.D.	Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address 670 Croswell Ave SE			M M / D D / Y Y Y Y 06 08 2016							
City East Grand Rapids	State MI	Zip Code 49506	Transaction ID : C3330732 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.34							
Name of Employer (for Individual) Anesthesia Practice Consultants		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		500.04	]							
Full Name of Individual (Last, First, Middle I Hanger, Carolyn, T., , M.D.	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 2045 E Timber Hill Pl			06 / D D / Y Y Y Y Y 28 2016							
City Springfield	State MO	Zip Code 65804-4368	Transaction ID : C3342609           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Mercy Clinic		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]							
SUBTOTAL of Receipts This Page (optional)			208.34							
TOTAL This Period (last page this line number	er only)									

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check on	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle A. Hanni, Keith, B., , M.D.	Initial) or Full C	rganization Name	Date o	Date of Receipt								
Mailing Address 2052 W Armitage Ave Apt	D		M N 06	/ D		ү ү 2016	Y					
City Chicago	State IL	Zip Code 60647-4591		saction ID								
FEC ID number of contributing federal political committee.	С			· · ·		83.3	3					
Name of Employer (for Individual) Dupage Valley Anesthesiologist		upation (for Individual) esthesiologist		lemo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98										
		4	·									
Full Name of Individual (Last, First, Middle B. Harned, Michael, E., , M.D.	Initial) or Full C	rganization Name	Date o	of Receipt								
Mailing Address 1223 Summit Dr			06	/ D	D / Y 4	2016	Y					
City Lexington	State KY	Zip Code 40502-2272		saction ID It of Each								
FEC ID number of contributing federal political committee.	С	С			20.00							
Name of Employer (for Individual) University of Kentucky		Occupation (for Individual) Physician										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		620.00	1									
Full Name of Individual (Last, First, Middle <b>Harris, William, E., , M.D.</b>	Initial) or Full C	rganization Name	Date o	of Receipt								
Mailing Address 3120 Legacy Trce			06	/ D		2016	Y					
City Cincinnati	State OH	Zip Code 45237-1724		saction ID								
FEC ID number of contributing federal political committee.	C			. , .	y	41.6	7					
Name of Employer (for Individual) Seven Hills Anesthesia Inc		upation (for Individual) sician		lemo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.69	1									
SUBTOTAL of Receipts This Page (optional)					,	145.0	0					
TOTAL This Period (last page this line numb	er only)											

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ידו			Use separate schedule(s)	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				he pu							
	NAME OF COMMITTEE (In Full)		address of any pointear committee		conti	ibutions						
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e								
Α.	Full Name of Individual (Last, First, Middle Initia Hasche-Kluender, Hannsjoerg, , , M.D.	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 3715 90th Ave. S.E.				<sup>™</sup>	/ D 01		y y 2016	Y			
	City Mercer Island	State WA	Zip Code 98040-3715	Transaction ID : C3325112 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					-	100.0	00			
	Name of Employer (for Individual) retired	Occu MD	upation (for Individual)		Mem	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
в.	Full Name of Individual (Last, First, Middle Initia Hattamer, Steven, , , M.D.	ll) or Full O	Organization Name	Date	e of F	leceipt						
	Mailing Address 8 Prospect St				<sup>™</sup>	/ 23		2016	Ŷ			
	City	State NH	Zip Code				C333914					
	Nashua		03060-3925	Amo	ount o	f Each I	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	C	83.33									
	Name of Employer (for Individual) North American Partners in Anesthesia	Occupation (for Individual) Physician			Merr	no Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify) ▼		416.67									
с.	Full Name of Individual (Last, First, Middle Initia Hawryschuk, Michael, C., , M.D.	ll) or Full O	organization Name	Date	e of F	leceipt						
	Mailing Address 843 Dorgene Ln				06 <sup>™</sup>	/ D 15		2016	Y			
	City Cincinnati	State OH	Zip Code 45244-5038				: C33331 Receipt th	07 nis Period				
	FEC ID number of contributing federal political committee.	С				y .	5	41.6	37			
	Name of Employer (for Individual) UC Physicians		upation (for Individual) sthesiologist		Men	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02									
s	UBTOTAL of Receipts This Page (optional)		•••••			,	,	225.0	)0			
т	OTAL This Period (last page this line number or	ıly)	••••••									

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17			Use separate schedule(s)	(checl	c only	one	e)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	F	_	11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for		urpc							
	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e									
Α.	Full Name of Individual (Last, First, Middle Initia Hayes, David, P., , M.D.	l) or Full O	Organization Name	Date of Receipt									
	Mailing Address 727 S Delaware Ave			06 / D D / Y Y Y Y 2016									
	City Springfield	State MO	Zip Code 65802-3315	Transaction ID : C3325360 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		41.67									
	Name of Employer (for Individual) Mercy Clinic		upation (for Individual) esthesiologist		Me	mo I	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
в.	Full Name of Individual (Last, First, Middle Initia Hendrick, Robert, S., , M.D.	ll) or Full O	Organization Name	Da	te of	Rece	eipt						
	Mailing Address 3366 Deborah Dr.		N	06	1	D D 13	/ Y	ү ү 2016	Y				
	City	State LA	Zip Code 71201					2333230					
	Monroe		An	nount	of E	ach Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C						-	250.0	00			
	Name of Employer (for Individual) Parish Anesthesia		cupation (for Individual) esthesiologist	1 L	Me	mo I	ltem						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify) ▼		250.00										
с.	Full Name of Individual (Last, First, Middle Initia Hendrickse, Adrian, , , B.M.	ll) or Full O	Organization Name	Da	ite of	Rece	eipt						
	Mailing Address 12401 E 17th Ave Ste B113 Department of Anesthesiology	1.0.1		- L	06	/	30		2016	Y			
	City Aurora	State CO	Zip Code 80045					C334384 eceipt th	<b>48</b> iis Period				
	FEC ID number of contributing federal political committee.	С			_	y		ÿ	41.	67			
	Name of Employer (for Individual) University of Colorado Denver		upation (for Individual) esthesiologist		Me	mo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02										
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>			,			333.3	34			
т	OTAL This Period (last page this line number or	וy)	•••••	Γ		_							

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 11									
Any information copied from such Reports ar or for commercial purposes, other than using				ibutions								
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle A. Henry, Richard, L., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3046 Obrien Dr			06 12 2016									
City Tallahassee	State FL	Zip Code 32309-2751	Transaction ID : C3332142 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Anesthesiology Associates of Tallahass		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
Full Name of Individual (Last, First, Middle B. Henslee, Christopher, S., , M.D.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1850 N Central Ave Ste 16			06 / D D / Y Y 06 14 2016	Y Y S								
City	State	Zip Code	Transaction ID : C3332340									
Phoenix	AZ	85004-4633	Amount of Each Receipt this Per	iod								
FEC ID number of contributing federal political committee.	С			83.34								
Name of Employer (for Individual) Valley Anesthesiology Consultants		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		500.04										
Full Name of Individual (Last, First, Middle C. Hepner, David, L., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 75 Francis St # L1 Department of Anesthesic			06 / 23 / Y Y 2010									
City Boston	State MA	Zip Code 02115-6110	Transaction ID : C3339073           Amount of Each Receipt this Per	iod								
FEC ID number of contributing federal political committee.	С			83.34								
Name of Employer (for Individual) Brigham and Women's Hospital		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04										
SUBTOTAL of Receipts This Page (optional	)		2	08.35								
TOTAL This Period (last page this line num	ber only)			40.								

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		Use separate schedule(s) (			(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	<u> </u>	
	ny information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Herlich, Andrew, , , M.D.	l) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 116 Haverford Cir				M M / D D / Y Y Y Y 06 25 2016						
	City Pittsburgh	State PA	Zip Code 15228-2380					C333922			
			15220-2500		Amount	of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ľ				83.3	33	
	Name of Employer (for Individual) University of Pittsburgh School of Med		upation (for Individual) sician		Me	mo	Item				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General Other (specify) ▼		666.64	11							
в.	Full Name of Individual (Last, First, Middle Initia Herling, Steven, L., , D.O.	l) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 31 School Lane				м м 06	/	09		2016	Y	
	City	State	Zip Code					C333199			
	Lloyd Harbor	NY	11743	_	Amount	of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С					-	-	83.:	33	
	Name of Employer (for Individual) NAPA		upation (for Individual) esthesiologist		Ме	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		499.98								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Hertzberg, Linda, B., , M.D.	l) or Full O	Prganization Name		Date of	Re	ceipt				
	Mailing Address 6622 N. Forkner Ave.				<sup>M</sup> 06	1	11		y y 2016	Y	
	City	State CA	Zip Code					C333211			
	Fresno		93711	_	Amount	of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ļ		y	- J	83.	34	
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item				
	Linda B Hertzberg MD Inc Receipt For:	1	sician								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.04	4							
s	UBTOTAL of Receipts This Page (optional)			•					250.0	00	
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T	<b>OTAL</b> This Period (last page this line number or	11y)	•••••••••••••••••••••••••••••••••••••••	•	l				1		

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee										
Α.	Full Name of Individual (Last, First, Middle Initia Hilton, Ebony, J., , M.D.	al) or Full O	rganization Name	Date of Receipt										
	Mailing Address 167 Ashley Ave Ste 301			06 / D D / Y Y Y Y 06 13 2016										
	City Charleston	State SC	Zip Code 29425-8905					C333217 leceipt th	<b>'0</b> is Period					
	FEC ID number of contributing federal political committee.	С				7		83.3	34					
	Name of Employer (for Individual) Med Univ of SC Dept of Anes		upation (for Individual) sthesiologist		Me	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04											
в.	Full Name of Individual (Last, First, Middle Initia Hof, Douglas, A., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 1755 Kirby Pkwy Ste 330									Y				
	City Memphis	State TN	Zip Code 38120-4398					C333249						
	FEC ID number of contributing		30120-4390		Amount	Of	Each H	leceipt th						
	federal political committee.	С					,		100.0	JU				
	Name of Employer (for Individual) Medical Anesthesia Group		upation (for Individual) esthesiologist		Me	mo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		600.00											
c.	Full Name of Individual (Last, First, Middle Initia Hollinger, Ingrid, B., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 1 Gustave L Levy PI # 1010				<sup>M</sup> 06	/	D 15		2016	Y				
	City New York	State NY	Zip Code 10029-6504					C333310 leceipt th	<b>18</b> is Period					
	FEC ID number of contributing federal political committee.	С					,	, y	100.0	00				
	Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) sician anesthesiologist		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 766.68											
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	283.3	34				
т	OTAL This Period (last page this line number of	nly)	••••••											

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12							
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle A. Hondorp, Marilyn, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2931 Pioneer Club, S.E.			06 11 Y Y Y Y Y 06 11 2016							
City Grand Rapids	State MI	Zip Code 49506	Transaction ID : C3332117 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) self		upation (for Individual) nemaker	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
Full Name of Individual (Last, First, Middle B. Horton, April, C., , M.D., Ph.D	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 390 Clinton Corners Rd			06 30 2016							
City Clinton Corners	State NY	Zip Code 12514-2004	Transaction ID : C3343783 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) North American Partners in Anesthesia		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]							
Full Name of Individual (Last, First, Middle C. Houseman, Timothy, W., , M.D		rganization Name	Date of Receipt							
Mailing Address PO Box 1025 Eastern Shore Anesthesia	1		M M / D D / Y Y Y Y 06 03 2016							
City Fairhope	State AL	Zip Code 36533-1025	Transaction ID : C3326842           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.34							
Name of Employer (for Individual) Eastern Shore Anesthesia	Occ MD	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	]							
SUBTOTAL of Receipts This Page (optional)	)		175.01							
TOTAL This Period (last page this line numb	per only)									

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PAGE 66 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Society of Anest									
Full Name of Individual (Last, First, Mi A. Hsieh, T. John, , , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 136 Spring Vly			06 16 2016						
City Irvine	State CA	Zip Code 92602-0910	Transaction ID : C3335729 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual) Newport Harbor Anesthesia		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
Full Name of Individual (Last, First, Mi B. Hudson, Mark, E., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 70 Barr Rd			06 / D D / Y Y Y Y Y Y 2016						
City Finleyville	State PA	Zip Code 15332	Transaction ID : C3332171 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) University of Pittsburgh		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]						
Full Name of Individual (Last, First, Mi C. Hughes, Hayden, R., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1941 21st Ave S			06 / D D / Y Y Y Y Y 2016						
City Birmingham	State AL	Zip Code 35209-1345	Transaction ID : C3332160           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.33						
Name of Employer (for Individual) uab	anes	upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.68	]						
SUBTOTAL of Receipts This Page (option	onal)		625.00						
TOTAL This Period (last page this line r	umber only)	·····							

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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		for each category of the Detailed Summary Page	×	11a		11b		11c	12				
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	e										
Full Name of Individual (Last, First, Middle In Hughes, Jonathan, R., , M.D. Mailing Address 350 Blountville Hwy Ste 207 City Bristol		Zip Code 37620-1671			/ acti	ion II	10 D : C3	/ Y 333200 eipt th	2016 96 is Period	Y			
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Bristol Anesthesia Services		upation (for Individual) esthesiologists	Memo Item										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.04											
Full Name of Individual (Last, First, Middle In Hunt, Catherine, O., , M.D. Mailing Address 7 Niblick Ln	nitial) or Full C	Organization Name	Date of Receipt										
City Greenland FEC ID number of contributing federal political committee.	State NH	Zip Code 03840-2623	Transaction ID : C3339205         Amount of Each Receipt this Period         41.67         Memo Item							67			
Name of Employer (for Individual)         Amoskeag Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	Phy	vpation (for Individual) /sician Year-to-Date ▼ 250.02		Me	emo	) Iten	n						
Full Name of Individual (Last, First, Middle In Hunt, David, S., , M.D. Mailing Address 1911 Arden Rd.	nitial) or Full C	rganization Name		ate of	Re /	D	D	/ Y	YY	Y			
City Roanoke FEC ID number of contributing federal political committee. Name of Employer (for Individual) ACV Receipt For: Primary General Other (specify)	ane	Zip Code 24015 upation (for Individual) sthesiologist Year-to-Date ▼ 300.00	A	mount	of	ion I	h Rec	333917 eipt th	2016 75 is Period 300.	_			
SUBTOTAL of Receipts This Page (optional)						,		5	425.	01			

FOR LINE NUMBER:

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171			Use separate schedule(s)	(ch	neck onl	у ог	ne)					
11			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contril	butio	ns	
$\overline{\ }$	NAME OF COMMITTEE (In Full)		_									
	American Society of Anesthesiol	ogists Po	olitical Action Committ	tee								
A.	Full Name of Individual (Last, First, Middle Initia Hunt, Sean, , , M.D.	l) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 7 Niblick Lane			06 24 2016								
	City	State	Zip Code		Transaction ID : C3339204							
	Greenland	NH	03840-2623		Amoun	t of	Each R	leceipt th	is Peri	od		
	FEC ID number of contributing federal political committee.	С					-		4	1.67		
	Name of Employer (for Individual)	Occu	upation (for Individual)		М	emo	ltem					
	Dartmouth-Hitchcock	Phys	sician									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		250.02	11.								
_	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name		_							
В.	Hunter, James, M., , JR				Date o	f Re	·				_	
	Mailing Address Anesthesiology Department 619 S. 19th Street JT926C				06	1′	20		2016	Y	1	
	City	State		Trans	acti	ion ID :	C333856	35				
	Birmingham	AL		Amoun	t of	Each R	leceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Anesthesiologist			50.00							
	Name of Employer (for Individual) UAHSF				М	emo	tem					
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		200.00	11.								
	Other (specify) V		300.00	-								
C.	Full Name of Individual (Last, First, Middle Initia Huntington, John, H., , M.D.	l) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 3333 Evergreen Dr., NE				<sup>M</sup> 06	/	D 07	) / Y	2016			
	City Grand Rapids	State MI	Zip Code 49525					C33279				
			49525		Amoun	t of	Each R	leceipt th	is Perio	od	_	
	FEC ID number of contributing federal political committee.	С			Ľ.		y		8	33.34		
	Name of Employer (for Individual)	Occu	upation (for Individual)		M	emo	b Item					
	Anesthesia Medical Consultants, PC	Pedia	atric Anesthesiologist									
Receipt For: Aggregat			Year-to-Date ▼	_								
Other (specify)			500.04									
s	UBTOTAL of Receipts This Page (optional)		······ ]			_	,	. ,	17	5.01		
Т	OTAL This Period (last page this line number or	ıly)					-	-		-		

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		Use separate schedule(s)	(che	ck only	/ on	ne)	L				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	47		
Any information copied from such Reports and or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	iologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle I Hurley, Robert, W., , M.D., Ph.D	nitial) or Full C	organization Name		Date of	Re	ceipt					
Mailing Address 959 N. Mayfair Rd				06 / D D / Y Y Y Y Y 06 2016							
City Wauwatosa	State WI	Zip Code 53226	A				<b>C33278</b> Receipt th	61 his Period			
FEC ID number of contributing federal political committee.	С						1.7	50.	00		
Name of Employer (for Individual) Medical College of Wisconsin		upation (for Individual) sician		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
		7 7	·								
Full Name of Individual (Last, First, Middle I Hwang, Jaemy, M., , M.D.	nitial) or Full C	rganization Name	C	Date of	Re	ceipt					
Mailing Address 250 Breakwater				M M 06	/	D 07		2016	Y		
City Fishers	State IN	Zip Code 46037					C333069				
FEC ID number of contributing federal political committee.	EC ID number of contributing							nis Period 41.	67		
Name of Employer (for Individual) Southeast Anesthesiologists PC		upation (for Individual) /sician Anesthesiologist		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.02	]								
Full Name of Individual (Last, First, Middle I C. Jacobs, Jeffrey, S., , M.D.	nitial) or Full C	organization Name		Date of	Re	ceipt					
Mailing Address 11041 Pine Lodge Trl				<sup>M</sup> 06	/	D 11	_ L	2016	Y		
City Davie	State FL	Zip Code 33328-7317	A			-	: C33321 Receipt th	18 nis Period			
FEC ID number of contributing federal political committee.	С					<b>y</b>	, <u>,</u>	83.	34		
Name of Employer (for Individual) Cleveland Clinic	Occ Ane		Me	emo	ltem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04									
SUBTOTAL of Receipts This Page (optional)						, .	. ,	175.	01		
TOTAL This Period (last page this line numbe	r only)										

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PAGE 70 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	,	······								
American Society of Anesthe	esiologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middl A. Jacobson, Douglas, J., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 345 W. Linda Vista Blvd			06 / D D / Y Y Y Y 20 2016							
City Tucson	State AZ	Zip Code 85704	Transaction ID : C3338558 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Old Pueblo Anesthesia		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]							
Full Name of Individual (Last, First, Middl B. Jaffer, Aliraza, G., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5070 Brookdale Road			06 / D D / Y Y Y Y Y 24 2016							
City Bloomfield Hills	State MI	Zip Code 48304	Transaction ID : C3339203							
	_	40304	Amount of Each Receipt this Period							
federal political committee.	FEC ID number of contributing cederal political committee.									
Name of Employer (for Individual) American Anesthesiology of Michigan		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify) ▼		499.98	]							
Full Name of Individual (Last, First, Middl C. James, Clyatt, W., , III	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 67 Creekside Park Court			M M / D D / Y Y Y Y 06 24 2016							
City Greenville	State SC	Zip Code 29615	Transaction ID : C3339211 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Greenville Health System		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]							
SUBTOTAL of Receipts This Page (optiona	l)		208.33							
TOTAL This Period (last page this line num	ber only)									

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(che	ck only	or or	ne)										
		for each category of the Detailed Summary Page	×	11a		11b	11c	12								
Any information copied from such Reports an or for commercial purposes, other than using																
NAME OF COMMITTEE (In Full)																
American Society of Anesthe	siologists P	olitical Action Commit	ee													
Full Name of Individual (Last, First, Middle James, Michael, L., , M.D.	Initial) or Full O	rganization Name	C	Date of	Re	ceipt										
Mailing Address Department of Anesthesio Box 3094 DUMC	logy			06 / Y Y Y Y 06 2016												
City Durham	State NC	Zip Code 27710	A	Transaction ID : C3327868 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C	C					Amount of Each Receipt this Period 83.33									
Name of Employer (for Individual) Duke University		upation (for Individual) sician		Me	emo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]													
Full Name of Individual (Last, First, Middle B. Janosy, Norah, R., , M.D.	Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 13123 E 16th Ave # B090				м м 06	/	D 06		2016	Ŷ							
City Aurora	State CO						C332708 Receipt th	81 nis Period								
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) Physician Anesthesiologist			50.00											
Name of Employer (for Individual) Childrens Hospital Colorado Dept of An					emo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date V														
Full Name of Individual (Last, First, Middle Jellish, W., Scott, , M.D., Ph.D	Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 2160 S 1st Ave Bldng 103 3102				<sup>M</sup> 06	1	20	J L	ү ү 2016	Y							
City Maywood	State IL	Zip Code 60153-3328	A			-	C333856	69 nis Period								
FEC ID number of contributing federal political committee.	C			_	_	,	, ,	83.	33							
Name of Employer (for Individual) Loyola University Medical Center		upation (for Individual) sician		Me	emc	) Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]													
SUBTOTAL of Receipts This Page (optional)						, .	. ,	216.	66							
TOTAL This Period (last page this line numb	per only)					<b>,</b>										

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171		Use separate schedule(s)				(check only one)								
			for each category of the Detailed Summary Page		¥ 11a 13		11b	11c	12		17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by a ddress of any political com	any perso mittee to	on for the	purp	ose of :	soliciting	contrib	ution	_			
$\overline{\}$	NAME OF COMMITTEE (In Full)		_											
$ \rangle$	American Society of Anesthesio	logists P	olitical Action Com	mittee	•									
V	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name											
Α.	Jenson, Cynthia, L., , M.D.				Date of Receipt									
	Mailing Address 434 Main St				06 23 2016									
	City	State	Zip Code		Transaction ID : C3339074									
	Waterville	ME	04901		Amoun	t of I	Each Re	eceipt th	is Perio	d				
	FEC ID number of contributing	С							83	3.34	П			
	federal political committee.													
	Name of Employer (for Individual)		upation (for Individual)		M	emo	Item							
	Anesthesia Associates of Lewiston Receipt For:		sthesiologist											
	Other (specify) ▼													
			7-1-7-1-4-											
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name											
в.	Johnson, Brian, D., , M.D. Mailing Address 11415 Blair Rd.				Date of	r Red								
	Maining Address 11415 Blair Rd.				06		D D D 13	/ Y	2016	Y				
	City	State	Zip Code		Trans	actio	on ID : C	2333217	<u>′2</u>					
	Apison	TN	37302-9577		Amoun	t of I	Each Re	eceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) Anesthesiology Consultants Exchange		upation (for Individual) esthesiologist		М	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		, , 300.00	0										
с.	Full Name of Individual (Last, First, Middle Init Jones, D. Kurt, K., , M.D.	ial) or Full O	rganization Name		Date of	f Red	ceipt							
	Mailing Address 2043 Alaqua Lakes Blvd				м м 06	1	03	/ Y	2016	Y				
	City	State	Zip Code		Trans	sacti	on ID : (	C332684	43		1			
	Longwood	FL	32779		Amoun	t of I	Each Re	eceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С					,	9	41	.67				
	Name of Employer (for Individual) USAP		upation (for Individual) sthesiologist		М	emo	ltem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		250.02	2										
⊢	UBTOTAL of Receipts This Page (optional)			····· ►			5 5		175	5.01				

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17						
			e to solicit contributions from such committee.						
American Society of Anesthe	siologists P	olitical Action Commit	ee						
Full Name of Individual (Last, First, Middle Jones, Gary, P., , A.A.	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2580 Hillandale Circle Suite 480			06 / D D / Y Y Y Y Y 06 06 2016						
City Cumming	State GA	Zip Code 30041	Transaction ID : C3327864           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) MAK Anesthesia		upation (for Individual) esthetist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	1						
Full Name of Individual (Last, First, Middle B. Joshi, Sanjoy, , , M.B.,B.S. Mailing Address 40 Kettlepond Rd	Initial) or Full C	rganization Name	Date of Receipt						
City Jericho	State NY	Zip Code 11753-1158	06 14 2016 Transaction ID : C3332494						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) NAPA		upation (for Individual) anesthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]						
Full Name of Individual (Last, First, Middle C. Kambouris, Nicholas, G., , M.D.		rganization Name	Date of Receipt						
Mailing Address 2106 Creeks Farm Ln.			06 / 25 / Y Y Y Y 2016						
City Crownsville	State MD	Zip Code 21032	Transaction ID : C3339232           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Medstar Receipt For:	Ane	upation (for Individual) sthesiologist	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
SUBTOTAL of Receipts This Page (optional)			375.00						
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

PAGE 74 OF

		Use separate schedule(s)	(check only	one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13		11c 15	12	17			
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the p	ourpose of sol	liciting	contributi	ions			
NAME OF COMMITTEE (In Full)										
American Society of Anesthesi	iologists P	olitical Action Committe	ee							
Full Name of Individual (Last, First, Middle In Kane, Brian, R., , M.D.	nitial) or Full C	organization Name	Date of	Receipt						
Mailing Address 76 Peachtree Rd Ste 300			M M M	/ D D 20	/ Y	ү ү 2016	Y			
City Asheville	State NC	Zip Code 28803-3505		of Each Rece						
FEC ID number of contributing federal political committee.	С				-	50.0	0			
Name of Employer (for Individual) AllCare Clinical Assoc		upation (for Individual) esthesiologist	Me	mo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1							
Full Name of Individual (Last, First, Middle II <b>B.</b> Karan, Suzanne, B., , M.D.	nitial) or Full C	rganization Name	Date of	Receipt						
Mailing Address 1410 Highland Ave			<sup>M</sup> 06	/ D D 27	/ Y	y y 2016	Y			
City Rochester	State NY	Zip Code 14620-1876		ction ID : C3						
	_	14020-1878	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.67							
Name of Employer (for Individual) University of Rochester		upation (for Individual) esthesiologist	Me	mo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		208.35	]							
Full Name of Individual (Last, First, Middle In C. Kataria, Tripti, , , M.D.	nitial) or Full C	organization Name	Date of	Receipt						
Mailing Address 130 S Canal St Apt 419			M M 06	/ D D 24	/ Y	2016	Y			
City Chicago	State IL	Zip Code 60606-3904		of Each Rece						
FEC ID number of contributing federal political committee.	С			5	7	83.3	3			
Name of Employer (for Individual) Tripti Kataria, INC		upation (for Individual) sician	Me	mo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]							
SUBTOTAL of Receipts This Page (optional)		•••••		, , , , , , , , , , , , , , , , , , ,	,	175.0	0			
TOTAL This Period (last page this line numbe	r only)				-					

FOR LINE NUMBER:

PAGE 75 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)	-								
American Society of Anesthe	esiologists P	olitical Action Commit	ee						
Full Name of Individual (Last, First, Middl A. Keller, Jason, D., , D.O.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1924 Alcoa Hwy., # U109	)		06 / Y Y Y Y 06 23 2016	Y					
City Knoxville	State TN	Zip Code 37920-1511	Transaction ID : C3339075 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.	67					
Name of Employer (for Individual) university anesthesiology		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]						
Full Name of Individual (Last, First, Middl <b>B.</b> Kellman, Suzanne, , , M.D.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 225 N Columbus Dr Apt 3			06 / Y Y Y Y 06 03 2016	Y					
City Chicago	State	Zip Code 60601-5244	Transaction ID : C3326972 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) NorthStar Anesthesia		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		500.00	]						
Full Name of Individual (Last, First, Middl c. Kennedy, Tara, L., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8013 Anderson St			06 27 Y Y Y 2016	Y					
City Philadelphia	State PA	Zip Code 19118-2936	Transaction ID : C3341143 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.	00					
Name of Employer (for Individual) THOMAS JEFFERSON UNIVERSITY		upation (for Individual) STHESIOLOGIST	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]						
SUBTOTAL of Receipts This Page (optiona	l)		791.	67					
TOTAL This Period (last page this line nun	nber only)								

FOR LINE NUMBER:

PAGE 76 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 12 14 15 16 11c						
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	iologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle I A. Kercheville, Scott, , , M.D.	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 14 Eton Green Circle			M M / D D / Y Y Y Y 06 09 2016						
City San Antonio	State TX	Zip Code 78257	Transaction ID : C3332001 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Tejas Anesthesia		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  499.98	]						
Full Name of Individual (Last, First, Middle I B. Kesterson, Georgina, O., , M.D.	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5169 Rowen Oak Rd.			06 13 2016						
City Collierville	State TN	Zip Code 38017	Transaction ID : C3332173 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) Medical anesthesia group		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		250.02	]						
Full Name of Individual (Last, First, Middle I C. Klatt, Jonathan, L., , M.D.	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1845 Whitewater Cir			06 / D D / Y Y Y Y Y 2016						
City Manitowoc	State WI	Zip Code 54220-9436	Transaction ID : C3339222           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) Holy Family Memorial Medical Center		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]						
SUBTOTAL of Receipts This Page (optional)			166.67						
TOTAL This Period (last page this line numbe	r only)								

FOR LINE NUMBER:

PAGE 77 OF

		Use separate schedule(s)			(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Knight, Stephania, G., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 4016 W 90th St				06	/	D 27	D / Y	y y 2016	Y	
	City Sioux Falls	State SD	Zip Code 57108-6207	_				C333979 Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С					<del>,</del>		41.6	67	
	Name of Employer (for Individual) Anesthesia Physicians, Ltd		upation (for Individual) sician		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
	Full Name of Individual (Last, First, Middle Initia Kniola, Renee, H., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 620 Miller Rd				м м 06	/	02		y y 2016	Y	
	City Gwinn	State MI	Zip Code 49841-8767					C332581			
			49041-0707		Amount	OT	Each H	receipt th	is Period	_	
	FEC ID number of contributing federal political committee.	C			250.00						
	Name of Employer (for Individual) UP Health System-Bell		upation (for Individual) esthesiologist		Me	mo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		250.00								
	Full Name of Individual (Last, First, Middle Initia Ko, Jennifer, H., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 2459 Chestnut Avenue				<sup>M</sup> 06	/	21	J L	2016	Y	
	City Glenview	State IL	Zip Code 60025				-	C333890 Receipt th	<b>3</b> is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	,	83.3	33	
	Name of Employer (for Individual)		upation (for Individual) sthesiologist		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
S	UBTOTAL of Receipts This Page (optional)			•			,	. ,	375.0	00	
т	OTAL This Period (last page this line number or	nly)	••••••					-			

#### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full) American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee						
Α.	Full Name of Individual (Last, First, Middle Initial Kodali, Nagendra, S., , M.D. Mailing Address 5961 Davenhill Dr	) or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code	06 19 2016 Transaction ID : C3338548						
	Plano	TX	75093-4347	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		83.33						
	Name of Employer (for Individual) USAP		upation (for Individual) sician	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]						
в.	Full Name of Individual (Last, First, Middle Initial Kogan, Robert, L., , M.D., Ph.D	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2106 Ari Ln	1		06 20 / Y Y Y Y Y 2016						
	City	State	Zip Code	Transaction ID : C3338571						
	Los Angeles	CA	90049-6818	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		83.33						
	Name of Employer (for Individual) RLK Anesthesia Inc		upation (for Individual) sician	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98							
с.	Full Name of Individual (Last, First, Middle Initial, Koppel, Steven, M., , M.D.	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1510 Woodland Dr			M M / D D / Y Y Y Y 06 06 2016						
	City Deerfield	State IL	Zip Code 60015-2022	Transaction ID : C3327865						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) NorthShore University HealthSystem		upation (for Individual) sician	Memo Item						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify)		300.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	216.66						
т	OTAL This Period (last page this line number onl	ly)	••••••							

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Society of Anesth									
Full Name of Individual (Last, First, Mide A. Koshkin, Eugene, , , M.D.		Prganization Name	Date of Receipt						
Mailing Address 1 University of New Me Anesthesiology MSC 10			06 27 2016						
City Albuquerque	State NM	Zip Code 87131-0001	Transaction ID : C3341189 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		4.17						
Name of Employer (for Individual) UNM Department Of Anesthesiology & Cl		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.20	]						
Full Name of Individual (Last, First, Mide <b>B.</b> Koshkin, Eugene, , , M.D.	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1 University of New Mex Anesthesiology MSC 10	6000		06 / Y Y Y Y Y 2016						
City Albuquerque	State NM	Zip Code 87131-0001	Transaction ID : C3341190 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) UNM Department Of Anesthesiology & Cr		upation (for Individual) <i>r</i> sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 229.20	]						
Full Name of Individual (Last, First, Mid c. Kothapa, Vinod, K., , M.D.	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 3312 E. Longridge Dr.			06 / 24 / Y Y Y Y Y 2016						
City Orange	State CA	Zip Code 92867	Transaction ID : C3339165 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) California Anesthesia Associates		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]						
SUBTOTAL of Receipts This Page (option	al)		95.84						
TOTAL This Period (last page this line nu	mber only)								

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Society of Anesth	esiologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Mide A. Koveleskie, Joseph, , , M.D.	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5500 Prytania St #435			06 05 / Y Y Y Y Y 06 05 2016						
City New Orleans	State LA	Zip Code 70115-4237	Transaction ID : C3327011 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.34						
Name of Employer (for Individual) Ochsner Medical Center		upation (for Individual) sician Anesthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]						
Full Name of Individual (Last, First, Mido B. Kreidel, Kerry, L., , M.D.	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4112 E Poe St			06 / 27 / Y Y Y Y Y Y						
City Tucson	State AZ	Zip Code 85711-2847	Transaction ID : C3341184						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 83.33						
Name of Employer (for Individual) University of Arizona		upation (for Individual) rsician	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻	1						
Other (specify) <b>v</b>		, 499.98							
Full Name of Individual (Last, First, Midd C. Kucharski, Donna, A., , M.D.	lle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 430 Ascent Drive Apt 15306	0	7. 0.4	06 / D D / Y Y Y Y 14 2016						
City Wexford	State PA	Zip Code 15090	Transaction ID : C3332492           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Allegheny health network		upation (for Individual) diac Anesthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
SUBTOTAL of Receipts This Page (option	al)		666.67						
TOTAL This Period (last page this line nur	mber only)								

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

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12				
Any information canied from such Deserts	and Statements	here and an used by any m		13 or tho	14       15       16         a purpose of soliciting contributions from such committee         of Receipt         1       30       2016         saction ID : C3344899         nt of Each Receipt this Period         83.3         Aemo Item         of Receipt         1       24         2016         saction ID : C3339209         nt of Each Receipt this Period         100.0         Aemo Item	17							
or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full)													
American Society of Anesth	esiologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Mid Kucik, Corry, J., , M.D.	dle Initial) or Full C	rganization Name		Date of Receipt									
Mailing Address 3750 Saddle Drive				м м 06	1			/ Y		Y			
7700 Arlington Blvd	State	Zip Code	- 4		acti			334489	1				
Carlsbad	CA	92010	A			-	-						
FEC ID number of contributing federal political committee.	C					-y		-	83.	33			
Name of Employer (for Individual) US Navy		upation (for Individual) sthesiologist		Me	emo	lten	n						
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify) ▼		499.98											
Full Name of Individual (Last, First, Mid <b>B.</b> Kuhn, Catherine, M., , M.D.	dle Initial) or Full C	rganization Name		Date of	Re	eceipt	:						
Mailing Address 14 Kendall Drive													
City	State	Zip Code											
Chapel Hill	NC	27517-5644	A	mount	of	Each	n Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					<b>T</b>		-9-	100.	00			
Name of Employer (for Individual) Duke University		upation (for Individual) esthesiologist		Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General Other (specify) ▼		600.00											
Full Name of Individual (Last, First, Mid C. Kunnavatana, Shaun, S., , M		rganization Name		Date of	Re	eceipt	:						
Mailing Address 1783 El Camino Real				<sup>M</sup> 06	/			/ Y		Y			
City	State CA	Zip Code											
Burlingame	CA	94010-3205	A	mount	of	Each	n Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					y		y	41.	67			
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	b Iten	n						
Anesthesia Care Associates Receipt For:	I	sthesiologist											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify)		250.02											
SUBTOTAL of Receipts This Page (option	' nal)					9		9	225.	00			
TOTAL This Period (last page this line nu	mber only)	,	[			-		-					

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       person for the purpose of soliciting contributions       to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Society of Anestl	hesiologists P	olitical Action Commit	tee						
Full Name of Individual (Last, First, Mic Lace, Christopher, J., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 12401 E 17th Ave Ste	B113		M M / D D / Y Y Y Y 06 06 2016						
City Aurora	State CO	Zip Code 80045-2548	Transaction ID : C3327082 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) University of Colorado		upation (for Individual) sician Anesthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Mic Lagman, Steven, , , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 202 S Park St			M = M         /         D = D         /         Y = Y = Y = Y         Y           06         02         2016						
City Madison	State	Zip Code 53715-1507	Transaction ID : C3325437 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) Madison Anesthesiology Consultants LLI	- I	upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]						
Full Name of Individual (Last, First, Mic C. Lagman, Steven, , , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 202 S Park St			06 / 29 / Y Y Y Y						
City Madison	State WI	Zip Code 53715-1507	Transaction ID : C3343772 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) Madison Anesthesiology Consultants LL		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]						
SUBTOTAL of Receipts This Page (optio	nal)		90.00						
TOTAL This Period (last page this line n	umber only)								

FOR LINE NUMBER:

PAGE 83 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)			(check only one)						
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	×	11a 13	_	1b	11c	12	17		
Any information copied from such Reports or for commercial purposes, other than usi			person fo	r the p	ourpo	se of s		contribu			
NAME OF COMMITTEE (In Full)											
angle American Society of Anesth	nesiologists P	olitical Action Commit	tee								
Full Name of Individual (Last, First, Mid A. Lagorio, John, E., , M.D.	dle Initial) or Full O	rganization Name	D	ate of	Rece	eipt					
Mailing Address 1543 Forest Park Rd				06	/	D D 13	/ Y	ү ү 2016	Y		
City Norton Shores	State MI	Zip Code 49441-4642					<b>333237</b> ceipt th	<b>9</b> is Period			
FEC ID number of contributing federal political committee.	C				-,		- 9F	83.	33		
Name of Employer (for Individual) Mednax		upation (for Individual) sthesiologist		Me	mo l	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
Full Name of Individual (Last, First, Mid <b>B.</b> Lamberg, James, J., , D.O.	dle Initial) or Full O	rganization Name	D	ate of	Rece	eipt					
Mailing Address 220 University Mnr E				06	/	D D 12	/ Y	y y 2016	Y		
City Hershey	State PA	Zip Code 17033-2827					333237 ceipt th	<b>4</b> is Period			
FEC ID number of contributing federal political committee.	C				-,			41.	67		
Name of Employer (for Individual) Penn State Hershey Medical Center		upation (for Individual) sician Fellow		Me	mo l	tem					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		250.02	1								
Full Name of Individual (Last, First, Mid Lancaster, Christopher, T, , N		rganization Name	Da	ate of	Rece	eipt					
Mailing Address 291 Southhall Ln JLR Medical Group				06	/	30		2016	Y		
City Maitland	State FL	Zip Code 32751-7274					C334489	<b>3</b> is Period			
FEC ID number of contributing federal political committee.	С		ļļ		,		y	41.	67		
Name of Employer (for Individual) JLR Anesthesia		upation (for Individual) sthesiologist		Me	emo l	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]								
SUBTOTAL of Receipts This Page (option	nal)				,			166.0	67		
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		Use separate schedule(s)			(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11b	11c	12				
			intervention   intervention <td></td> <td></td>								
	ie name and a	ddress of any political committee	e to solicit	contr	ibutions	from such	n committe	90.			
American Society of Anesthesi	ologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle In Landau, Steven, N., , M.D.	nitial) or Full C	organization Name	Dat	e of F	Receipt						
Mailing Address 2443 Dundee Dr							2016	Y			
City Ann Arbor	State MI	Zip Code 48103-6022									
FEC ID number of contributing federal political committee.	С				-	-	83.3	33			
Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC		upation (for Individual) sician		Merr	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	1								
Full Name of Individual (Last, First, Middle II B. Landrum, Alice, L., , M.D.	nitial) or Full C	organization Name	Dat	e of F	Receipt						
Mailing Address 1121 S Hickory Grove Schoo							y y 2016	Ŷ			
City Columbia	State MO	Zip Code 65279-9785									
FEC ID number of contributing federal political committee.	С			bunt o	or Each	Receipt th	50.0	00			
Name of Employer (for Individual) University of Missouri Healthcare		upation (for Individual) Anesthesiologist		Mem	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]								
Full Name of Individual (Last, First, Middle II	hitial) or Full C	Prganization Name	Dat	e of F	Receipt						
Mailing Address 708 Ratcliff St							2016	Y			
City Shreveport	State LA	Zip Code 71104-4912									
FEC ID number of contributing federal political committee.	С				y	5	83.3	33			
Name of Employer (for Individual) Medical Center Anesthesiologists		upation (for Individual) sthesiologist		Men	no Item						
Receipt For: Primary General Other (specify)	Aggregate		]								
SUBTOTAL of Receipts This Page (optional)					,		216.6	6			
TOTAL This Period (last page this line number	r only)										

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Use separate sched	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions the to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesth	nesiologists P	olitical Action Commit	iee							
Full Name of Individual (Last, First, Mic A. Larson, Matthew, R., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2369 Cherrywood Rd			06 29 2016							
City S Minnetonka C FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Ridges Anesthesia, PA		Zip Code 55305-2314	Transaction ID : C3343766 Amount of Each Receipt this Period							
			83.33							
		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
Full Name of Individual (Last, First, Mic B. Lasiter, Nathan, , , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 18904 Shilstone Way			06 / D D / Y Y Y Y 2016							
City Edmond	State OK	Zip Code 73003	Transaction ID : C3326844 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Northwest Anesthesia		upation (for Individual) sthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.02	]							
Full Name of Individual (Last, First, Mic Laughlin, Thomas, P., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1030 Burning Tree Dr.			06 / 29 / Y Y Y Y 2016							
City Kansas City	State MO	Zip Code 64145	Transaction ID : C3342649 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) Anesthesia Associates of Kansas City		upation (for Individual) SICIAN	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]							
SUBTOTAL of Receipts This Page (optio	' nal)		625.00							
TOTAL This Period (last page this line nu	umber only)									

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	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle A. Lawler, Patrick, J., , M.D.	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1301 W Ralph Rogers Rd			M M / D D / Y Y Y Y 06 04 2016						
City Sioux Falls		Zip Code 57108-2702	Transaction ID : C3326998 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Anesthesiology Associates Inc.		upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1						
			1						
Full Name of Individual (Last, First, Middle B. Lawrence, John, P., , M.D., M.Ed		rganization Name	Date of Receipt						
Mailing Address 7100 Hollyleaf Dr.			06 / D D / Y Y Y Y 2016						
City Burlington	State KY	Zip Code 41005	Transaction ID : C3341156 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) University of Cincinnati		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify) ▼		250.02	]						
Full Name of Individual (Last, First, Middle C. Leachman, David, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5541 Superstition Dr.			M M / D D / Y Y Y Y 06 27 2016						
City Las Cruces	State NM	Zip Code 88011	Transaction ID : C3341188 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.33						
Name of Employer (for Individual) David P Leachman MD PC		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 916.65	]						
SUBTOTAL of Receipts This Page (optional)	)		625.00						
TOTAL This Period (last page this line numb	per only)								

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		Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c 15	12	Γ	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		pose of	soliciting	contrib		s
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesiolo	ogists Po	olitical Action Commit	tee							
A.	Full Name of Individual (Last, First, Middle Initia Leduc, Laura, H., , M.D.	l) or Full Oi	rganization Name		Date of	f Re	eceipt				
	Mailing Address 163 Reserve Drive				06	/	D D D 29	) / Y	y y 2016	Y	
City Piedmont		State SC	Zip Code		Transaction ID : C3343769						
		30	29673		Amoun	t of	Each R	leceipt th	is Perio	d	_
FEC ID number of contributing federal political committee. Name of Employer (for Individual)		С			<u> </u>	_	-		83	3.33	
		Occu		M	emo	ltem					
	Greenville Health System	Phys	sician								
	Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		· · · · ·	499.98	11.							
_	Full Name of Individual (Last, First, Middle Initia	l) or Full Oi	rganization Name		_						
в.	Lee, Christine, H., , M.D.				Date of	f Re	·	_			
	Mailing Address 757 Westwood Plz Ste 3304 Dept of Anesthesiology				M M	1′	05	- / Y	2016	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C332702	21		
	Los Angeles	CA	90095-8358		Amoun	t of	Each R	leceipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Physician Aggregate Year-to-Date			500.00						
	Name of Employer (for Individual) UCLA				Μ	emo	tem				
	Receipt For:										
	Primary General										
	Other (specify) V	500.00	1								
C.	Full Name of Individual (Last, First, Middle Initia Lee, Jeffrey, A., , M.D.	l) or Full Oi	rganization Name		Date of	f Re	eceipt				
	Mailing Address 6650 Pasture Lands Pl.				06	/	08	) / Y	2016	Y	
	City Winter Corden	State FL	Zip Code 34787-6229					C333073			_
	Winter Garden	112	34787-0229		Amoun	t of	Each R	leceipt th	is Perio	d	_
	FEC ID number of contributing federal political committee.	С			Ľ.	_	y		50	0.00	
	Name of Employer (for Individual) USAP		upation (for Individual) sician		Memo Item						
		Aggregate	Year-to-Date ▼								
	Primary General Other (specify)	· · · ·	300.00	11.							
s	UBTOTAL of Receipts This Page (optional)			▶	<u> </u>		,	9	633	3.33	
Т	OTAL This Period (last page this line number or	ıly)					-			-	

#### SCHEDULE A (FEC Form 3X) . . . . .

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		Use separate schedule(s)	(check only one)								
11	ITEMIZED RECEIPTS for each category of the Detailed Summary Page			<b>X</b> 11a 13		11b	11c 15		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				for the		pose of	soliciting	g cont	tributio	ons
$\rangle$	American Society of Anesthesio	logists Po	olitical Action Committ	ee							
Α.	Full Name of Individual (Last, First, Middle Initi Lee, Maxine, M., , M.D., M.B.	ial) or Full O		Date of Receipt							
	Mailing Address 5432 Woodchuck Ln.										
	City Roanoke	State VA	Zip Code 24018	_				C333238		riod	
FEC ID number of contributing federal political committee.		С			<u> </u>					83.33	3
	ACV, Inc		upation (for Individual) sthesiologist		М	lem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
В.	Full Name of Individual (Last, First, Middle Initi Leib, Marc, L., , M.D.	ial) or Full Oi	rganization Name		Date o	f Re	eceipt				
	Mailing Address PO Box 44527				м м 06		03	/ Y	ү 201		ŕ
	City Phoenix	State AZ	Zip Code 85064-4527					C332697		ut a at	
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 83.33						
	Name of Employer (for Individual) Self Employed		upation (for Individual) sthesiologist		М	lem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Lewis, Michael, C., , M.D.	ial) or Full Oi	rganization Name		Date o	f Re	eceipt				
	Mailing Address 2799 W Grand Blvd Rm 339 Professor Chair Anesthesiolog				<sup>M</sup> 06		D D D 21	JL	201		Ŷ
	City Detroit	State MI	Zip Code 48202-2689					C33388	-	riod	
	FEC ID number of contributing federal political committee.	С					y	, ,		83.33	3
	Name of Employer (for Individual) Henry Ford Health System Receipt For:		upation (for Individual) sician		M	lem	o Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	1							
s	UBTOTAL of Receipts This Page (optional)			►	<u> </u>	-	,	,	2	249.99	)
т	OTAL This Period (last page this line number of	only)					-	-			

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PAGE 89 OF

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111			for each category of the Detailed Summary Page	×	11a	11b		$\square$	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Po	olitical Action Committ	ee						
A.	Full Name of Individual (Last, First, Middle Initia Lichtenberg, Victor, , , D.O.	al) or Full O	rganization Name		Date of	Receip	ıt			
	Mailing Address 200 Red Oak Rd				м м 06	/ D	10 /		) 16	Y
	City Northbrook	State IL	Zip Code 60062-1319				D : C3332 h Receipt		eriod	
FEC ID number of contributing federal political committee.           Name of Employer (for Individual)           Midwest Anesthesia Partners		C							41.6	7
			upation (for Individual) sthesiologist		Me	emo Iter	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02							
Full Name of Individual (Last, First, Middle Initial) or Fu <b>B.</b> Lienhart, Kristen, L., , M.D.			rganization Name		Date of	Receip	t			
	Mailing Address 4301 W Markham St Lot 515	1-			06	/ D	25 <sup>/</sup>	Y Y 20	16 <sup>°</sup>	Y
-	City Little Rock	State AR	Zip Code 72205-7101				<b>D : C3341</b> h Receipt		eriod	
	FEC ID number of contributing federal political committee.	С				- 49-	· · ·		100.0	0
	Name of Employer (for Individual) UAMS	Occupation (for Individual) Physician			Me	emo Iter	m			
	Receipt For:	Aggregate Year-to-Date ▼								
	Other (specify) ▼		, 600.00							
с.	Full Name of Individual (Last, First, Middle Initia Lingaraju, Rajiv, , , M.D.	al) or Full O	rganization Name		Date of	Receip	t			
	Mailing Address 2200 Arch Street #602				<sup>M</sup> 06		17	20	)16	Ŷ
	City Philadelphia	State PA	Zip Code 19103				ID : C3336 h Receipt		eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>	, <u>,</u>	,		41.6	7
	Name of Employer (for Individual) West Jersey Anesthesia Associates		upation (for Individual) sthesiologist		Me	emo Iter	m			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	1						
s	UBTOTAL of Receipts This Page (optional)			•		. ,			183.3	4
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	Use separate schedule(s)	(cl	(check only one)								
		for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions	
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Po	olitical Action Commit	tee							
Α.	Full Name of Individual (Last, First, Middle Initia Lipps, Jonathan, , , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 410 W 10th Ave				м м 06	1	D 10		2016	Y	
City Columbus		StateZip CodeOH43210						C334118 Receipt th	<b>32</b> iis Period		
	FEC ID number of contributing federal political committee.           Name of Employer (for Individual)           Ohio State University						-		41.	67	
			upation (for Individual) sthesiologist		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02								
В.	Full Name of Individual (Last, First, Middle Initia Lockhart, Asa, C., , M.D. Mailing Address 2106 Kennebunk Ln.	al) or Full O		Date of	f Re			ÝÝÝ	V		
	City	State	Zip Code		06	/	10	J L	2016	Ŷ	
	Tyler	TX	75703	-				C333200 Receipt th	17 Iis Period		
	FEC ID number of contributing federal political committee.	C				83.34					
	Name of Employer (for Individual) Golden Caduceus Consultants	Occupation (for Individual) Physician advocate			M	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
с.	Full Name of Individual (Last, First, Middle Initia Lok, Jason, , , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5496 East Taft Road				<sup>M</sup> 06	/	20		2016	Y	
	City North Syracuse	State NY	Zip Code 13212					<b>C33385</b> Receipt th	57 iis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .		41.	67	
	Name of Employer (for Individual) New York Spine & Wellness Center		upation (for Individual) sician		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 291.69								
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>		g :	· · ·	166.	68	
Т	OTAL This Period (last page this line number o	nly)					_				

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	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	
Any information copied from such Reports a								
or for commercial purposes, other than using	y the name and a	duress of any political committee	e lo solicit (	contril	DULIONS	nom such	i committe	e.
American Society of Anesthe	esiologists P	olitical Action Committ	ee					
/								
Full Name of Individual (Last, First, Middl A. Long, Michael, A., , M.D.	e Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 3941 Foxfire Ln			06		30		2016	Y
City	State	Zip Code				C334384		
Kingsport	TN	37664-4409				Receipt th		
FEC ID number of contributing federal political committee.	C				-		83.3	34
Name of Employer (for Individual)	Occ	upation (for Individual)	— П	Mem	o Item			
Bristol Anesthesia Services	Ane	sthesiologist						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		500.04	1					
Other (specify) <b>v</b>		500.04						
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name						
B. Losey, Allison, R., , M.D.			Date	of R	eceipt			
Mailing Address 8710 Crest Ridge Cir							y y 2016	Ŷ
City	State TX	Zip Code 78750-3016				C333249		
Austin						Receipt th	is Period	
FEC ID number of contributing federal political committee.	C	C			-		41.6	57
Name of Employer (for Individual) Capitol anesthesiology association		Occupation (for Individual) Anesthesiologist		Mem	o Item			
Receipt For:	Aggregate	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼		250.02	1					
			-					
Full Name of Individual (Last, First, Middl C. Luikart, Paul, J., , M.D.	e Initial) or Full C	rganization Name	Date	of R	eceipt			
Mailing Address 684 Marble Rock Cir			M	M	/ D I		2016	Y
City	State	Zip Code	00	_	30 tion ID :	C334377	2016 76	
Green Bay	WI	54311-6947				Receipt th		
FEC ID number of contributing federal political committee.	С				, .		1000.0	0
Name of Employer (for Individual) BayCare Clinic		upation (for Individual) sthesiologist		Mem	o Item			
Receipt For:	Aggregate	Year-to-Date <b>V</b>						
Other (specify)		1000.00	1					
SUBTOTAL of Receipts This Page (optiona	ـــــــــــــــــــــــــــــــــــــ						1125.0	1
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	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle Lumbley, Joshua, L., , M.D.	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 61 W. Weisheimer Rd			M M / D D / Y Y Y Y 06 13 2016						
City Columbus	State OH	Zip Code 43214	Transaction ID : C3332174 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) NorthStar Anesthesia		upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]						
Full Name of Individual (Last, First, Middle B. Lumbley, Joshua, L., , M.D.	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 61 W. Weisheimer Rd	M M / D D / Y Y Y Y 06 26 2016								
City	State OH	Zip Code	Transaction ID : C3341178						
Columbus		43214	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.								
Name of Employer (for Individual) NorthStar Anesthesia		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		500.04	]						
Full Name of Individual (Last, First, Middle C. Lumermann, Claudio, , , M.D.	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 270-05 76th Ave Suite 2000			06 / D D / Y Y Y Y 2016						
City New Hyde Park	State NY	Zip Code 11040	Transaction ID : C3339196           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Claudio Lumermann,		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]						
SUBTOTAL of Receipts This Page (optional	)		166.67						
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
American Society of Anesthes	iologists P	olitical Action Committe	e
Full Name of Individual (Last, First, Middle I         Lustgarten, Moises, , , M.D.         Mailing Address 3201 NE 183rd St Apt 3107         City         Aventura         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         IRSF         Receipt For:         Primary       General         Other (specify) ▼	State FL C Occ Med	Drganization Name Zip Code 33160-2593 upation (for Individual) dical Doctor Year-to-Date ▼ 250.02	Date of Receipt
Full Name of Individual (Last, First, Middle I         Madril, Danielle, R., , M.D.         Mailing Address 2421 San Domingo St         City         Coral Gables         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Miami Children's Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State FL C Occ Ane	Zip Code 33134-5532 Upation (for Individual) esthesiologist Year-to-Date ▼ 240.00	Date of Receipt
Full Name of Individual (Last, First, Middle I         Malik, Asif, M., , M.D.         Mailing Address 2758 Charnwood Dr         City         Troy         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Henry Ford Health System         Receipt For:         Primary       General         Other (specify)	State MI C Occ Ane	Zip Code 48098-2184 upation (for Individual) sthesiologist Year-to-Date ▼ 499.98	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,	165.00

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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)						
		✗         11a         11b         11c         12           13         14         15         16         11						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)		_						
American Society of Anesthes	iologists P	olitical Action Committ	ee					
Full Name of Individual (Last, First, Middle I A. Marcovitz, Michael, J., , M.D.	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4483 Ford Rd.			06 / Y Y Y Y 06 15 2016					
City Ann Arbor	State MI	Zip Code 48105	Transaction ID : C3333068 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC		upation (for Individual) sthesiologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1					
Full Name of Individual (Last, First, Middle I Markgraf, Kurt, W., , M.D.	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3663 McKinley Ave	· · · · · · · · · · · · · · · · · · ·							
City Fort Myers	State FL	Zip Code 33901	Transaction ID : C3341157 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Medical Anesthesia and Pain Management		upation (for Individual) esthesiologist	Memo Item					
Receipt For:		Year-to-Date ▼						
Other (specify) ▼		499.98	]					
Full Name of Individual (Last, First, Middle I Martel, Colleen, G., , M.D.	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 523 Robert E Lee Blvd			06 / D D / Y Y Y Y Y 06 10 2016					
City New Orleans	State LA	Zip Code 70124-2542	Transaction ID : C3332104           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		83.33					
Name of Employer (for Individual) Tulane University		upation (for Individual) sician Anesthesiologist	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.65	]					
SUBTOTAL of Receipts This Page (optional)			216.66					
TOTAL This Period (last page this line numbe	r only)							

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	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle Martello, Alfred, J., , M.D.	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4912 Nobles Pond Dr NW			M M / D D / Y Y Y Y Y 06 25 2016						
City Stat Canton OH FEC ID number of contributing federal political committee.		Zip Code 44718	Transaction ID : C3339223 Amount of Each Receipt this Period						
			41.67						
Name of Employer (for Individual) Ohio Anesthesia Group		upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1						
Full Name of Individual (Last, First, Middle <b>B.</b> Mastropolo, Gregg, A., , A.AC	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 150 S Little Tor Rd									
City New City	NY	10956-3126	Transaction ID : C3343770 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) Quinnipiac University		upation (for Individual) iical Assistant Professor	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify)		250.02	1						
Full Name of Individual (Last, First, Middle Matlin, Fredric, J., , M.D.	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 23 Lodge Ln			06 13 / Y Y Y Y Y 2016						
City Miller Place	State NY	Zip Code 11764-1913	Transaction ID : C3332176           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.34						
Name of Employer (for Individual) Long Island Anesthesia Physicians, LLP		upation (for Individual) STHESIOLOGIST	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	1						
SUBTOTAL of Receipts This Page (optional).			166.68						
TOTAL This Period (last page this line numb	er only)								

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	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12					
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	<u>.</u>	·····						
American Society of Anesth	esiologists P	olitical Action Committ	ee					
Full Name of Individual (Last, First, Midd A. Matter, Jean-Paul, , , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address PO Box 43381			M M / D D / Y Y Y Y 06 02 2016					
City Cincinnati	State OH	Zip Code 45243-0381	Transaction ID : C3325438 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		45.00					
Name of Employer (for Individual) Seven Hills Anesthesia		upation (for Individual) sthesiologist	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1					
Full Name of Individual (Last, First, Midd B. Maxwell, Scott, W., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 16305 Scotland Way			06 04 YYYY 2016					
City	State	Zip Code	Transaction ID : C3326993					
Edmond	OK	73013	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		41.67					
Name of Employer (for Individual) Affiliated Anesthesiologists, LLC		upation (for Individual) esthesiologist	Memo Item					
Receipt For:	Aggregate	Year-to-Date <b>V</b>						
Other (specify) ▼		250.02	]					
Full Name of Individual (Last, First, Midd Mayer, David, C., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 130 Mason Farm Rd CB 7010 N2201			06 / D D / Y Y Y Y 2016					
City Chapel Hill	State NC	Zip Code 27599-6134	Transaction ID : C3327872           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00					
Name of Employer (for Individual) UNC Health Care	Occi MD	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 880.00	]					
SUBTOTAL of Receipts This Page (option	al)		106.67					
TOTAL This Period (last page this line nur	mber only)							

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			Use separate schedule(s)	(check	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11:		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				he pu								
$\overline{\langle}$	NAME OF COMMITTEE (In Full)				001111								
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e									
Α.	Full Name of Individual (Last, First, Middle Initia McClarty, Stacey, J., , M.D.	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 8505 Rambling Rose Dr				M M / D D / Y Y Y Y Y 06 28 2016								
	City Ooltewah	State TN	Zip Code 37363-7115				C334142 leceipt th	20 is Period					
FEC ID number of contributing federal political committee.								41.6	\$7				
	Name of Employer (for Individual) ACE Anesthesiology Dept of Anesthesiol		upation (for Individual) sthesiologist		Mem	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02										
в.	Full Name of Individual (Last, First, Middle Initia McCord, Matthew, M., , M.D.	al) or Full O	rganization Name	Date	e of R	eceipt							
	Mailing Address 5400 Timber Bend Dr.	0	6	/ D D D 24	/ Y	y y 2016	Y						
	City	State MI	Zip Code 48116				C333916						
	Brighton		40110	Amo	unt of	f Each H	leceipt th	is Period	_				
	FEC ID number of contributing federal political committee.					83.34							
	Name of Employer (for Individual) St. Joseph Mercy Health System		upation (for Individual) sician Anesthesiologist		Mem	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.04										
с.	Full Name of Individual (Last, First, Middle Initia McCreary, Joel, E., , D.O.	al) or Full O	rganization Name	Date	e of R	eceipt							
	Mailing Address 4595 E Calle Redonda				м 6	/ 13		2016	Y				
	City Phoenix	State AZ	Zip Code 85018-3817				C333217 leceipt th	is Period					
	FEC ID number of contributing federal political committee.	С				, .	y	100.0	0				
	Name of Employer (for Individual) Valley Anesthesiology Consultants		upation (for Individual) sthesiologist		Mem	io Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00										
s	UBTOTAL of Receipts This Page (optional)			Ē		,	. ,	225.0	)1				
т	OTAL This Period (last page this line number or	nly)	••••••••••••••••••••••••••••••••••••••			45.1	- 45						

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IТ	ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)						
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17	
Ar or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson for to sol	or the icit co	pur	pose of putions	solicitin from suc	g con ch con	tributio nmitte	ons e.	
	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ее								
Α.	Full Name of Individual (Last, First, Middle Init McGuire, Stephanie, R., , M.D.	ial) or Full O	rganization Name		Date o	of Re	eceipt					
	Mailing Address 304 Huntington Rd				06 / D D / Y Y Y Y 06 16 2016							
	City Kansas City	State MO	Zip Code 64113-1460	A	Transaction ID : C3333403 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					-			41.6	7	
	Name of Employer (for Individual)	Occi	upation (for Individual)		Μ	lemo	o Item					
	Anesthesia Associates of Kansas City	Ped	iatric Anesthesiologist									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		250.02									
	Other (specify) <b>v</b>											
R	Full Name of Individual (Last, First, Middle Init Meddows, Michael, J., , M.D.	ial) or Full O	rganization Name	-	Date o	f Re	acaint					
υ.	Mailing Address 8508-B Atlantic Ave.									Y	v	
	Maining Mariood 8508-B Allaniic Ave.				06	· (	09		201		'	
	City	State	Zip Code		Trans	sact	ion ID :	C33320	03			
	Virginia Beach	VA	23451	A				Receipt t		eriod		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Anesthesiologist			3.50							
	Name of Employer (for Individual) ATLANTIC ANESTHESIA				Memo Item							
	Receipt For:	Aggregate										
	Primary General Other (specify) ▼	639.01										
— C.	Full Name of Individual (Last, First, Middle Init Mehaffey, Gregory, R., , M.D.	ial) or Full O	rganization Name		Date o	of Re	eceipt					
	Mailing Address 2000 Glenn Arbor Ct				<sup>M</sup> 06	/	15		201	16 1	Ŷ	
	City	State	Zip Code		Trans	sact	ion ID :	C33331	04			
	Sherwood	AR	72120-4332	A	Moun	t of	Each F	Receipt t	his Pe	eriod		
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			upation (for Individual) sthesiologist		N	lemo	o Item					
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Detailed Summary Page       11a       11b       11c       12         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         Merritt, Christopher, K., , M.D.         Mailing Address 5901 Annunciation St         City       State         New Orleans         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         PMC NO         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		-	Use separate schedule(s)	(check only one)								
Ary Information copied from such Exports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (In Full)         Ander Corr Commond and the solid or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee.         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Merrit, Christopher, K., NJD.         Mailing Address 5801 Annunciation St         City       State         City       State         Part Contributing       C         City       Contributing         Part Contributing       C         Merrit Christopher, K., MJD.       Anesthesiologist         Profile Name of Individual (Last, First, Middle Initial) or Full Organization Name       Amount of Each Receipt this Period         Profile Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 827 E Birch Ave       C       Cole         City       State       Zip Code         WhiteIdat Bay       Wit       State       Zip Code         FEG ID number of contributing teamal       Occupation (for Individual)       Cole       Cole         Name of Engloyer (for Individual)	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page									
American Society of Anesthesiologists Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Maining Address Bo01 Annunciation St         City       State         City       State         PEC DD number of contributing federal political committee.       C         Pain Name of Individual Preceipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       State         Zip Code       Maring Address Bo2 Annunciation St         City       State         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Mailing Address Bo2 of Individual Primary       General         Other (specify)       State       Zip Code         Winterfish Bay       State       Zip Code         Winterfish Bay       State       Zip Code         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Maining Address Dapt of Anes, HIS7       State       Zip Code         Other (specify)       Aggregate Year-to-Date ▼       Other (specify)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Maing Address Dapt of Anes, HIS7				erson for the purpose of soliciting contributions								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 5901 Annunciation St       06       21       2016         City       New Orleans       LA       70115-2123       Annual of Each Receipt this Period         FEC 1D number of contributing federal political committee.       C       Aggregate Year-to-Date ▼       06       21       2016         Name of Engloyer (for Individual)       Aggregate Year-to-Date ▼       06       04       2016         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       06       04       2016         Mailing Address B27 E Birch Ave       C       C       C       7778380       Date of Receipt         Mailing Address B27 E Birch Ave       C       C       06       04       2016       Transaction ID : C332783         Amount of Each Receipt I for:       Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       06       04       2016       Transaction ID : C332783         Amount of Each Receipt I for:       General       C       C       06       09       2016       Transaction ID : C332783         Print Ame of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Year-to-Date ▼       Memo Item												
A. Merrit, Christopher, K., M.D.         Mailing Address 5901 Annunciation St         City         New Orleans         LA         70115-2123         Name of Employer (for Individual)         Paceapt For:         Primary         Ghy         State         Other (specify) *         Aggregate Year-to-Date *         Other (specify) *         Automatic Employer (for Individual)         Answer of Employer (for Individual)         Answer of Employer (for Individual)         Address By Z Birch Ave         City         Heit Name of Individual (Last, First, Middle Initial) or Full Organization Name         Mestrobian, James, R., , M.D.         Mailing Address By Z Birch Ave         City         Whitefish Bay         Wit 5217-5380         FEC ID number of contributing federal political committee.         City         Transaction D: Ci3327843         Amount of Each Receipt this Period         FeC ID number of contributing federal political committee.         City         Primary       General         Other (specify) *       Control Creation Name         Aggregate Year-to-Date *         Primary	American Society of Anesth	esiologists P	olitical Action Committ	ee								
City       State       Zip Code       Transaction ID: C333887         FEC: ID number of contributing       C       Address       Address         Name of Employer (for Individual)       Aggregate Year-to-Date V       Address       Address         PMC NO       Aggregate Year-to-Date V       Memo Item       Address         Primary       General       C       Address       Date of Receipt Ibit         Primary       General       C       Code       Code       Code         FUI Name of Individual (Last, First, Middle Initiat) or Full Organization Name       Date of Receipt       Date of Receipt         Mailing Address 827 E Birch Ave       C       Transaction ID: C3327843       Transaction ID: C3327843         Name of Employer (for Individual)       C       Transaction ID: C3327843       Transaction ID: C3327843         Name of Employer (for Individual)       C       Transaction ID: C3327843       Transaction ID: C3327843         Name of Employer (for Individual)       C       Cocupation (for Individual)       Transaction ID: C3327843         Name of Employer (for Individual)       C       Aggregate Year-to-Date V       Transaction ID: C3327843         Name of Employer (for Individual)       C       Aggregate Year-to-Date V       Transaction ID: C332021         FUI Name of Individual (Last, Fir		dle Initial) or Full C	rganization Name	Date of Receipt								
New Orleans       LA       70115-2123       Amount of Each Receipt this Period         FEC LD number of contributing federal political committee.       C       41.67       41.67         Name of Employer (for Individual) PMC NO       Aggregate Year-to-Date ▼       0       41.67         Beceipt For: Primary       General       250.02       0       0         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0	Mailing Address 5901 Annunciation St											
FEC ID number of contributing federal political committee.       C       41.67         Name of Employer (for Individual) PMC NO Receipt For: C Mesrobian, James, R., M.D.       Aggregate Year-to-Date ▼       41.67         State       Year-to-Date ▼       250.02       Date of Receipt         State       Zip Code       7       2016         Transaction ID : C332783       Amount of Each Receipt Ibits Period       7       2016         City       State       Zip Code       7       2016         Primary       General       Occupation (for Individual)       C       7       2016         Receipt for: PC ID number of contributing federal political committee.       C       7       2016       Transaction ID : C332783         Name of Employer (for Individual) TeamHealth Anesthesia       C       83.33       Memo Item       83.33         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       83.33       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       99.98       Date of Receipt         Maling Address Dept of Anes, H187 500 University Dr Rm C2840       C       Memo Item       66 / 09 / 2016       7         Maling Address Dept of Individual Penn State Hershey       PA       17033-0850       Full Name	•											
federal political committee.       4167         Name of Employer (for Individual)       Occupation (for Individual)         PMC NO       Anesthesiologist         Receipt For:       Other (specify) ▼         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Maining Address 827 E Birch Ave       06 / 04 / 2016         City       State       Zip Code         Whitefish Bay       Will S217-5360         FEC ID number of contributing federal political committee.       C         Primary       General       Occupation (for Individual)         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Primary       General       Occupation (for Individual)       Memo Item         Poil Name of Indinvidual (Last, First, Middle Initial) or Full												
PMC NO       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       250.02         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Whitefish Bay       WI       5217-5360         FEC 1D number of contributing       C       83.33         Item of Employer (for Individual)       Occupation (for Individual)       Receipt For:         Primary       General       Occupation Name       Date of Receipt         Name of Employer (for Individual)       Occupation (for Individual)       Receipt For:       83.33         Primary       General       Occupation Name       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Transaction ID : C3321021         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Memo Item         Mailing Address Dept of Anes, H187       S00 University Dr Fm C2840       Transaction ID : C3331021         FC ID number of contributing federal political committee.       Occupation (for Individual)       For D       500.00         FC ID number of contributing federal political committee.       Occupation (for Individual)       For	•	C		41.67								
Aggregate rear to Could v         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Malling Address 827 E Birch Ave         City         Whitefish Bay         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Regional Medical Director         Receipt For:         Primary       General         Other (specify) ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         City       Mame of Individual (Last, First, Middle Initial) or Full Organization Name         City       Aggregate Year-to-Date ▼         Malling Address Dept of Anes, H187       Midle Initial) or Full Organization Name         City       Name of Individual (Last, First, Middle Initial) or Full Organization Name         Malling Address Dept of Anes, H187       S00 University Dr Rm C2840         City       Fact In number of contributing federal political committee.         Pact In ployer (for Individual)       Occupation (for Individual)	,			Memo Item								
Other (specify)       25002         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 827 E Birch Ave       06 ' 04 ' 2016         City       State       Zip Code         Whitefish Bay       Wi       53217-5360         FEC ID number of contributing federal political committee.       C       Transaction ID: C3327843         Name of Employer (for Individual)       Regional Medical Director       83.33         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address Dept of Anes, H187       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address Dept of Anes, H187       S00 University Dr Rm C2840       Date of Receipt         City       State       Zip Code       Transaction ID: C3331021         Mailing Address Dept of Anes, H187       Doctor       Zo16       Transaction ID: C331021         Mailing Address Dept of Anes, H187       Doctor       S00.00       Memo Item         PACI Di number of contributing federal political committee.       C       Memo Item       S00.00         Name of Employer (for Individual)       Occupation (for Individual)       S00.00       Memo Item <t< td=""><td></td><td>Aggregate</td><td>Year-to-Date ▼</td><td>_</td></t<>		Aggregate	Year-to-Date ▼	_								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 827 E Birch Ave			250.02	1								
3. Mesrobian, James, R., , M.D.       Mailing Address 827 E Birch Ave       Date of Receipt         City       State       Zip Code       Transaction ID : C3327843         Whitefish Bay       Wi       53217-5360       Amount of Each Receipt His Period         FEC ID number of contributing tederal political committee.       C       83.33       Memo Item         Name of Employer (for Individual) TeamHealth Anesthesia       Regional Medical Director       83.33       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         Mailing Address Dept of Anes, H187       State       Zip Code       Transaction ID : C3331021         Mailing Address Dept of Anes, H187       State       Zip Code       Transaction ID : C3331021         Mailing Address Dept of Anes, H187       State       Zip Code       Transaction ID : C3331021         Memo Item       General       Occupation (for Individual)       Memo Item         PEC ID number of contributing federal political committee.       State       State       State       State         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       State       State				1								
City       State       Zip Code       Transaction ID : C3327843         Whitefish Bay       Wi       53217-5360       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       83.33         Name of Employer (for Individual) TeamHealth Anesthesia       Receipt For:       0       6       04       2016         Receipt For:       Occupation (for Individual) Regional Medical Director       Receipt For:       83.33       0       Memo Item         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name         Date of Receipt         Mailing Address Dept of Anes, H187       500 University Dr Rm C2840       Date of Receipt       Transaction ID : C3331021         Amount of Each Receipt for:       PA       17033-0850       Transaction ID : C3331021         FEC ID number of contributing federal political committee.       C       500.00       Memo Item         PEC ID number of contributing federal political committee.       Aggregate Year-to-Date ▼       Memo Item         Pen State Hershey       Aggregate Year-to-Date ▼       Memo Item         Pen State Hershey       Aggregate Year-to-Date ▼       Memo Item         SUBTOTAL of Receipts This Page (optional)	Full Name of Individual (Last, First, Mide B. Mesrobian, James, R., , M.D.	dle Initial) or Full C	rganization Name	Date of Receipt								
Whitefish Bay       WI       53217-5360       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) TeamHealth Anesthesia       Occupation (for Individual) Regional Medical Director       83.33         Receipt For:       Primary       General       Occupation Name       Memo Item         Cher (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt       2016         Mailing Address Dept of Anes, H187       500 University Dr Rm C2840       Date of Receipt this Period         City       Hershey       State       Zip Code         Hershey       PA       17033-0850       Transaction ID : C3331021         Amount of Each Receipt this Period       State       Zip Code         PEC ID number of contributing federal political committee.       C       Mailing Address Dept of Anes, H187       S00.00         Subtrotal descept for:       Qagregate Year-to-Date ▼       Memo Item       Memo Item         Period       C       General       Occupation (for Individual)       Memo Item         Period For:       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Subtrotal of Receipt This Page (optional)       Aggregate Year-to-Date ▼       Memo Item    <	Mailing Address 827 E Birch Ave											
FEC ID number of contributing federal political committee.       C       83.33         Name of Employer (for Individual) TeamHealth Anesthesia       C       83.33         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Children (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       Aggregate Year-to-Date To 000 University Dr Rm C2840       Date of Receipt         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Pen State Hershey       C         Paranet Hershey       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       C         Subtrotal committee.       C         Name of Employer (for Individual) Pen State Hershey       Occupation (for Individual) Doctor         Peceipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         SubtrotAL of Receipts This Page (optional)	City		Zip Code	Transaction ID : C3327843								
federal political committee.       83.33         Name of Employer (for Individual) TeamHealth Anesthesia       Occupation (for Individual) Regional Medical Director         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Date of Receipt       Date of Receipt         Malling Address Dept of Anes, H187 500 University Dr Rm C2840       Date of Receipt         City Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) Penn State Hershey       Occupation (for Individual) Doctor       Merno Item         Receipt For:       Aggregate Year-to-Date ▼       Merno Item         Primary       General       Occupation (for Individual)         Dector       S00.00       Merno Item         SubtrotaL of Receipts This Page (optional)	Whitefish Bay	WI	53217-5360	Amount of Each Receipt this Period								
TeamHeath Anesthesia       Regional Medical Director         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Date of Receipt       Aggregate Year-to-Date ▼         Mailing Address Dept of Anes, H187       500 University Dr Rm C2840         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing       C       500.00         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Pen State Hershey       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregate Year-to-Date ▼       Memo Item         Other (specify)       Aggregate Year-to-Date ▼       Memo Item	•	С		83.33								
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       499.98         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address Dept of Anes, H187       500 University Dr Rm C2840         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Penn State Hershey       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼         Primary       General       500.00         SUBTOTAL of Receipts This Page (optional)			· · · · · ·	Memo Item								
Primary       General         Other (specify) ▼       499.98         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mets, Berend, , , M.B., Ch.B.       Mailing Address Dept of Anes, H187 500 University Dr Rm C2840       Date of Receipt         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Penn State Hershey       Doctor         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         SUBTOTAL of Receipts This Page (optional)	Receipt For:		·	-								
C. Mets, Berend, , , M.B., Ch.B.       Date of Receipt         Mailing Address Dept of Anes, H187       Date of Receipt         500 University Dr Rm C2840       City         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       500.00         Pern State Hershey       Aggregate Year-to-Date        Memo Item         SUBTOTAL of Receipts This Page (optional)       625.00       625.00				1								
Mailing Address Dept of Anes, H187       500 University Dr Rm C2840       2016         City       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Perimary       General       Aggregate Year-to-Date ▼       Memo Item         SUBTOTAL of Receipts This Page (optional).       625.00       625.00		lle Initial) or Full C	rganization Name	Date of Receipt								
State       Zip Code         Hershey       State       Zip Code         Hershey       PA       17033-0850         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Penn State Hershey       Aggregate Year-to-Date ▼       Memo Item         SUBTOTAL of Receipts This Page (optional).       State (optional).       625.00	Mailing Address Dept of Anes, H187											
Hershey       PA       17033-0850       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Penn State Hershey       Doctor       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       500.00         Other (specify)       500.00       625.00			Zip Code									
federal political committee.       500.00         Name of Employer (for Individual)       Occupation (for Individual)         Penn State Hershey       Doctor         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       500.00         SUBTOTAL of Receipts This Page (optional)												
Penn State Hershey       Doctor         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         SUBTOTAL of Receipts This Page (optional)	5	С		500.00								
Primary     General       Other (specify)     500.00			, ,	Memo Item								
Other (specify)       500.00         SUBTOTAL of Receipts This Page (optional)		Aggregate	Year-to-Date ▼									
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	SUBTOTAL of Receipts This Page (option	al)		625.00								
	TOTAL This Period (last page this line nu	mber only)										

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     15       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Michaels, Robert, K., , M.D.	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 3632 Beech Tree Dr			M M / D D / Y Y Y Y 06 05 2016								
City Orlando	State FL	Zip Code 32835	Transaction ID : C3327012 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		41.67								
Name of Employer (for Individual) JLR Medical Group		upation (for Individual) esthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1								
		7 7	-								
B. Michalowski, Piotr, , , M.D., Ph.D											
Mailing Address 545 Jasmine PI NW			06 23 2016								
City	State WA	Zip Code	Transaction ID : C3339145								
Issaquah	VVA	98027-2636	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) VA PSHCS		upation (for Individual) /sician	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		300.00	1								
Full Name of Individual (Last, First, Middle C. Miller, Burney, A., , M.D.	Initial) or Full C	Organization Name	Date of Receipt								
Mailing Address 820 S. First St. Terrace			06 / Y Y Y Y Y 06 17 2016								
City Odessa	State MO	Zip Code 64076	Transaction ID : C3337293 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) AAKC		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1								
SUBTOTAL of Receipts This Page (optional).			1091.67								
TOTAL This Period (last page this line number	er only)										

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       person for the purpose of soliciting contributions       ae to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) American Society of Anesth	-											
Full Name of Individual (Last, First, Mid Miller, Michael, D., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 15936 Oak Park Ct			M M / D D / Y Y Y Y Y 06 26 2016									
City Westfield	State IN	Zip Code 46074-9140	Transaction ID : C3339242 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Aci, Ilc		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]									
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Miller, Vincent, , , M.D.											
Mailing Address 333 Southfield Dr			Date of Receipt									
City Williston	State VT	Zip Code 05495-5213	Transaction ID : C3332360 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.33									
Name of Employer (for Individual) University of Vermont Medical Center		upation (for Individual) rsician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]									
Full Name of Individual (Last, First, Mid Minana, Mitchell, F., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1306 E Welden Dr			06 / D D / Y Y Y Y 2016									
City Spokane	State WA	Zip Code 99223	Transaction ID : C3333404           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Providence	Phys	upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	]									
SUBTOTAL of Receipts This Page (option	nal)		216.67									
TOTAL This Period (last page this line nu	Imber only)											

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)							
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\setminus$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesic	ologists P	olitical Action Committe	96							
Α.	Full Name of Individual (Last, First, Middle In Minana, Mitchell, F., , M.D.	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1306 E Welden Dr			M M / D D / Y Y Y Y 06 23 2016							
	City Spokane	State WA	Zip Code 99223	Transaction ID : C3339116 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.				50.00							
	Name of Employer (for Individual) Providence		upation (for Individual) sician	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
_	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name								
в.	Mitchell, Brian, , , M.D. Mailing Address 3710 SW US Veterans Hospit	tal Rd		Date of Receipt							
	City Portland	State OR	Zip Code 97239-2964	Transaction ID : C3332119							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) VA		upation (for Individual) ff Anesthesiologist	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
<u> </u>	Full Name of Individual (Last, First, Middle In Mitchell, Karen, P., , M.D.	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 827 Old Oyster Trl			M M / D D / Y Y Y Y 06 06 2016							
	City Sugar Land	State TX	Zip Code 77478	Transaction ID : C3327863 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		83.33							
	Name of Employer (for Individual) USAP		upation (for Individual) sician	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			216.67							

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171			Use separate schedule(s)	) (c	heck only	/ on	e)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	<u> </u>				
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Comn	nittee										
Α.	Full Name of Individual (Last, First, Middle Initia Mohacsi, Tibor, G., , M.D.	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 11008 W 125th St				06 24 Y Y Y Y Y Y Y Y									
	City Overland Park	State KS	Zip Code 66213-2162		Transaction ID : C3339168 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.						,		41.0	67					
	Name of Employer (for Individual) SLPS	Occu MD	upation (for Individual)		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montiague, Raul, R., , M.D.						ceipt							
	Mailing Address 7803 Railyard Dr SW				06 / D D / Y Y Y Y Y 2016									
	City Byron Center	State MI	Zip Code 49315-9525	_				C333212		_				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 83.34									
	Name of Employer (for Individual) Anesthesia Medical Consultants, PC	Occu Ane		Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 500.04											
с.	Full Name of Individual (Last, First, Middle Initia Montoya, Ruben, S., , II	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 710 Lexington Ave				<sup>M</sup> 06	/	28		2016 <sup>°</sup>	Y				
	City Indianapolis	State IN	Zip Code 46203	-				<b>C33412</b> Receipt th	16 nis Period					
	FEC ID number of contributing federal political committee.	С					y	. ,	50.0	00				
			upation (for Individual) sthesiologist		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00											
s	UBTOTAL of Receipts This Page (optional)						y	. ,	175.0	)1				
т	OTAL This Period (last page this line number or	ıly)		▶			,							

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	-	Use separate schedule(s)	(check only one)							
II EIVIIZED RECEIPIO		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle Moran, Kenneth, R., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4029 Hidden Hill Ct			06 / Y Y Y Y 06 25 2016							
City Powell	State OH	Zip Code 43065-7112	Transaction ID : C3341152 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.67							
Name of Employer (for Individual) The Ohio State Wexner Medical Center		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]							
Full Name of Individual (Last, First, Middle B. Morris, Caroline, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2797 Fox Creek Dr.			06 / D D / Y Y Y Y Y 21 2016							
City	State	Zip Code	Transaction ID : C3338893							
Germantown	TN	38138	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer (for Individual) Medical Anesthesia Group		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		600.00	]							
Full Name of Individual (Last, First, Middle Morris, Jason, E., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2797 Fox Creek Dr.			06 / D D / Y Y Y Y Y 2016							
City Germantown	State TN	Zip Code 38138-5723	Transaction ID : C3338894           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer (for Individual) Medical anesthesia group		upation (for Individual) sthesiolgist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]							
SUBTOTAL of Receipts This Page (optional)			241.67							
TOTAL This Period (last page this line numb	er only)									

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Middle Morrow, Scott, C., , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 220 Genius Drive			M M / D D / Y Y Y Y Y 06 13 2016								
City Winter Park	State FL	Zip Code 32789	Transaction ID : C3332178 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) JLR Medical Group		upation (for Individual) esthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1								
	1										
B. Moss, William, E., , D.O.											
Mailing Address 3142 Rock Park Dr			06 / Y Y Y Y 2016								
City Fort Collins	State CO	Zip Code 80528-9483	Transaction ID : C3327839 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) NCAP		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		416.69	]								
Full Name of Individual (Last, First, Middle C. Mrachek, John, P., , M.D.	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4520 W. Woodlland Rd.			06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City Edina	State MN	Zip Code 55424	Transaction ID : C3341185           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Northwest Anesthesia	Ane	upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]								
SUBTOTAL of Receipts This Page (optional)			216.66								
TOTAL This Period (last page this line numb	per only)										

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	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     1       erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anesth	esiologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Midd Murillo, Sergio, A, , M.D.	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2170 Trenton Way			06 / Y Y Y Y 06 02 2016								
City Allen	State TX	Zip Code 75013-4911	Transaction ID : C3326834 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		100.00								
Name of Employer (for Individual) USAP		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1								
Full Name of Individual (Last, First, Midd B. Murphy, Bryant, A., , M.D.	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 367 Kimberwicke Dr			06 06 2016								
City Fayetteville	State NC	Zip Code 28311-7106	Transaction ID : C3327875 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) UNC School of Medicine		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		208.35	]								
Full Name of Individual (Last, First, Midd C. Murray, Mark, , , M.D.		rganization Name	Date of Receipt								
Mailing Address 1924 Alcoa Highway, Bo Department of Anesthes			M M / D D / Y Y Y Y 06 06 2016								
City Knoxville	State TN	Zip Code 37920	Transaction ID : C3327856 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) University Anesthesiologists		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]								
SUBTOTAL of Receipts This Page (optional	al)		225.00								
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$\square$	NAME OF COMMITTEE (In Full)												
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Α.	Full Name of Individual (Last, First, Middle Initi Musumeci, Ross, J., , M.D., M.B.	al) or Full O	rganization Name			Date c	of Re	eceipt					
	Mailing Address 98 Wayne Rd					06 / D D / Y Y Y Y 2016							
	City Needham	State MA	Zip Code 02494-1770						C33321 Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С				<u> </u>					41.6	7	
	Name of Employer (for Individual) Anaesthesia Associates of MA		upation (for Individual) esthesiologist			N	lemo	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	, iggi oguto											
	Other (specify)		416.	.68									
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name										
в.	Nagi, Peter, A., , M.D.				Date of Receipt								
	Mailing Address 4036 Old Leeds Circle	State	Zip Code		06 30 2016 Transaction ID : C3343784						6	ŕ	
	City Mountain Brk	AL	35213-2929		-						riad		
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 83.34							
	Name of Employer (for Individual) Univ. of Alabama at Birmingham	Occupation (for Individual) Anesthesiologist			Memo Item								
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼										
	Primary General Other (specify) ▼		, 500	.04									
с.	Full Name of Individual (Last, First, Middle Initi Nalavany, Gary, , , M.D.	al) or Full O	rganization Name			Date c	of Re	eceipt					
	Mailing Address 250 Fame Ave.				06 20 2016							Ý	
	City	State PA	Zip Code						C33385				
	Hanover	FA	17331		_	Amour	nt of	Each F	Receipt th	his Pe	eriod		
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	Name of Employer (for Individual) Hanover Anesthesia and Pain Medicine		upation (for Individual) sician			N	/lemo	o Item					
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify)		499.	.98									
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$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e									
Α.	Full Name of Individual (Last, First, Middle Initia Nanners, Kenneth, C., , M.D.	ll) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 170 Leewood Farms Rd				06 / Y Y Y Y Y 06 29 2016								
	City Wheeling	State WV	Zip Code 26003					C33426	20 nis Period				
Medical Business Administration						U			83.				
			upation (for Individual) sthesiologist		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04										
в.	Full Name of Individual (Last, First, Middle Initia Napolitano, Charles, A., , M.D., Ph.D	l) or Full O	rganization Name	[	Date of	Re	ceipt						
	Mailing Address 4301 W. Markham Street Department of Anesthesiology	Department of Anesthesiology					D D 27	/ Y	2016	Ŷ			
	City Little Rock	AR	Zip Code 72205					C334118					
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	Name of Employer (for Individual) UAMS	Occupation (for Individual) Anesthesiologist			Me	emo	Item						
	Receipt For:	Aggregate											
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с.	Full Name of Individual (Last, First, Middle Initia Naughton, Norah, N., , M.D.	ll) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1H247 UH SPC 5048 1500 East Medical Center Drive	1	7.0.1		<sup>M</sup> 06	1	01		2016	Y			
	City Ann Arbor	State MI	Zip Code 48109	<i>A</i>				C33254	12 nis Period				
	FEC ID number of contributing federal political committee.	С					y .	, <u>,</u>	8.	33			
	Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Anesthesiologist			Me	əmc	tem						
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s	UBTOTAL of Receipts This Page (optional)						,	. ,	133.	34			
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the p		oose o		oliciting	contribu	tions
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	e							
Full Name of Individual (Last, First, Middle In         Naughton, Norah, N., , M.D.         Mailing Address 1H247 UH SPC 5048         1500 East Medical Center Dr         City         Ann Arbor         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         University of Michigan         Receipt For:         Primary       General         Other (specify)	rive State MI C Occ Ane	Zip Code 48109 upation (for Individual) ssthesiologist Year-to-Date ▼ 491.66		mount	/ acti of	01 on ID	ו : C	/ Y 332541 ceipt th	2016 5 is Period 83.	
Full Name of Individual (Last, First, Middle In <b>Nechin, Kenneth, M., , M.D.</b> Mailing Address 12605 Tribunal Lane City Potomac FEC ID number of contributing federal political committee.	nitial) or Full C	Zip Code 20854-1455			/ acti	29 on ID	) : C	334262	2016 1 is Period 41.	
Name of Employer (for Individual)         Fairfax Anesthesiology Associates         Receipt For:         Primary       General         Other (specify) ▼	Phy	upation (for Individual) /sician- Anesthesiologist Year-to-Date ▼ 250.02	- ī 	Me	emo	Item		,		
Full Name of Individual (Last, First, Middle In         Neirink, Donald, L., , M.D.         Mailing Address 7018 Oakhurst Ridge Rd         City         Clarkston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         American Anesthesiology of Michigan         Receipt For:         Primary       General         Other (specify)	State MI C Occ Ane	Zip Code 48348 upation (for Individual) sthesiologist Year-to-Date ▼ 499.98		mount	/ acti of	22 ion ID	2 : C	333905	2016 55 is Period 83.	_
SUBTOTAL of Receipts This Page (optional)		· ·				y		9	208.	33

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Full Name of Individual (Last, First, Midd A. Nester, Kyle, P., ,	le Initial) or Full O	rganization Name	Da	ate of	Receip	ot					
Mailing Address 4150 Nelson Road Building A			The second secon	06 01 2016							
City	State	Zip Code	1	ransa	ction	ID : C332	5427				
Lake Charles	LA	70605	An	nount	of Eac	h Receipt	t this Perio	bd			
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Name of Employer (for Individual) Anesthesia Associates		upation (for Individual) sician Anesthesiologist		Mer	mo Ite	m					
Receipt For:	Aggregate	Year-to-Date 🔻									
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Other (specify)											
Full Name of Individual (Last, First, Midd B. Nichols, Michael, S., , A.AC	le Initial) or Full O	rganization Name	Da	ate of	Receip	ot					
Mailing Address 2580 Hillandale Cir			N	06	/ D	D / 24	y y y 2016	Y			
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Cumming	GA	30041-6320	An	ount	of Eac	h Receipt	t this Perio	bd			
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Name of Employer (for Individual) Avance Education Solutions		upation (for Individual) sthesiologist Assistant		Mer	mo Ite	m					
Receipt For:	Aggregate	Aggregate Year-to-Date ▼									
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Full Name of Individual (Last, First, Middl C. Niederlehner, James, R., , M.I		rganization Name	Da	ate of	Receip	ot					
Mailing Address 6609 Hidden Woods Ct				06	/ D	13 /	Y Y Y 2016	Y			
City Roanoke	State VA	Zip Code 24018-7489				ID:C333	<b>2331</b> t this Perio	bd			
FEC ID number of contributing federal political committee.	С				y	,		0.00			
Name of Employer (for Individual) ANES CONSULT OF VA		upation (for Individual) STHESIOLOGIST		Me	mo Ite	m					
Receipt For:	Aggregate	Year-to-Date ▼ 250.00									
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
American Society of Anesthes	iologists P	olitical Action Committe	ee
Full Name of Individual (Last, First, Middle         A.       Nixon, Heather, C., , M.D.         Mailing Address 1740 W. Taylor Ave         Suite 3200: Anesthesiology         City         Chicago         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         University of Illinois at Chicago         Receipt For:         Primary       General         Other (specify)       ▼	Depart State IL C Occ Phy	Dirganization Name Zip Code 60612 upation (for Individual) sician Year-to-Date ▼ 250.02	Date of Receipt
Full Name of Individual (Last, First, Middle Norman, Peter, H., , M.D. Mailing Address 3922 Amherst St. City Houston	Initial) or Full C	Zip Code 77005	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) UT MD Anderson Cancer Center Receipt For: Primary General	Phy	upation (for Individual) /sician Anesthesiologist Year-to-Date ▼	83.33 Memo Item
C. Other (specify) ▼ Full Name of Individual (Last, First, Middle Nounou, Joseph, M., , M.D. Mailing Address 668 Lakeside Dock Dr	Initial) or Full C	416.65 Organization Name	Date of Receipt
City Kingsport FEC ID number of contributing federal political committee. Name of Employer (for Individual) Bristol Anesthesia Services Receipt For: Primary General Other (specify)	Ane	Zip Code 37663-4109 upation (for Individual) sthesiologist Year-to-Date ▼ 500.04	Transaction ID : C3332122         Amount of Each Receipt this Period         83.34         Memo Item
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	Use separate schedule(s)	) (c	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a	11		11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r						se of so				
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists P	Political Action Comn	nittee							
A.	Full Name of Individual (Last, First, Middle Initia Nova, Hugo, A., , M.D.	l) or Full O	Drganization Name		Date of	Recei	ipt				
	Mailing Address 1201 Heritage Acres Blvd				м м 06	/	29	/ Y	үүү 2016	Y	
	City Rockledge	State FL	Zip Code 32955					334262 ceipt th	2 is Period		
	FEC ID number of contributing federal political committee.	С			-,-		-	83.3	34		
	Name of Employer (for Individual) Brevard Physician Associates, PLLC	Phy	cupation (for Individual) vsician Anesthesiologist		Me	emo Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04								
в.	Full Name of Individual (Last, First, Middle Initia O'Leary, Kathleen, A., , M.D.	l) or Full O	Drganization Name		Date of	Recei	ipt				
	Mailing Address 666 Elm and Carlton St Roswell Park Cancer Institute				M M 06	/	30	/ Y	2016	Y	
	City Buffalo	State NY	Zip Code 14263-0001	-				334488	8 is Period		
	FEC ID number of contributing federal political committee.	С			83.33						
	Name of Employer (for Individual) Roswell Park Cancer Institute		cupation (for Individual) ysician		Me	emo Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
С.	Full Name of Individual (Last, First, Middle Initia Ohanian, Neshan, V., , M.D.	l) or Full O	Drganization Name		Date of	Recei	ipt				
	Mailing Address 648 S Bates St				<sup>M</sup> 06	1	D D D 22	/ Y	2016	Y	
	City Birmingham	State MI	Zip Code 48009					333899 ceipt th	97 is Period		
	FEC ID number of contributing federal political committee.	С				y		9	41.6	67	
	Name of Employer (for Individual) American Anesthesiology of Michigan		cupation (for Individual) ending Anesthesiologist; Assoc	ciate	Me	emo Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02								
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	American Society of Anesthesic	ologists P	olitical Action Commit	tee								
A.	Full Name of Individual (Last, First, Middle In Oladipupo, Oluwatosin, , , M.D.	itial) or Full O	rganization Name	C	Date of	Re	eceipt					
	Mailing Address 1836 S Shores Dr				06 28 2016							
	City	State	Zip Code		Trans	act	ion ID :	C33426	14			
	Decatur	IL	62521-5529	A	mount	of	Each R	Receipt th	nis Per	iod		
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	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emc	ltem					
	Associated Anesthesiologist of Decatur	Ane	sthesiologist									
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	Full Name of Individual (Last, First, Middle In	tial) or Full O	rganization Name									
Β.	Olin, Douglas, A., , M.D.				ate of	Re	eceipt					
	Mailing Address 5270 Vista Club Run				м м 06	1	03		2016	Y Y S		
	City	State FL	Zip Code					C332684				
	Sanford		32771-7153	A	mount	of	Each H	leceipt th	nis Per	iod		
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	Name of Employer (for Individual) USAP-JLR Division		upation (for Individual) esthesiologist		M	emc	tem Item					
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	Other (specify)		500.04	]								
С.	Full Name of Individual (Last, First, Middle In Olszewski, Robert, F., , Jr., M.D.	tial) or Full O	rganization Name		ate of	Re	eceipt					
	Mailing Address 2400 Chestnut St Apt 2609				<sup>M</sup> 06	1	30		2016			
	City Philadelphia	State PA	Zip Code 19103-4324					C33437				
	<b>·</b>		19105-4324	A	mount	of	Each H	leceipt th	nis Per	iod	_	
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	Name of Employer (for Individual) Anesthesia Services, PA		upation (for Individual) sthesiologist		M	emo	o Item					
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or	y information copied from such Reports and Stater for commercial purposes, other than using the nan			or the		Irp	os	se of		oliciting	g cont	tributi	ons				
	NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	jists P	olit	ical Action Committe	e												
Α.	Full Name of Individual (Last, First, Middle Initial) Oswalt, Kenneth, E., , M.D. Mailing Address 2500 N State St # S108-A	or Full O	rgar	nization Name	Date of Receipt										Ŷ		
	5	State MS		Transaction ID : C3338902													
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 41.67									7			
	Name of Employer (for Individual)		•	ion (for Individual) siologist			Лет	10	lte	€							
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B.	Full Name of Individual (Last, First, Middle Initial) Padakandla, Udaya, , , M.B.	or Full O	rgar	nization Name		Date	of R	lec	cei	pt							
	Mailing Address 4449 Young Dr.							06 / D D / Y Y Y Y 2016									
	5	State TX		Zip Code 75010-1145	Transaction ID : C3338899 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C					41.67								7		
	Name of Employer (for Individual) US Anesthesia Providers		upat /sicia	tion (for Individual) an	Memo Item												
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 250.02													
C.	Full Name of Individual (Last, First, Middle Initial) Page, Sam, L., , M.D.	or Full O	rgar	nization Name		Date	of R	lec	cei	pt							
	Mailing Address 17 Windsor Terrace Ln			1		<sup>M</sup> 06	M	/	[	10		/ Y	ү 201		Y		
	City Streve Coeur	State MO		Zip Code 63141-9000								333200 ceipt th		eriod			
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NAME OF COMMITTEE (In Full)									
American Society of A	nesthesiologists P	olitical Action Committ	ee						
Full Name of Individual (Last, Fir A. Page, Sam, L., , M.D.	st, Middle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 17 Windsor Terr	ace Ln		06 18 2016						
City Creve Coeur	State MO	Zip Code 63141-9000	Transaction ID : C3338540 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.33						
Name of Employer (for Individual Western Anesthesiology	,	upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.02	]						
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B. Paiste, Juhan, , , M.D. Mailing Address JT 845 619 19th St S			Date of Receipt						
City	State	Zip Code	Transaction ID : C3325422						
Birmingham	AL	35249-6810	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.33						
Name of Employer (for Individua UAB	) Occ MD	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	]						
Full Name of Individual (Last, Fir C. Palmrose, Frank, E., , N		organization Name	Date of Receipt						
Mailing Address 1001 SW Coron			06 / D D / Y Y Y Y 2016						
City Portland	State OR	Zip Code 97219	Transaction ID : C3332501 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		41.67						
Name of Employer (for Individual OAG, PC	·	upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]						
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	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       berson for the purpose of soliciting contributions
	using the name and a	ddress of any political committe	e to solicit contributions from such committee.
American Society of Anes	thesiologists P	olitical Action Commit	tee
Full Name of Individual (Last, First, M A. Pandya, Parag, , , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 210 Royal Vw			06 / Y Y Y Y 2016
City Pittsford	State NY	Zip Code 14534-9633	Transaction ID : C3332385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) Finger Lakes Health		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.33	]
Full Name of Individual (Last, First, M B. Panger, Michael, R., , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 146 Whispering Wood			06 / Y Y Y Y 2016
City	State WV	Zip Code	Transaction ID : C3337294
		25304-2739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) General Anesthesia Services		upation (for Individual) sician	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		500.00	]
Full Name of Individual (Last, First, M Pappas, John, L., , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 294 Barden Rd			06 / 18 / Y Y Y Y 2016
City Bloomfield Hills	State MI	Zip Code 48304-2711	Transaction ID : C3338544           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) AAMI		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	]
SUBTOTAL of Receipts This Page (opt	ional)		666.66
TOTAL This Period (last page this line	number only)		

FOR LINE NUMBER:

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	Use separate schedule(s)	(ch	(check only one)							
11			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			, 10 0						
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee						
Α.	Full Name of Individual (Last, First, Middle Initia Park, Chanwang, , , M.D.	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 11954 Winners Cir				м м 06	/	D 05	) / Y	y y 2016	Y
	City Carmel	State IN	Zip Code 46032-4429					C332701 Receipt th		
	FEC ID number of contributing federal political committee.	С			<u> </u>				50.0	00
	Name of Employer (for Individual) Anesthesia Consultants of Indianapolis		upation (for Individual) sthesiologist		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
в.	Full Name of Individual (Last, First, Middle Initia Pascual, Rafael, P., , M.D.	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 1488 Jesse Jewell Pky SE, Ste.				M M 06	1	28		2016	Y
	City	State GA	Zip Code					C334124		
	Gainesville	GA	30501-3852	_	Amount	of	Each F	Receipt th	is Period	_
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-		250.0	00
	Name of Employer (for Individual) Retired		upation (for Individual) sthesiologist		Me	emo	tem			
	Receipt For:	Aggregate Year-to-Date ▼								
	Other (specify) ▼		, 250.00							
с.	Full Name of Individual (Last, First, Middle Initia Patterson, Todd, H., , D.O.	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address 1439 Wedgewood Ave				<sup>M</sup> 06	/	D 17		2016 Y	Y
	City Des Plaines	State IL	Zip Code 60018-1315					C333729 Receipt th		
	FEC ID number of contributing federal political committee.	C			<u> </u>		y .	. ,	83.3	33
	Name of Employer (for Individual) PRAA		upation (for Individual) sthesiologist		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99							
s	UBTOTAL of Receipts This Page (optional)		•	•			, .	. ,	383.3	33
т	OTAL This Period (last page this line number or	וy)	••••••	-				45		

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	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	an using the hame and a											
American Society of An	esthesiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, Firs Pauker, Kenneth, Y., , M.D.	t, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 18 Sierra Vista			M M / D D / Y Y Y Y 06 24 2016									
City Laguna Niguel	State CA	Zip Code 92677-7952	Transaction ID : C3339201 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) retired		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]									
Full Name of Individual (Last, Firs B. Pearson, Don, R., , JR	, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4326 Beechwood	Rd		06 21 2016									
City	State	Zip Code	Transaction ID : C3338900									
Knoxville	TN	37920-6014	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) University Anesthesiologists		upation (for Individual) sician	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		499.98	]									
Full Name of Individual (Last, Firs . Pentakota, Sujatha, , , M		rganization Name	Date of Receipt									
Mailing Address 110 Cypress St U			06 / D D / Y Y Y Y 2016									
City Brookline	State MA	Zip Code 02445-6021	Transaction ID : C3331028           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		10.00									
Name of Employer (for Individual) BWPO		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 243.32	]									
SUBTOTAL of Receipts This Page	optional)		176.66									
TOTAL This Period (last page this li	ne number only)											

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PAGE 119 OF

	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     17       erson for the purpose of soliciting contributions     to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Middle Pentakota, Sujatha, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 110 Cypress St Unit 210			06 / 25 / Y Y Y Y Y 2016							
City Brookline	State MA	Zip Code 02445-6021	Transaction ID : C3341167           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		8.33							
Name of Employer (for Individual) BWPO		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 243.32	1							
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name								
B. Pentakota, Sujatha, , , M.D. Mailing Address 110 Cypress St Unit 210			Date of Receipt							
City	State	Zip Code	Transaction ID : C3341195							
Brookline	MA	02445-6021	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) BWPO		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		243.32	]							
Full Name of Individual (Last, First, Middle C. Peoples, Emily, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1500 E Medical Center Dr	Spc 5048		06 / D D / Y Y Y Y 06 10 2016							
City Ann Arbor	State MI	Zip Code 48109-5048	Transaction ID : C3332102 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) UMHS		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]							
SUBTOTAL of Receipts This Page (optional)			133.33							
TOTAL This Period (last page this line numb	er only)									

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 120 OF

	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 12 14 15 16 17							
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anest	hesiologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Mi A. Perry, Jeremie, J., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2410 Whispering Oaks	s Ct.		06 / Y Y Y Y Y 06 16 2016							
City Abilene	State TX	Zip Code 79606-4366	Transaction ID : C3333405 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.34							
Name of Employer (for Individual) Hendrick Anesthesia Network		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.37	]							
Full Name of Individual (Last, First, Mi <b>B.</b> Perry, Jeremie, J., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2410 Whispering Oaks			06 / D D / Y Y Y Y 06 16 2016							
City	State TX	Zip Code	Transaction ID : C3334158							
Abilene	17	79606-4366	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) Hendrick Anesthesia Network		upation (for Individual) rsician	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		583.37	]							
Full Name of Individual (Last, First, Mi <b>Perryman, Kathy, M., , M.D.</b>	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11412 Canterbury Cir.			06 / Y Y Y Y 06 11 2016							
City Shawnee Mission	State KS	Zip Code 66211-2935	Transaction ID : C3332123           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.34							
Name of Employer (for Individual) AAKC		upation (for Individual) iatric Anesthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	]							
SUBTOTAL of Receipts This Page (option	onal)		250.01							
TOTAL This Period (last page this line n	umber only)									

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177			Use separate schedule(s)	(ch	eck only	/ or	ne)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	>	11a		11b	11c		ſ	47		
	y information copied from such Reports and Sta for commercial purposes, other than using the n									ributio			
<u> </u>	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee									
Α.	Full Name of Individual (Last, First, Middle Initia Phadke, Aparna, S, , M.D.	l) or Full Oi	rganization Name		Date of Receipt								
	Mailing Address 4401 Penn Ave Main Hospital				м м 06	/	20	/ Y	y 201	ү 6			
	City Pittsburgh	State PA	Zip Code 15224-1334					C333859 leceipt th		riod			
	FEC ID number of contributing federal political committee.	С								00.00	)		
	Name of Employer (for Individual)		upation (for Individual) sician Anesthesiologist		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
	Full Name of Individual (Last, First, Middle Initia Phillips, Mark, C., , M.D.	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 619 19th St S University of Alabama- Birmingh		Zin Oode		м м 06	/	D D D 28	/ Y	2016				
	City Birmingham	State AL	Zip Code 35249-1900	-				C334261 leceipt th		fied			
	FEC ID number of contributing federal political committee.	С				U			-	00.00	)		
	Name of Employer (for Individual) UAB		upation (for Individual) sician		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) V		600.00										
	Full Name of Individual (Last, First, Middle Initia Poage, Jeffrey, A., , M.D.	l) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 211 Roan Dr				06 <sup>M</sup>	/	23	/ Y	201				
	City Danville	State CA	Zip Code 94526-1916				-	C333914 eceipt th		riod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	, ,		83.33	3		
	Name of Employer (for Individual) Sheridan Healthcare		upation (for Individual) sician Anesthesiologist		Me	emo	) Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98										
S	JBTOTAL of Receipts This Page (optional)						, .		2	83.33	3		
т	OTAL This Period (last page this line number on	ly)		-									

FOR LINE NUMBER:

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17			Use separate schedule(s)	(cł	neck only	on	ie)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	47
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\rangle$	American Society of Anesthesiolo	ogists P	Political Action Committ	ee						
Α.	Full Name of Individual (Last, First, Middle Initia Podnar, Jeffrey, J., , M.D.	l) or Full O	Drganization Name		Date of	Re	ceipt			
	Mailing Address 3911 N. Ashland Ave., #C	-			м м 06	/	D D D 18	) / Y	2016	Y
	City Chicago	State IL	Zip Code 60613-2507					C333854 Receipt th	<b>43</b> nis Period	
	FEC ID number of contributing federal political committee.	С					-		83.	33
	Name of Employer (for Individual) Midwest Anesthesia Partners		cupation (for Individual) esthesiologist		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.32	1						
в.	Full Name of Individual (Last, First, Middle Initia Polce, Dean, , , D.O.	l) or Full O	Drganization Name		Date of	Re	ceipt			
	Mailing Address 3092 Red Arrow Dr				м м 06	/	D D D 26	/ Y	2016	Y
	City Las Vegas	State NV	Zip Code 89135					C333924 leceipt th	14 his Period	
	FEC ID number of contributing federal political committee.	С					-		100.	00
	Name of Employer (for Individual) self		cupation (for Individual) ysician		Me	emo	Item			
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General Other (specify) ▼		, 600.00	1						
C.	Full Name of Individual (Last, First, Middle Initia Polce, Roma, C., , M.D.	l) or Full O	Drganization Name		Date of	Re	ceipt			
	Mailing Address 3092 Red Arrow Dr.				<sup>M</sup> 06	/	D D D 15	) / Y	2016	Y
	City Las Vegas	State NV	Zip Code 89135-1303					C33330	<b>71</b> nis Period	
	FEC ID number of contributing federal political committee.	С			Ľ.		y .		83.	34
	Name of Employer (for Individual) VAMC Southern Nevada		cupation (for Individual) esthesiologist		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.04							
s	UBTOTAL of Receipts This Page (optional)			•			,		266.	67
т	OTAL This Period (last page this line number or	ıly)		•			-			

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PAGE 123 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     1       erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Fu												
angle American Society of $r$	Anesthesiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, F A. Policky, Kevin, J., , M.D.	First, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 11912 W 141s	t St		06 25 2016									
City	State	Zip Code	Transaction ID : C3341162									
Overland Park	KS	66221-2900	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individu AAKC	,	upation (for Individual) sthesiologist	Memo Item									
Receipt For:		Year-to-Date ▼										
Other (specify) ▼		249.99	1									
			1									
Full Name of Individual (Last, F B. Porter, C. Thomas, T, ,		rganization Name	Date of Receipt									
Mailing Address 7 Campeche E			06 07 2016									
City Galveston	State	Zip Code 77554-6360	Transaction ID : C3327950									
FEC ID number of contributing		11334-0300	Amount of Each Receipt this Period									
federal political committee.	C		500.00									
Name of Employer (for Individu University of Texas Medical Bran	a ala	upation (for Individual) sician/Anesthesiologist	Memo Item									
Receipt For:		Year-to-Date 🔻										
Other (specify) ▼		500.00	]									
Full Name of Individual (Last, F C. Porter, Jason, , , M.D.	First, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 275 Woody Dr	1		06 23 / Y Y Y Y Y 2016									
City Richmond	State	Zip Code 47374	Transaction ID : C3339076									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individu Somnia, Inc	,	upation (for Individual) sthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	]									
SUBTOTAL of Receipts This Pag	ge (optional)		633.33									
TOTAL This Period (last page th	is line number only)											

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

### Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>✗</b> 11a ☐ 11b ☐ 11c ☐ 12									
			13     14     15     16     1       erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	ig no hano and a											
American Society of Anesth	esiologists P	olitical Action Committe	ee									
Full Name of Individual (Last, First, Mide Prasad, Ravindra, V., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address N2201 North Wing CB 7	/010		06 19 / Y Y Y Y 06 19 2016									
City Chapel Hill	State NC	Zip Code 27599-7010	Transaction ID : C3338585           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) UNC School of Medicine		upation (for Individual) essor, Department of Anesthesiol	oç									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	1									
Full Name of Individual (Last, First, Mide <b>B.</b> Pregler, Johnathan, L., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 10556 Dunleer Dr		——————————————————————————————————————	06 / D D / Y Y Y Y Y 2016									
City	State CA	Zip Code 90064-4318	Transaction ID : C3325420									
Los Angeles FEC ID number of contributing federal political committee.	С	30004-4318	Amount of Each Receipt this Period									
Name of Employer (for Individual) UCLA Department of Anesthesiology		upation (for Individual) sician	Memo Item									
Receipt For:		Year-to-Date ▼										
Other (specify) ▼		499.98	]									
Full Name of Individual (Last, First, Mide C. Price, John, D., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 110 29th Ave N Ste 202			06 / D D / Y Y Y Y 2016									
City Nashville	State TN	Zip Code 37203-1448	Transaction ID : C3332136 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		500.00									
Name of Employer (for Individual) Anesthesia Medical Group		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
SUBTOTAL of Receipts This Page (option	ial)		666.66									
TOTAL This Period (last page this line nu	mber only)											

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171			Use separate schedule(s)	(che	eck only	/ on	e)			
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		ose of s	soliciting	contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee						
A.	Full Name of Individual (Last, First, Middle Initi Quilligan, Theodore, J., , M.D.	al) or Full O	rganization Name	[	Date of	Re	ceipt			
	Mailing Address 627 8th St				м м 06	/	D D D 20	/ Y	ү ү 2016	Y
	City Huntington Beach	State CA	Zip Code 92648-4632				<b>on ID : (</b> Each Re			d
	FEC ID number of contributing federal political committee.	С					<u>.</u>	- -		0.00
	Name of Employer (for Individual) Allied Anesthesia		upation (for Individual) sician		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Rahimzadeh, Nariman, , , M.D.	al) or Full O	rganization Name	[	Date of	Re	ceipt			
	Mailing Address 1 E Liberty St Ste 555 Suite 555	Otata	7in Oode		м м 06	/	D D 25	/ Y	2016	Y
	City Reno	State NV	Zip Code 89501-2110				on ID : C Each Re			Ч
	FEC ID number of contributing federal political committee.	С			anount					8.33
	Name of Employer (for Individual) Associated Anesthesiologists of Reno	Occi MD	upation (for Individual)		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]						
С.	Full Name of Individual (Last, First, Middle Initi Rangi, Navdip, S., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 10191 W. Shrewsbury Run				<sup>M</sup> 06	/	D D D D 05	/ Y	2016	Y
	City Collierville	State TN	Zip Code 38017				<b>on ID : (</b> Each Re			d
	FEC ID number of contributing federal political committee.	С					, .	9	83	3.34
	Name of Employer (for Individual) Medical Anesthesia	Phys	upation (for Individual) sician		Me	∋mo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	]						
s	UBTOTAL of Receipts This Page (optional)						, .	,	216	.67
Т	OTAL This Period (last page this line number of	only)								

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ידו	TEMIZED RECEIPTS		(cł	(check only one)							
111			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribut	tions	
$\overline{\}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Rao, Sripad, P., , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1504 Bay Rd Apt 3307				м м 06	/	D 24	D / Y	y 2016	Y	
	City Miami Beach	State FL	Zip Code 33139-3281					C333918			
			33133-3201	_	Amount	: of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С			Ľ.				41.0	67	
	Name of Employer (for Individual) University Of Miami		ipation (for Individual) sthesiologist		Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼	· · · ·	250.02								
			aga <u>aga a</u> ga <u>aga</u>								
в.	Full Name of Individual (Last, First, Middle Initia Raphael, David, A., ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 600 Jefferson Ave				06	1	22		2016	Y	
	City	State	Zip Code				-	C333904			
	Louisville	CO	80027	_	Amount	of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	С					-yr - 1	- 41-	500.0	00	
	Name of Employer (for Individual) High Plains Anesthesia Consultants		upation (for Individual) sthesiologist		Me	emo	b Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary     General       Other (specify) ▼		, 500.00								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Raty, Sally, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6414 Rutgers Ave				<sup>M</sup> 06	/	D 13		2016	Y	
	City	State TX	Zip Code					C333218		_	
	Houston		77005	_	Amount	of	Each F	Receipt th	is Period		
	FEC ID number of contributing federal political committee.	C			Ľ.		y	, j	41.0	67	
	Name of Employer (for Individual)		pation (for Individual)		Me	emo	o Item				
	Baylor College of Medicine Receipt For:		ctor Residency Training	_							
	Primary General	Aggregate	Year-to-Date ▼	. 1.							
	Other (specify)	L	250.02	4							
s	UBTOTAL of Receipts This Page (optional)			•					583.3	34	
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Any information copied from such Reports and or for commercial purposes, other than using th			erson for						
NAME OF COMMITTEE (In Full)		see of any pointour committee							- • •
American Society of Anesthesi	ologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle In A. Ravikant, Neeju, , , M.D.	nitial) or Full C	rganization Name	Da	te of	Receip	ot			
Mailing Address 875 W Glengarry Circle			М	06 <sup>™</sup>	/ D	16	/ Y	y y 2016	Y
City Bloomfield Hills	State MI	Zip Code 48301-2219					<b>333340</b> ceipt thi	6 is Period	_
FEC ID number of contributing federal political committee.	С				Ţ		-7	41.6	67
Name of Employer (for Individual) Anesthesiology Associates of Ann Arbor		upation (for Individual) sthesiologist		Mer	no Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02							
Full Name of Individual (Last, First, Middle In B. Reagan, Zed, , , M.D.	hitial) or Full C	rganization Name	Da	te of	Receip	ot			
Mailing Address 514 W Pueblo St Fl 2			_	06		20	/ Y	2016	Y
City	State	Zip Code	Т	ransa	ction	ID : C	333855	9	
Santa Barbara	CA	93105-6219	Am	ount	of Ead	ch Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С				-9			41.6	67
Name of Employer (for Individual) Amgsb		upation (for Individual) esthesiologist		Mer	no Ite	m			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		250.02	1						
Full Name of Individual (Last, First, Middle In <b>C.</b> Redmon, Benjamin, F., , M.D.	nitial) or Full C	rganization Name	Da	te of	Receip	ot			
Mailing Address 231 Parker Rd			_ L	06 <sup>M</sup>		08 <sup>D</sup>		2016	Y
City Chapel Hill	State NC	Zip Code 27517-9142				-	<b>2333101</b> ceipt thi	<b>0</b> is Period	
FEC ID number of contributing federal political committee.	С				y		y	36.6	67
Name of Employer (for Individual) University of North Carolina		upation (for Individual) sthesiologist		Me	mo Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.02							
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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
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American Society of Anesthe	esiologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middl A. Redmon, Benjamin, F., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 231 Parker Rd			06 14 Y Y Y Y Y 06 14 2016
City Chapel Hill	State NC	Zip Code 27517-9142	Transaction ID : C3332343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) University of North Carolina		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.02	]
Full Name of Individual (Last, First, Middl B. Ricks, Cameron, J., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2903 Highland Ave Apt D			06 24 2016
City	State	Zip Code	Transaction ID : C3339187
Manhattan Bch	CA	90266-2080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer (for Individual) UC Irvine		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]
Full Name of Individual (Last, First, Middl C. Rigol, Jason, A., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3117 Palm Vista			M M / D D / Y Y Y Y Y 06 02 2016
City Metairie	State LA	Zip Code 70003	Transaction ID : C3325439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) self		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]
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#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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			13     14     15     16     17       version for the purpose of soliciting contributions     e to solicit contributions from such committee.									
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American Society of Anesthe	siologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Middle Rivard, John, C., , M.D.	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2104 Copley Ave.			M M / D D / Y Y Y Y Y 06 29 2016									
City Ann Arbor	State MI	Zip Code 48104	Transaction ID : C3342652 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) ANES ASSOC ANN ARBOR		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1									
Full Name of Individual (Last, First, Middle <b>B.</b> Roberts, Michael, W., , II	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 430 W Symmes St			06 / Y Y Y Y Y 2016									
City	State OK	Zip Code	Transaction ID : C3325402									
Norman	OK	73069-5658	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) Northwest Anesthesia		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		416.69	]									
Full Name of Individual (Last, First, Middle C. Rodriguez, Dora, C., , M.D.	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1714 Daniel Ct			06 / D D / Y Y Y Y 2016									
City Brea	State CA	Zip Code 92821-2359	Transaction ID : C3343786 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Kaiser Permanente		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]									
SUBTOTAL of Receipts This Page (optional)			175.00									
TOTAL This Period (last page this line numb	er only)											

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		Use separate schedule(s)	(chec	c only	one)			
		for each category of the Detailed Summary Page		1a 3	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using			person for	the p	ourpose	of soliciting	g contribu	itions
NAME OF COMMITTEE (In Full)								
American Society of Anesthes	siologists P	olitical Action Commit	tee					
Full Name of Individual (Last, First, Middle Roethle, Scott, T., , M.D.	Initial) or Full O	rganization Name	Da	ite of	Receipt			
Mailing Address 5005 W 131 Terr			T	06	/ D	D / Y	2016	Y
City Leawood	State KS	Zip Code 66209				D : C33321: Receipt th		
FEC ID number of contributing federal political committee.	C				-9-		83	.34
Name of Employer (for Individual) AAKC		upation (for Individual) sthesiologist		Me	mo Item	1		
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Full Name of Individual (Last, First, Middle           B.         Roethle, Scott, T., , M.D.	Initial) or Full O	rganization Name	Da	ite of	Receipt			
Mailing Address 5005 W 131 Terr				06	/ D	25 / Y	2016	Y
City Leawood	State KS	Zip Code 66209				) : C334110		
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Name of Employer (for Individual) AAKC		upation (for Individual) esthesiologist	- Ē	Me	mo Item	)		
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Full Name of Individual (Last, First, Middle C. Rosemeier, Frank, , , M.D.	Initial) or Full O	rganization Name	Da	ite of	Receipt			
Mailing Address 8713 Lake Tibet Ct.				06		D6 / Y	2016 Y	Y
City Orlando	State FL	Zip Code 32836				D : C33270 Receipt th		 I
FEC ID number of contributing federal political committee.	С			_	y	9	41.	.67
Name of Employer (for Individual) JLR Medical Group		upation (for Individual) nding Anesthesiologists		Me	mo Item	1		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]					
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American Soc	ciety of Anesthesiol	ogists P	olitical Action Commit	tee						
Full Name of Individ <b>A.</b> Rosen, Gerald, F	lual (Last, First, Middle Initia P., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt			
Mailing Address 43	00 Alton Rd # 1401				<sup>M</sup> M	/	04	) / Y	2016	Y
City Miami Beach		State FL	Zip Code 33140-2948					C332784 Receipt th	9 is Period	
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Name of Employer Miami Beach Anesth	, ,		upation (for Individual) esthesiologist		Me	emo	Item			
Receipt For: Primary Other (specify	General ) ▼	Aggregate	Year-to-Date ▼ 250.02							
Full Name of Individ B. Rosenfeld, Mic	lual (Last, First, Middle Initia hael, J., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt			
Mailing Address 148	5 Shale Bank Rd				06	/	04	) / Y	2016	Y
City Marion		State VA	Zip Code 24354-6787					C332700		
FEC ID number of of federal political com	0	C				U	,	Receipt th	500.0	00
Name of Employer Virginia Highlands A			upation (for Individual) esthesiologist		Me	emo	Item			
Receipt For:		Aggregate	Year-to-Date <b>V</b>							
Other (specify	General ) ▼		500.00							
Full Name of Individ <b>c.</b> Rothman, Bria	lual (Last, First, Middle Initian, S., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt			
	01 Medical Center Dr # 4648				06 <sup>M</sup>	/	16		2016	Y
City Nashville		State TN	Zip Code 37232-0028					C333589 Receipt th	<b>3</b> is Period	
FEC ID number of of federal political com	0	С					y	,	41.0	67
Name of Employer Vanderbilt University	, ,		upation (for Individual) sician		Me	emo	Item			
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 250.02							
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	A not be sold or used by any p ddress of any political committee	erson for	the p	14 urpose ributio	e of s	15 oliciting	contribut	ions		
NAME OF COMMITTEE (In Full)					ibulio		JIII SUCI	Commu			
American Society of Anesthes	iologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Rublaitus, Stephen, M., , D.O.	Initial) or Full C	rganization Name	Da	te of I	Receip	ot					
Mailing Address 278 E Oneida Avenue				06	/ D	21	/ Y	ү ү 2016	Y		
City Elmhurst	State IL	Zip Code 60126					<b>333889</b> ceipt thi	6 is Period			
FEC ID number of contributing federal political committee.	С			_	-		-1-	100.0	00		
Name of Employer (for Individual) DuPage Valley Anesthesiologists		upation (for Individual) sthesiologist		Mer	no Ite	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1								
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Full Name of Individual (Last, First, Middle   Saloum, James, N., , M.D.	Initial) or Full C	rganization Name	Da	te of I	Receip	ot					
Mailing Address 1400 S Overlund Pass				06	/ D	05	/ Y	2016	Y		
City Sioux Falls	State SD	Zip Code 57110					332703	<b>2</b> is Period			
FEC ID number of contributing federal political committee.	С				-		,	500.0	00		
Name of Employer (for Individual) Anesthesiology Associates Inc.		upation (for Individual) esthesiologist		Mer	no Ite	m					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		500.00									
Full Name of Individual (Last, First, Middle Sardesai, Mahesh, P., , M.D.	Initial) or Full C	rganization Name	Da	te of I	Receip	ot					
Mailing Address 5230 Centre Avenue Suite 205 City	State	Zip Code	- L	06 <sup>M</sup>		14		2016	Y		
Pittsburgh	PA	15232					ceipt thi	is Period			
FEC ID number of contributing federal political committee.	С				y		9	83.3	34		
Name of Employer (for Individual) UPMC		upation (for Individual) sthesiologist		Mei	no Ite	m					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using t			erson fo									
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	siologists P	olitical Action Committ	ee									
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Mailing Address PO Box 410014				06 16 / Y Y Y Y 06 16								
City Salt Lake City	State UT	Zip Code 84141-0014	Transaction ID : C3333140 Amount of Each Receipt this Period									
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Name of Employer (for Individual) PMG		upation (for Individual) sthesiologist		Me	emo	Item						
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Full Name of Individual (Last, First, Middle B. Scarboro, Gina, M., , A.A.	Initial) or Full C	rganization Name	Di	ate of	Re	ceipt						
Mailing Address 112 Samuel Lyon Way				06 / Y Y Y Y 06 24 2016								
City	State	Zip Code					C333921					
Savannah	GA	31411-3121	Ar	nount	nt of Each Receipt this Pe							
FEC ID number of contributing federal political committee.	C			_		,		41.	67			
Name of Employer (for Individual) South University		upation (for Individual) tified Anesthesiologist Assistant		Me	emo	Item						
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify)		250.02	]									
Full Name of Individual (Last, First, Middle C. Scharf, Andrew, W, , M.D.	Initial) or Full C	rganization Name	Di	ate of	Re	ceipt						
Mailing Address 4642 Kensington Ave			46	06 <sup>M</sup>	1	D 08		2016	Y			
City Richmond	State VA	Zip Code 23226-1311				-	: C33307: Receipt th	25 nis Period				
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Name of Employer (for Individual) Virginia Commonwealth University Healt		upation (for Individual) sician	_ L	Me	emo	Item						
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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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		EMIZED RECEIPTS		for each category of Detailed Summary F		<b>✗</b> 11a ☐ 11b ☐ 11c ☐ 12							
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME OF CONVITTEE (in Full)         American Society of Anesthesiologists Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Scherr, Nerma, B., M.D.         Maling Address 1631 Courts Meadow Cv         Gity         City         Deternal of contributing         Indicate anesthesis group         Anesthesiologist         Primary         Other (specify) ▼         Aggregate Vent-to-Date ▼         Other (specify) ▼         Primary         Color onthibuing         City         Durincody         City         During of Individual         Acasthesiologiat         Primary         Can on Individual         Name of Individual         Name	A	vinformation applied from such Departs and Other	marte		Ů								
American Society of Anesthesiologists Political Action Committee         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Scharr, Nerma, B., M.D.         Mailing Address 1653 Courts Meadow Cv         City         Colleville         FEC ID number of contributing tederal political committee.         Political committee         City         Charrent (specify) *         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         Scharr, Nerma, B., M.D.         Mailing Address 1855 Vermack Ct.         City         City         Call committee         Scharr, Nerma (Last, First, Middle Initial) or Full Organization Name         Scharr, Nerma (Last, First, Middle Initial) or Full Organization Name         Scharr, Nerma (Last, First, Middle Initial) or Full Organization Name         Scharr, Nerma (Last, First, Middle Initial) or Full Organization Name         Schart, Michael, L., M.D.         Mailing Address 1855 Vermack Ct.         City         Date of Receipt         Primary       General         Other (specify)       Aggregate Year-to-Date Y         Primary       General         Other (specify)       State         Schanitz, Michael, L., M.D.		for commercial purposes, other than using the nar											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Asharr, Nerma, B., M.D.       Mailing Address 1631 Courts Meadow Cv       06       30       2016         City       TN       38017-8319       Date of Receipt       06       30       2016         City       Clity       State       Zip Code       Transaction 10: C3344889       Amount of Each Receipt this Period         Feeling For:       Precipt For:       Aggregate Year-to-Date ▼       250.02       Date of Receipt         Schneill, Anthony, . , M.D.       Mailing Address 1855 Vermack Ct.       C       2016       Transaction 10: C3324826         City       Schneill, Anthony, . , M.D.       State       Zip Code       2016       Transaction 10: C3327822         Durwoody       State       Zip Code       3038-5127       Date of Receipt       45.14         Mailing Address 1855 Vermack Ct.       C       C       45.14       Memo Item         Name of Employer (for Individual)       C       Aggregate Year-to-Date ▼       270.04       Date of Receipt         Receipt For:       Aggregate Year-to-Date ▼       270.04       Date of Receipt       16.514       Memo Item         Mailing Address 1805 Barent Road       C       270.04       Date of Receipt			niete D	olitical Action Co	ommittaa								
A. Scharr, Nerma, B., M.D.       Date of Receipt         Mailing Address 1631 Courts Meadow Cv       06       30       2016         City       TN       38017-8319       Date of Receipt         Collerville       TN       38017-8319       Amount of Each Receipt this Period         FEC. ID number of contributing federal political committee.       Aggregate Year-to-Date ▼       06       2016         Prescript For:       Primary       General       Aggregate Year-to-Date ▼       Date of Receipt         Schniell, Anthony, r., M.D.       State       Zip Code       Transaction ID : C3324889         Amount of Each Receipt this Period       41.67       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Schniell, Anthony, r., M.D.       Mailing Address 1855 Vermack Ct.       City         City       State       Zip Code       Transaction ID : C332762         Amount of Each Receipt this Period       Cocupation (for individual)       Memo Item         Mailing Address 1855 Vermack Ct.       Code       3038-5127         FEC ID number of contributing       Cocupation (for individual)       Memo Item         Mailing Address 8200 Barrett Road       Cocupation (for individual)       Memo Item         Mailing Address 8200 Ba		American Society of Anesthesiolog	JISIS P		Jiiiiiiiiiiiiiee								
City       Collarville       TN       Zip Code       Transaction ID : C3344889         FEC. ID number of contributing       C       Amount of Each Receipt this Period       41.57         Name of Employer (for Individual)       Accurate Year-to-Date ▼       41.57         Name of Employer (for Individual)       Accurate Year-to-Date ▼       0       6       20       2016         Transaction ID : C3344889       Anount of Each Receipt This Period       41.57       41.57         Primary       General       Aggregate Year-to-Date ▼       0       0       0       2016         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0       0       0       2016         Schnielli, Arithony, . , M.D.       Ga       30338-5127       Faransaction ID : C3327862       Amount of Each Receipt This Period         Malling Address 1855 Vermack Ct.       C       0       0       2016       Transaction ID : C3327862         Name of Employer (for Individual)       Occupation (for Individual)       Mount of Each Receipt This Period       1         Feel Primary       General       0       0       1       0       1         Primary       General       Aggregate Year-to-Date ▼       0       1       0       1	Α.		or Full O	rganization Name		Date of Receipt							
Collieville       TN       38017-8319       Amount of Each Receipt this Period         FEC 1D number of contributing federal policital committee.       C       41.67         Name of Employer (for Individual) Medical anesthesia group       Aggregate Year-to-Date ▼       6         Preceipt For: Preceipt For: Durwoody       Aggregate Year-to-Date ▼       0         Full Name of Individual) (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Schinelli, Anthony, , , M.D.       Gameral       0         Mailing Address 1855 Vermack Ct.       C       0         City       State       Zip Code         Durwoody       Ga       30338-5127         FEC 1D number of contributing federal policita committee.       C       45,14         Name of Employer (for Individual)       Occupation (for Individual)       C         PSA       Mo       Aggregate Year-to-Date ▼       0         Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       0         Schmitz, Michael, L., , M.D.       Aggregate Year-to-Date ▼       0 </td <td></td> <td>Mailing Address 1631 Courts Meadow Cv</td> <td></td> <td></td> <td></td> <td colspan="8"></td>		Mailing Address 1631 Courts Meadow Cv											
SEC ID number of contributing federal political committee.       C       Amount of Each Heceipt this Period         Name of Employer (for Individual) Madical aneathesia group Receipt For:				· ·		Transaction ID : C3344889							
federal political committee.       41.07         Name of Employer (for individual) Medical anesthesia group       Anesthesiologist         Receipt For:			IN	38017-8319		Amount of Each Receipt this Period							
Medical anesthesia group       Ansthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       250.02         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Dumoody       GA       30338-5127         FEC ID number of contributing       C       Maing Address 1855 Vermack Ct.         City       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)         PSA       MD         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Other (specify) ▼         Mailing Address 8500 Barrett Road       MD         City       State       Zip Code         Raland       AR       Zip Code         City       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 8500 Barrett Road       C       Memo Item         City       Rala       Zip Code         Rand       AR       Zip Code         Name of Employer (for Individual)       Decemption (for Individual)         Unix. Arkansas for Medical Sciences, D       Receipt Y       Anount of Each Receipt this Period		Ŭ	С			41.67							
Paceipt For:       Aggregate Year-to-Date ▼         □ Other (specify) ▼       250.02         3. Schinelli, Anthony, ., M.D.       Mailing Address 1855 Vermack Ct.         City       State         Durwoody       GA         7EC ID number of contributing tederal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         PSA       Aggregate Year-to-Date ▼         □ Other (specify) ▼       State         FeC ID number of contributing tederal political committee.       Aggregate Year-to-Date ▼         Name of Employer (for Individual)       Occupation (for Individual)         PSA       Aggregate Year-to-Date ▼         □ Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initia) or Full Organization Name       Date of Receipt         City       Aggregate Year-to-Date ▼       Other (specify) ▼         FCI ID number of contributing tederal political committee.       C       Date of Receipt         Name of Employer (for Individual)       C       Other (specify)         Pall Name of Individual (Last, First, Middle Initia) or Full Organization Name       Date of Receipt         City       State       ZIp Code         AR       Z135-9282       Amount of Each Receipt this Period				, ,		Memo Item							
Primary       General       250.02         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         3. Schinelli, Anthony, , , M.D.       Mailing Address 1855 Vermack CL.       06 / 06 / 2016         City       State       Zip Code         Dunwoody       GA       30338-5127         FEC ID number of contributing federal political committee.       C       Transaction ID : C3327662         Name of Employer (for Individual)       MD       Memo Item         PSA       Aggregate Year-to-Date ▼       Memo Item         Primary       General       270.84       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Memo Item         Schmitz, Michael, L., , M.D.       Mailing Address asso Barrett Road       Transaction ID : C332245       Amount of Each Receipt this Period         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Transaction ID : C332245         Mailing Address asso Barrett Road       C       Transaction ID : C3322345       Amount of Each Receipt this Period         FUI Name of Individual       C       C       Transaction ID : C3322345       Amount of Each Receipt this Period         FeC ID number of contributing federal political committee.		Respiret For:											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         3. Schinelli, Anthony, , M.D.       Malling Address 1855 Vermack Ct.       06 / 06 / 2016         City       State       Zip Code         Dunwoody       State       Zip Code         Receipt For:       45.14       Memo Item         Primary       General       Occupation (for Individual)         Other (specify) ▼       Aggregate Year-to-Date ▼       06 / 14 / 2016         Transaction ID : C3322345       Amount of Each Receipt       Memo Item         Primary       General       0       Occupation Name         City       State       Zip Code       Date of Receipt         Malling Address 8500 Barrett Road       C       Memo Item         City       State       Zip Code         Receipt For:       0       0       0         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID : C3332345         Amount of Each Receipt       Memo Item       50.00         FEC ID number of contributing       C       Memo Item         FEC ID number of contributing       C       Memo Item         Feceipt For:       0       0       0         Name of Employer (for In			ggregate										
3. Schinelli, Anthony, , , M.D.       Date of Receipt         Mailing Address 1855 Vermack Ct.       City         City       State       Zip Code         Durwoody       GA       3038-5127         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Mailing Address 8500 Barrett Road       Aggregate Year-to-Date ▼       Date of Receipt         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Mailing Address 8500 Barrett Road       C       Memo Item         City       State       Zip Code         Mailing Address a500 Barrett Road       C       Date of Receipt         City       State       Zip Code         Roland       Ar       72135-9282         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼		Other (specify) V		25	0.02								
Mailing Address 1855 Vermack Ct.       City       State       Zip Code         Dunwoody       GA       30338-5127       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) PSA       Occupation (for Individual) MD       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       270,84         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Schmitz, Michael, L., , M.D.       Mailing Address 8500 Barrett Road       Transaction ID : C3332345         City Roland       State       Zip Code AR       72135-9282         FEC ID number of contributing federal political committee.       C       06       14       2016         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID : C3332345       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       Memo Item         Univ. Arkansas for Medical Sciences, D       Aggregate Year-to-Date ▼       Memo Item       136.81	— B.		or Full O	rganization Name		Date of Receipt							
Dunwoody       GA       30338-5127         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) PSA       Occupation (for Individual) MD       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       Image: Committee						M M / D D / Y Y Y Y							
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federal political committee.       V       45.14         Name of Employer (for Individual)       MD         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Recipt For:       06       14       2016         Transaction ID : C3332345       Amount of Each Receipt this Period       50.00         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Other (specify)       300.00         SubtrotaL of Receipts This Page (optional)		Dunwoody	GA	30338-5127									
PSA       MD         MD       MD         Receipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼         Date of Receipt       Date of Receipt         Mailing Address 8500 Barrett Road       MD         City       State       Zip Code         Roland       AR       72135-9282         FEC ID number of contributing       C       50.00         federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼       Memo Item         Primary       General       Aggregate Year-to-Date ▼       136.81		Ŭ	С			45.14							
Primary       General         Other (specify) ▼       270.84         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Roland       AR       72135-9282         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist         Receipt For:       Primary       General         Other (specify)       Aggregate Year-to-Date ▼       Memo Item         SUBTOTAL of Receipts This Page (optional)				upation (for Individual)		Memo Item							
Primary       General         Other (specify)       270.84         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Schmitz, Michael, L., , M.D.       Mailing Address 8500 Barrett Road       Date of Receipt         City       State       Zip Code       Transaction ID : C3332345         Roland       AR       72135-9282       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Aggregate Year-to-Date ▼       Memo Item         Primary       General       300.00       136.81		Receipt For: A	aareaate	Year-to-Date ▼									
C. Schmitz, Michael, L., , M.D.       Date of Receipt         Mailing Address 8500 Barrett Road       06       14       2016         City       State       Zip Code       Transaction ID : C3332345         Roland       AR       72135-9282       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist       Memo Item         Receipt For:       Aggregate Year-to-Date        136.81         SUBTOTAL of Receipts This Page (optional)       136.81		Primary General	33 3 3 4		70.84								
Mailing Address       8500 Barrett Road         City       State       Zip Code         Roland       AR       72135-9282         FEC ID number of contributing       C       Amount of Each Receipt this Period         FEC ID number of contributing       C       50.00         federal political committee.       C       Maining Address         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Pediatric Cardiac Anesthesiologist       Aggregate Year-to-Date        Memo Item         SubstortAL of Receipts This Page (optional)       136.81       136.81	<u>с.</u>		or Full O	rganization Name		Date of Receipt							
Roland       AR       72135-9282       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       300.00       146.81         SUBTOTAL of Receipts This Page (optional)						M = M / D = D / Y = Y = Y							
FEC ID number of contributing federal political committee.       C       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       300.00       136.81         SUBTOTAL of Receipts This Page (optional)		City		Zip Code		Transaction ID : C3332345							
federal political committee.       0       50.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       300.00       136.81         SUBTOTAL of Receipts This Page (optional)       136.81       136.81		Roland	AR	72135-9282		Amount of Each Receipt this Period							
Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       300.00		ş	C			50.00							
Univ. Arkansas for Medical Sciences, D       Pediatric Cardiac Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Other (specify)       300.00         SUBTOTAL of Receipts This Page (optional)		Name of Employer (for Individual)	Occi	upation (for Individual)		Memo Item							
Primary       General         Other (specify)       300.00         SUBTOTAL of Receipts This Page (optional)				, ,	ologist								
Other (specify)       300.00         SUBTOTAL of Receipts This Page (optional)		Receipt For: A	ggregate	Year-to-Date V									
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	s	UBTOTAL of Receipts This Page (optional)				136.81							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     1       verson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Middle Schulman, Steven, B., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 100 Port Washington Blvd			06 13 2016							
City Roslyn	State NY	Zip Code 11576-1353	Transaction ID : C3332382 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) NY CV Anesthesiologists		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
Full Name of Individual (Last, First, Middle B. Shah, Nishant, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 416 W. Deming Place, 1W	1		06 / Y Y Y Y 06 18 2016							
City Chicago	State IL	Zip Code 60614	Transaction ID : C3338538 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) Park Ridge Anesthesiology Associates		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		499.98	]							
Full Name of Individual (Last, First, Middle C. Shah, Pranav, R., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11460 Willows Green Way Apt 116			06 / D D / Y Y Y Y 06 30 2016							
City Glen Allen	State VA	Zip Code 23059	Transaction ID : C3344895           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) VCUHS		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	1							
SUBTOTAL of Receipts This Page (optional).			196.66							
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	IAME OF COMMITTEE (In Full)		_								
	American Society of Anesthesiolo	ogists Po	olitical Action Committe	e							
	Full Name of Individual (Last, First, Middle Initial Shannon, Connor, L., , M.D.	) or Full O	rganization Name	Date of Receipt							
N	Aailing Address 254 Ridge Ave			06 04 2016							
ō	Dity	State	Zip Code			acti	_	C332784	1.00		-
_	Winnetka	IL	60093-3855	_	Amount	of	Each R	eceipt th	is Pe	riod	
	EC ID number of contributing ederal political committee.	С								83.33	3
Ν	lame of Employer (for Individual) /lidwest Anesthesia Providers, LTD		upation (for Individual) sthesiologist		Me	emo	Item				
F		Aggregate	Year-to-Date ▼								
	Other (specify)		249.99								
	Full Name of Individual (Last, First, Middle Initial	) or Full O	rganization Name								
_	Shaw, Kevin, M., , M.D.			_	Date of	Re	ceipt				
_	Aailing Address 7 Cobtail Way	State	Zip Code	06 / D D / Y					201	6	
	Simsbury	CT	06070-2530					C333218 leceipt th		riod	
	EC ID number of contributing ederal political committee.	С					7			25.00	)
	Name of Employer (for Individual) ntegrated Anesthesiology Associates		upation (for Individual) esthesiologist		Memo Item						
F	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 275.01								
	Full Name of Individual (Last, First, Middle Initial Shipe, Timothy, R., , M.D.	) or Full O	rganization Name		Date of	Re	ceipt				
N	Aailing Address 1304 Masters Ct				<sup>M</sup> 06	1	D D D 14		201	6	ſ
	City Chesapeake	State VA	Zip Code 23320-9451					C333248			
F	EC ID number of contributing ederal political committee.	С			Amount	OT	Each R	eceipt th		500.00	)
	lame of Employer (for Individual)		upation (for Individual) sthesiologist	Memo Item							
	Dessint For:	1	Year-to-Date V	$\neg$							
	Other (specify)		500.00								
su	BTOTAL of Receipts This Page (optional)		•				y .	, ,	e	608.33	3
то	TAL This Period (last page this line number on	ly)						- 41-		-	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	Date of Receipt Mo6 / 09 / 2016 Transaction ID : C3331029 Amount of Each Receipt this Period 41.6 Memo Item							
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NAME OF COMMITTEE (In Full)	g the name and a	doress of any political committe			dini	utions		n commu	ee.		
American Society of Anesthe	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middl A. Shipley, Bret, E., , M.D.	e Initial) or Full C	rganization Name		Date of Receipt							
Mailing Address 6918 Melrose Lane											
City Oklahoma City	State OK	Zip Code 73127-6140									
FEC ID number of contributing federal political committee.	С							41.	67		
Name of Employer (for Individual) Bret E. Shipley, M.D.		upation (for Individual) sthesiologist		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  250.02	]								
Full Name of Individual (Last, First, Middl B. Shook, Douglas, C., , M.D.	e Initial) or Full C	rganization Name	D	ate of	Re	ceipt					
Mailing Address 110 Charlemont St			06 17 2016								
City Newton	State MA	Zip Code 02461-1910									
FEC ID number of contributing federal political committee.	С			mount	OI				00		
Name of Employer (for Individual) Brigham and Women's Hospital		Occupation (for Individual) Anesthesiologist			emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name of Individual (Last, First, Middl C. Siddiqui, Afreen, , , M.B.,B.S.	e Initial) or Full C	rganization Name		ate of	Re	ceipt					
Mailing Address 1 Darl Ct					/				Y		
City East Greenwich	State RI	Zip Code 02818-1129	A			-		-	_		
FEC ID number of contributing federal political committee.	С		ļ			<b>,</b> .	9	41.	67		
Name of Employer (for Individual) VA hospital		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]								
SUBTOTAL of Receipts This Page (optiona	I)					, .	,	583.3	34		
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a	11		11c	12	Г	47	
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5.	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	American Society of Anesthesic	ologists P	olitical Action Commit	ee								
Α.	Full Name of Individual (Last, First, Middle In Simon, Michael, B., , M.D.	itial) or Full O	rganization Name	Da	Date of Receipt							
	Mailing Address 35 Gellatly Dr			IV	06 <sup>M</sup>	/	09	/ Y	2016		]	
	City Wappingers Falls	State NY	Zip Code 12590-6452					c333199		bd		
	FEC ID number of contributing federal political committee.	С			_	-1			8	3.33		
	Name of Employer (for Individual) Sheridan Healthcorp		upation (for Individual) sician		Me	mo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]								
В.	Full Name of Individual (Last, First, Middle In Slonin, Jonathan, H., , M.D., M.B.	itial) or Full O	rganization Name		ite of	Rece	ipt					
	Mailing Address 5191 SW Longspur Lane	State	Zin Code	M	06	/	06	/ Y	2016	Y		
	City Palm City	FL	Zip Code 34990					2332787 eceipt th		od.		
	FEC ID number of contributing federal political committee.	С			iouni	UI Ea				3.33		
	Name of Employer (for Individual) TeamHealth Anesthesia		upation (for Individual) esthesiologist		Me	mo Ite						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	]								
с.	Full Name of Individual (Last, First, Middle In Slonin, Jonathan, H., , M.D., M.B.		rganization Name	Da	ite of	Recei	ipt					
	Mailing Address 5191 SW Longspur Lane			_  L	06 <sup>™</sup>		23		2016	Y	]	
	City Palm City	State FL	Zip Code 34990					C333911 eceipt th	-	bd		
	FEC ID number of contributing federal political committee.	С			_	y		, ,	25	0.03		
	Name of Employer (for Individual) TeamHealth Anesthesia		upation (for Individual) sthesiologist		Me	mo It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.01	]								
s	UBTOTAL of Receipts This Page (optional)					y		,	41	6.69		
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     1       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Ful	)	olitical Action Committ								
Full Name of Individual (Last, F ASmith, Blair, , , M.D.	irst, Middle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1046 Lake Colo	ony Ln		M M / D D / Y Y Y Y 06 05 2016							
City Vestavia	State AL	Zip Code 35242-7405	Transaction ID : C3327851 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individua University of Alabama Health Se	,	upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]							
Full Name of Individual (Last, F B. Smith, Phillip, J., , M.D.	irst, Middle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1016 15th Ave			06 / D D / Y Y Y Y 2016							
City Hickory	State NC	Zip Code 28601	Transaction ID : C3339216 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.67							
Name of Employer (for Individu Unifour Anesthesia Associates	'	upation (for Individual) rsician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	]							
Full Name of Individual (Last, F C. Smith, William, D., , M.		rganization Name	Date of Receipt							
Mailing Address 2223 Edgemon			06 / 23 / Y Y Y Y 2016							
City Bristol	State TN	Zip Code 37620	Transaction ID : C3339142           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individua BAS	phys	upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]							
SUBTOTAL of Receipts This Pag	e (optional)		208.33							
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	0		
American Society of Anesth	nesiologists P	olitical Action Commit	tee
Full Name of Individual (Last, First, Mic A. Smythe, Paul, R., , M.D.		organization Name	Date of Receipt
Mailing Address Department of Anesthe <u>1500 E. Medical Center</u>			06 15 Y Y Y Y Y 06 15
City Ann Arbor	State MI	Zip Code 48109	Transaction ID : C3333072 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) University of Michigan Medical School		upation (for Individual) esthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name of Individual (Last, First, Mic B. Soleta, Amy, Opilla, , M.D.	dle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4551 NE 35th Ave			06 / Y Y Y Y 06 14 2016
City	State	Zip Code	Transaction ID : C3332500
Portland	OR	97211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) OHSU		upation (for Individual) liatric anesthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1
Full Name of Individual (Last, First, Mic	dla Initial) ar Full O	-y	-
<b>c.</b> Sorah, Shannon, M., , D.O.		nganization Name	Date of Receipt
Mailing Address 11743 Couch Mill Roa	b		06 / D D / Y Y Y Y 06 07 2016
City Knoxville	State TN	Zip Code 37932	Transaction ID : C3330688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) MMC Anesthesia Group		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]
SUBTOTAL of Receipts This Page (option	nal)		183.34
TOTAL This Period (last page this line nu	mber only)		

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171				parate schedule(s)	(ch	neck only	y or	ne)	L				
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	y information copied from such Reports and Sta for commercial purposes, other than using the n												
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$\rangle$	American Society of Anesthesiolo	ogists Po	olitical /	Action Committe	ee								
Α.	Full Name of Individual (Last, First, Middle Initia Sorbin, Kortnee, L., , M.D.	l) or Full Or	rganization	Name		Date of Receipt							
	Mailing Address 10718 W 163rd Ter					06 12 2016							
	City Overland Park	State KS	Zip C 662						C333237 Receipt th	<b>73</b> nis Period			
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		83.	33		
	Name of Employer (for Individual) AAKC		ipation (fo	r Individual) st		Me	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Da	te ▼ 499.98									
в.	Full Name of Individual (Last, First, Middle Initia Soto, Roy, G., , M.D.	l) or Full Or	rganization	Name		Date of	Re	eceipt					
	Mailing Address 3250 Chestnut Run Drive				06 / 11					2016	Y		
	City Bloomfield Hills	State MI	Zip C 4830			Transaction ID : C3332125 Amount of Each Receipt this P							
	FEC ID number of contributing federal political committee.	С							-	41.	_		
	Name of Employer (for Individual) Mednax	Occupation (for Individual) Anesthesiologist				Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate											
с.	Full Name of Individual (Last, First, Middle Initia Spanakis, Spiro, G., , D.O.	l) or Full Or	rganization	Name		Date of	Re	eceipt					
	Mailing Address 48 Old Mill Road					06 <sup>M</sup>	/	D 12		2016	Y		
	City Shrewsbury	State MA	Zip C 0154						C333214 Receipt th	<b>43</b> his Period			
	FEC ID number of contributing federal political committee.	С				Ľ		y .	.,	41.	67		
	Name of Employer (for Individual) UMASS Memorial Medical Group	Occu Docte	•	r Individual)		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	te ▼ 250.02									
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>			,		166.	67		
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171			Use separate schedule(s)	(ch	neck onl	y or	ne)							
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Α.	Full Name of Individual (Last, First, Middle Initia Springer, Andrew, N., , M.D.	l) or Full Oi	Organization Name		Date of Receipt									
	Mailing Address 410 W 10th Ave Dept of Anes N411 Doan Hall				M M / D D / Y Y Y Y 06 20 2016									
	City Columbus	State OH	Zip Code 43210-1240		Transaction ID : C3337551 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								33.34				
	Name of Employer (for Individual) The Ohio State University		upation (for Individual) esthesiologist		М	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04											
в.	Full Name of Individual (Last, First, Middle Initia Sprtel, Brett, M., , M.D.	l) or Full Oi	Organization Name		Date o	f Re	eceipt							
	Mailing Address 10726 Deer Ridge Ct				M         M         /         D         D         /         Y									
	City Zeeland	State MI	Zip Code 49464	_				C333210 leceipt th		od	-			
	FEC ID number of contributing federal political committee.	С								33.33				
	Name of Employer (for Individual) APC Grand Rapids	Occu Ane		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Other (specify)		499.98											
с.	Full Name of Individual (Last, First, Middle Initia Stack, Kathryn, E., , M.D.	l) or Full Oi	Organization Name		Date of	f Re	eceipt							
	Mailing Address 6200 Mountain Brook Ln NW				<sup>M</sup> 06	/	02		2016					
	City Sandy Springs	State GA	Zip Code 30328-3605				-	C332544 eceipt th	-	od				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		4	1.67				
	Name of Employer (for Individual) Emory University School of Medicine De		upation (for Individual) sician		M	lemo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]										
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Full Name of Individual (Last, First, Mid A. Stamps, Myra, C., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4436 Jett Rd NW				06 / Y Y Y Y 06 / 2016							
City Atlanta	State GA	Zip Code 30327-3565		Transaction ID : C3327866 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						25.0	00			
Name of Employer (for Individual) Stamps Anesthesia Services, LLC		upation (for Individual) sthesiologist		Merr	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1								
Full Name of Individual (Last, First, Mid B. Stamps, Myra, C., , M.D.	ddle Initial) or Full O	rganization Name	Date	e of R	leceipt						
Mailing Address 4436 Jett Rd NW			06 / D / Y Y Y Y 06 10 / 2016								
City	State GA	Zip Code				C333209					
Atlanta	GA	30327-3565	Amo	unt o	f Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	C						25.0	)0			
Name of Employer (for Individual) Stamps Anesthesia Services, LLC		Occupation (for Individual) Anesthesiologist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		, 300.00	1								
Full Name of Individual (Last, First, Mic C. Stasiewicz, Susan, D., , M.D		rganization Name	Date	e of R	leceipt						
Mailing Address 7241 Preservation Ct				6	/ 29		2016	Y			
City Fulton	State MD	Zip Code 20759-2304				C334265 Receipt th	51 is Period				
FEC ID number of contributing federal political committee.	С				y .	. y	250.0	00			
Name of Employer (for Individual) WHC		upation (for Individual) STHESIOLOGIST		Merr	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]								
SUBTOTAL of Receipts This Page (option	nal)				, .	. ,	300.0	)0			
TOTAL This Period (last page this line n	umber only)				-19-	45					

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171			Use separate schedule(s)	(ch	eck only	y or	ne)					
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	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the		pose of	soliciting	contrib	utions		
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesiolo	ogists Po	olitical Action Committ	ee								
A.	Full Name of Individual (Last, First, Middle Initia Steeves, Glen, L, , M.D.	l) or Full Oi	rganization Name		Date of Receipt							
	Mailing Address 24 Eagle Dr				06 21 Y Y Y Y 06 21 2016							
	City Bedford	State NH	Zip Code 03110-4412	Transaction ID : C3338748 Amount of Each Receipt this Period								
					Amoun	OT	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			Ļ.	-	-		41	.67		
	Name of Employer (for Individual)		upation (for Individual)		M	emc	Item					
	Anesthesia Care Group PC		sthesiologist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.02									
	Full Name of Individual (Last, First, Middle Initia	I) or Full O	rganization Name									
Β.	Stein, Erica, , , M.D.				Date of	Re	eceipt					
	Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall				06 / 01 / 2016							
	City Columbus	State OH	Zip Code 43210-1240					C332542		-		
	FEC ID number of contributing		43210-1240	Amount of Each Recei				eceipt th	is Period			
	federal political committee.	С			Ļ.		-		83	.33		
	Name of Employer (for Individual) Ohio State University	Occupation (for Individual) Physician			M	emc	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		499.98	1								
С.	Full Name of Individual (Last, First, Middle Initia Stein, Steven, P., , M.D.	l) or Full Oi	rganization Name		Date of	Re	eceipt					
	Mailing Address 18 Harbor Hill Dr				06	1	09	/ Y	2016	Y		
	City	State	Zip Code		Trans	act	ion ID :	C333199	95			
	Lloyd Harbor	NY	11743-1031		Amount	of	Each R	eceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	83	.33		
	Name of Employer (for Individual) Self		upation (for Individual) sician		Memo Item							
			Year-to-Date <b>V</b>									
	Other (specify)	499.98	]									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,	,	208	.33		
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177			Use separate schedule(s)	(ch	neck onl	у о	ne)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin	g con	tributi	ons	
	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesio	logists P	olitical Action Commit	tee								
Α.	Full Name of Individual (Last, First, Middle Init Stephenson, John, H., , M.D.		Organization Name	Date of Receipt								
	Mailing Address 5671 Peachtree Dunwoody Ro Suite 610				06 / 04 / 2016							
	City Atlanta	State GA	Zip Code 30342	Transaction ID : C3327842           Amount of Each Receipt this Period						eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y	-		83.3	3	
	Name of Employer (for Individual) Physician Specialists in Anesthesia, P		upation (for Individual) esthesiologist		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
в.	Full Name of Individual (Last, First, Middle Init Stiegler, Marjorie, , , M.D.	ial) or Full O	Organization Name		Date o	f Re	eceipt					
	Mailing Address 10817 Round Brook Cir				06	/	25				Y	
	City	State	Zip Code		Trans	act	ion ID :	C33411	68			
	Raleigh	NC	27617-7759		Amoun	t of	Each F	/ 2016 C3341168 eceipt this Period 100.00				
	FEC ID number of contributing federal political committee.	С			<u> </u>					100.0	0	
	Name of Employer (for Individual) UNC Chapel Hill		cupation (for Individual) soc Prof Anesthesiology		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	]									
с.	Full Name of Individual (Last, First, Middle Init Stoltzfus, Luke, D., , M.D.	ial) or Full O	Organization Name		Date of	f Re	eceipt					
	Mailing Address 915 E 1st St Anesthesiology Department				м м 06		D 29		201	16 <sup>°</sup>	Y	
	City Duluth	State MN	Zip Code 55805-2107					: C33437 Receipt tl		eriod		
	FEC ID number of contributing federal political committee.	С			Ē		y	y		41.6	7	
	Name of Employer (for Individual) St. Luke's		upation (for Individual) sthesiologist		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]								
⊢	UBTOTAL of Receipts This Page (optional)						, . , .			225.0	0	

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116			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		2	17				
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$\overline{\ }$	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesiol	ogists Po	olitical Action Committ	ee											
	Full Name of Individual (Last, First, Middle Initia Stone, Kenneth, R., , M.D.	al) or Full O	rganization Name	[	Date of	Re	ceipt								
	Mailing Address 317 Laurelwood Rd				м м 06	/	06	) / Y			Y				
	City	State CT	Zip Code 06477-1654					C33278							
	Orange		00477-1054	/	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C				_				83.3	3				
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item								
	Bridgeport Anesthesia Assoc Receipt For:		sthesiologist												
	Primary General	Aggregate	Year-to-Date ▼	_											
	Other (specify) ▼		499.98												
			7 7												
Β.	Full Name of Individual (Last, First, Middle Initia Stoner, Matthew, G., , M.D.	al) or Full O	rganization Name	[	Date of	Re	ceipt								
	Mailing Address 7708 Pointe Venezia Drive	-1			<sup>M</sup> 06	/	27				Y				
	City	State FL	Zip Code					C33397	pt this Period 83.33 2016 39743 pt this Period 500.00						
	Orlando	112	32836	/	Amount	ot	Each F	leceipt ti	nis Pe	riod	_				
	FEC ID number of contributing federal political committee.	C			50					500.0	0				
	Name of Employer (for Individual) JLR-USAP		upation (for Individual) sician	Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary     General       Other (specify) ▼		500.00												
	Full Name of Individual (Last, First, Middle Initia Stroud, Jason, M., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 8132 Deerpointe Dr				<sup>M</sup> M	/	06				Ŷ				
	City	State	Zip Code		Trans	act	ion ID :	C33278	71						
	Toledo	OH	43617-1819	/	Amount	of	Each F	Receipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С				_	y	9		83.3	3				
Name of Employer (for Individual) University of Toledo			upation (for Individual) sthesiologist		M	emc	tem								
	Receipt For:		Year-to-Date ▼												
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	JBTOTAL of Receipts This Page (optional)				-				e	66.60	6				
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17			Use separate schedule(s)	(ch	neck only	y or	ne)								
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	NAME OF COMMITTEE (In Full)														
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee											
Α.	Full Name of Individual (Last, First, Middle Initia Sullivan, Cinnamon, L., , M.D.	l) or Full Oi	Organization Name		Date of	Re	eceipt								
	Mailing Address 1364 Clifton Rd NE Emory University Hospital Anest	hes			06 / Y Y Y Y 25 2016										
	City Atlanta	State GA	Zip Code 30322-1059		Transaction ID : C3341209 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		83.33											
	Name of Employer (for Individual) Emory University Hospital		upation (for Individual) actor of Transplant Anesthesiology		Me	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98												
в.	Full Name of Individual (Last, First, Middle Initia Sullivan, Erin, A, , M.D.	l) or Full Oi	Organization Name		Date of	Re	eceipt								
	Mailing Address Dept of Anes PUH C-224 200 Lothrop St.				м м 06	/	D 09		2016	Y					
	City Pittsburgh	State PA	Zip Code 15213-2536	-				C333103							
	FEC ID number of contributing federal political committee.	C			Amount	. 01				34					
	Name of Employer (for Individual) UPMC		upation (for Individual) esthesiologist	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04												
С.	Full Name of Individual (Last, First, Middle Initia Sullivan, George, , , D.O.	l) or Full Oi	Organization Name		Date of	Re	eceipt								
	Mailing Address 2321 Butler Bay Dr. N.				<sup>M</sup> 06	/	D 04		2016	Y					
	City Windermere	State FL	Zip Code 34786-6109					: C332699 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		83.	34					
	Name of Employer (for Individual) JLR Anesthesia		upation (for Individual) sthesiologist		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04												
s	UBTOTAL of Receipts This Page (optional)		•••••				, ,	. ,	250.	01					
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American Society of Anesthes	siologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Middle Suyderhoud, Johan, P., , M.D.	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 4401 Warnall Rd.			M		11	D / Y	2016	Y			
City Kansas City	State MO	Zip Code 64111		Transaction ID : C3332359 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			83.33							
Name of Employer (for Individual) St Lukes Physician Specialists		upation (for Individual) sician		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]								
Full Name of Individual (Last, First, Middle <b>3.</b> Sween, Steven, L., , M.D.	Initial) or Full O	rganization Name	Date	of B	eceipt						
Mailing Address 240 Marchand Ct NW				M	26		2016	Y			
City	State	Zip Code	Tra	nsact	tion ID :	C333924	5				
Atlanta	GA	30328-2055	Amo	unt of	Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) PSA		upation (for Individual) /sician Anesthesiologist	Memo Item								
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Primary     General       Other (specify) ▼		500.04									
Full Name of Individual (Last, First, Middle C. Teetor, Travis, J., , M.D.	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 19309 Briggs St			м 0		02		2016	Y			
City Omaha	State NE	Zip Code 68130				C332544 Receipt th					
FEC ID number of contributing federal political committee.	С				J		100.0	00			
Name of Employer (for Individual) Boys Town National Research Hospital		upation (for Individual) f Anesthesiologist		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	]								
SUBTOTAL of Receipts This Page (optional).							266.6	57			
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American Society of Anesthe	esiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Midd <b>A.</b> Thompson, Brian, W., , M.D.	e Initial) or Full C	rganization Name	Date	of R	eceipt							
Mailing Address 10350 Tuxford Dr				06 / D D / Y Y Y Y 06 / 2016								
City Alpharetta	State GA	Zip Code 30022-4736		Transaction ID : C3327876 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		3.75									
Name of Employer (for Individual) Northside Anesthesiology Consultants		upation (for Individual) sthesiologist		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 227.10	1									
Full Name of Individual (Last, First, Middl B. Thompson, Brian, W., , M.D.	e Initial) or Full C	rganization Name	Date	of R	eceipt							
Mailing Address 10350 Tuxford Dr			0		06		y y 2016	Y				
City	State GA	Zip Code 30022-4736				06 / 2016 ID : C3327877 ch Receipt this Period 41.67						
Alpharetta		30022-4730	Amo	unt of	Each H	leceipt th	is Period					
FEC ID number of contributing federal political committee.	C				7		41.6	57				
Name of Employer (for Individual) Northside Anesthesiology Consultants		upation (for Individual) esthesiologist		Mem	o Item							
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		227.10	1									
Full Name of Individual (Last, First, Middl c. Thomson, Sydney, I., , M.D.	e Initial) or Full C	rganization Name	Date	of R	eceipt							
Mailing Address 6224 Hidden Meadow Ct			м 0		20		2016 Y	Y				
City San Jose	State CA	Zip Code 95135-1613				C333857 Receipt th	74 is Period					
FEC ID number of contributing federal political committee.	С			_	<b>y</b>	. ,	83.3	33				
Name of Employer (for Individual) Coast Anesthesia		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	]									
SUBTOTAL of Receipts This Page (optional	l)				,	.,	128.7	'5				
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		Use separate schedule(s)	(check	only	one)		L					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 1	-	11		11c	12				
Any information copied from such Reports and			erson for			e of s						
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solic	t cont	ributio	ons tro	om such	i committ	96.			
American Society of Anesthes	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Thomson, Sydney, I., , M.D.	Initial) or Full C	rganization Name	Da	te of I	Recei	pt						
Mailing Address 6224 Hidden Meadow Ct			M	06 / Y Y Y Y Y 24 2016								
City San Jose	State CA	Zip Code 95135-1613		Transaction ID : C3339197 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C			_	-7-		-y-	83.3	33			
Name of Employer (for Individual) Coast Anesthesia		upation (for Individual) sthesiologist		Mer	no Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96										
Full Name of Individual (Last, First, Middle <b>B.</b> Tongson, Sebastian, E., , M.D.	Initial) or Full C	rganization Name	Da	te of I	Recei	pt						
Mailing Address 2656 Meeting Pl			M	06	/	25	/ Y	2016	Y			
City Orlando	State FL	Zip Code					334119					
	_	32814-6109	Am	iount (	of Ea	ch Re	eceipt th	is Period	_			
FEC ID number of contributing federal political committee.	С				-			83.3	33			
Name of Employer (for Individual) US Anesthesia Partners / JLR Medical G		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify)		375.01	1									
Full Name of Individual (Last, First, Middle <b>C.</b> Tountas, Melissa, A., , M.D.	Initial) or Full C	rganization Name	Da	te of I	Recei	pt						
Mailing Address 9219 Cromwell Woods Sq.			M	06 <sup>M</sup>	/	10	/ Y	2016	Y			
City Orlando	State FL	Zip Code 32827					C333210 eceipt thi	<b>8</b> is Period				
FEC ID number of contributing federal political committee.	C				y		,	41.6	67			
Name of Employer (for Individual) JLR/USAP		upation (for Individual) sthesiologist		Mei	no Ite	əm						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.35										
SUBTOTAL of Receipts This Page (optional).			. [		,		,	208.3	33			
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 151 OF 192 (check only one)
T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\checkmark$ 11a     11b     11c     12       13     14     15     16     17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol			
Α.	Full Name of Individual (Last, First, Middle Initia Truxillo, Terrence, Mike, , M.D.	al) or Full O	organization Name	Date of Receipt
	Mailing Address Department of Anesthesiology 1514 Jefferson Highway	Chata	Zie Oode	06 / D D / Y FY FY FY 2016
	City New Orleans	State LA	Zip Code 70121-2429	Transaction ID : C3343851 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) Ochsner Medical Center Receipt For:	Ane	upation (for Individual) esthesiologist Year-to-Date ▼	Memo Item
	Primary General Other (specify) ▼		250.02	
в.	Full Name of Individual (Last, First, Middle Initia Turner, Christopher, , , M.D., Ph.D	-	rganization Name	Date of Receipt
	Mailing Address 600 Highland Ave B6 319 CSC Dept of Anesthesiology		Zin Oode	06 / 05 / Y Y Y Y 2016
	City Madison	State WI	Zip Code 53792-3272	Transaction ID : C3327854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer (for Individual) UW Health		upation (for Individual) esthesiology Faculty	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
с.	Full Name of Individual (Last, First, Middle Initia Turner, Judi, A., , M.D., Ph.D	al) or Full O	organization Name	Date of Receipt
	Mailing Address 1002 Franklin Street UCLA City	State	Zip Code	06 / D / Y Y Y Y 25 / 2016
	Santa Monica	CA	90403	Transaction ID : C3341151           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) UCLA Receipt For: Primary General	Anes	upation (for Individual) sthesiologist Year-to-Date ▼ 499.98	Memo Item
s	UBTOTAL of Receipts This Page (optional)		499.98	166.67

FOR LINE NUMBER:

PAGE 152 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		, p	······································
American Society of Anesthes	iologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middle <b>A.</b> Turner, Katja, R., , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 410 West 10th Ave			M M / D D / Y Y Y Y 06 25 2016
City Columbus	State OH	Zip Code 43210	Transaction ID : C3341175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) the ohio state university		upation (for Individual) esthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  499.98	]
Full Name of Individual (Last, First, Middle B. Vance, Jennifer, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1500 E Medical Center Dr S	Spc 5014		06 13 / Y Y Y Y 06 13
City Ann Arbor	State MI	Zip Code 48109-5014	Transaction ID : C3332182 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.34
Name of Employer (for Individual) University of Michigan Dept of Anesthe		upation (for Individual) diothoracic Anesthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.04	]
Full Name of Individual (Last, First, Middle Varlotta, David, , , D.O.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1303 Bayshore Blvd.			06 / D D / Y Y Y Y 2016
City Tampa	State FL	Zip Code 33606-2911	Transaction ID : C3338582           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) Sheridan		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional).			250.00
TOTAL This Period (last page this line number	er only)		

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PAGE 153 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>≭</b> 11a □ 11b □ 11c □ 12
			13     14     15     16     17       erson for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to solicit contributions from such committee.
American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middle Villani, Juan, P., , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 160 Green Glades			M M / D D / Y Y Y Y 06 14 2016
City Ridgeland	State MS	Zip Code 39157	Transaction ID : C3332346 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Univ of Mississippe Medical Center		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]
Full Name of Individual (Last, First, Middle B. Vizena, Annette, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1236 East Elizabeth, Suite			06 / D / Y Y Y Y 2016
City Fort Collins	State CO	Zip Code 80524-4000	Transaction ID : C3332334
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) NCAP		upation (for Individual) esthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Vogelhut, Mark, M., , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3603 Hennessy PI			06 / D D / Y Y Y Y 2016
City Charlotte	State NC	Zip Code 28210	Transaction ID : C3342624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer (for Individual) Providence anesthesiology associates		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)			133.34
TOTAL This Period (last page this line numb	per only)		

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PAGE 154 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(chec	k only	or or	ne)						
I LIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
Any information copied from such Report or for commercial purposes, other than u												
NAME OF COMMITTEE (In Full)	-											
American Society of Anes	thesiologists Po	olitical Action Committ	ee									
Full Name of Individual (Last, First, M <b>A.</b> Volker, Cassie, , , M.D.	iddle Initial) or Full Or	rganization Name	D	ate of	Re	eceipt						
Mailing Address 16320 Barton St.				06 01 / Y Y Y Y Y 06 01 2016								
City Overland Park	State KS	Zip Code 66221		Transaction ID : C3325361 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C				_	-		41.	67			
Name of Employer (for Individual) Anesthesia Associates of Kansas City		ipation (for Individual) sthesiologist		Me	emo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]									
Full Name of Individual (Last, First, M B. Vollers, James, Michael, , M.I		rganization Name	D	ate of	Re	eceipt						
Mailing Address 750 NE 13th St Suite 200				06	1	D 08		2016	Y			
City Oklahoma City	State OK	Zip Code 73126-0901		Transaction ID : C3331011 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					-		83.	_			
Name of Employer (for Individual) Oklahoma University Medical Science C	<b>`</b> a	upation (for Individual) sthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		, 499.98	]									
Full Name of Individual (Last, First, M C. Vossler, Charles, H., , III	iddle Initial) or Full Or	rganization Name	D	ate of	Re	eceipt						
Mailing Address 6500 Granda Dr.				06	/	D 05		2016	Y			
City Prairie Village	State KS	Zip Code 66208-1540					: <b>C33270</b> : Receipt th	30 nis Period				
FEC ID number of contributing federal political committee.	С		ļ			<u>,</u>	. ,	500.	_			
Name of Employer (for Individual) Northland Anesthesiology		ipation (for Individual) sthesiologist		Me	emc	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]									
SUBTOTAL of Receipts This Page (opti	onal)					, .	7	625.	00			
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PAGE 155 OF

			Use separate schedule(s)	(ch	neck onl	y or	ne)							
111			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	[				
	y information copied from such Reports and Sta for commercial purposes, other than using the n										17 S			
	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee										
Α.	Full Name of Individual (Last, First, Middle Initia Wagner, Lance, W., , M.D.	l) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 150 55th St				06 / <sup>24</sup> / <sup>2016</sup>									
	City Brooklyn	State NY	Zip Code 11220-2559		Transaction ID : C3339214 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						1 - 95						
	Name of Employer (for Individual) UPB		ipation (for Individual) sician		М	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02											
B.	Full Name of Individual (Last, First, Middle Initia Wagner, Robert, , , A.AC	l) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 700 Dockview Way Apt 1424				M M 06		05	/ Y	ү ү 2016	Y				
	City	State FL	Zip Code 33602						41.67					
		115	33002		Amoun	tot	Each H	leceipt th	is Perio	d	_			
	FEC ID number of contributing federal political committee.	С			Ľ.		-		83	3.33				
	Name of Employer (for Individual) Nova Southeastern University	Occu Cert		M	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		499.98											
с.	Full Name of Individual (Last, First, Middle Initia Wald, Samuel, H., , M.D.	l) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 518 Torwood Lane				<sup>M</sup> 06	/	25		2016	Y				
	City Los Altos	State CA	Zip Code 94022					C334115 leceipt th		d				
	FEC ID number of contributing federal political committee.	С					,	,		3.33				
	Name of Employer (for Individual) Stanford University	Occu Phys	ipation (for Individual) scian		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98											
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	. ,	208	3.33				
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177			Use separate schedule(s)	(ch	neck only	y or	ne)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	<u> </u>					
	y information copied from such Reports and Stat for commercial purposes, other than using the n														
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee											
Α.	Full Name of Individual (Last, First, Middle Initia Wallace, Austin, F., , M.D.	) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 22 Tanglewood Dr.				06 / D D / Y Y Y Y 2016										
	City Durango	State CO	Zip Code 81301		Transaction ID : C3339189 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						- -		00					
	Name of Employer (for Individual) Southwest Colorado Anesthesia		upation (for Individual) sthesiologist		Me	emo	b Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00												
	Full Name of Individual (Last, First, Middle Initia Wallace-Talifarro, Ebon, J., , M.D.	) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 5109 N. Ravenswood Ave				06	1	12		2016	Y					
	City	State IL	Zip Code 60640					C333239	2016 3339189 ceipt this Period 150.00 / 2016 3332393 ceipt this Period 4.17 / 2016						
	Chicago FEC ID number of contributing	C	00040		Amount	to t	Each F	Receipt th		17					
	federal political committee.		unction (for Individual)			amo	o Item	7	1 1 40						
	Name of Employer (for Individual) VANES		upation (for Individual) sthesiologist												
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 208.34												
	Full Name of Individual (Last, First, Middle Initia Walsh, James, J., , M.D.	) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 166 83rd St.				06	/	D 10			Y					
	City Brooklyn	State NY	Zip Code 11209					: <b>C333210</b> Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	41.0	67					
	Name of Employer (for Individual) NAPA	Occu physi	upation (for Individual) ician		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02												
s	UBTOTAL of Receipts This Page (optional)			. <b>I</b>			9		195.8	34					
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171			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
<u> </u>	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
A.	Full Name of Individual (Last, First, Middle Initia Wang, Ellen, Y., , M.D.	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 2517 Valdivia Way				<sup>M</sup> 06	1	D 05	D / Y	ү ү 2016	Y	
	City Burlingame	State CA	Zip Code 94010-5433					C332702 Receipt th	2 is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>				500.	00	
	Name of Employer (for Individual) Stanford University		upation (for Individual) sician		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name of Individual (Last, First, Middle Initia Warner, Travis, A., , M.D.	l) or Full Or	rganization Name		Date of	Po	voint				
ь.	Mailing Address 6220 E. Tanuri Valley Pl Unit 5101					/	20	) / Y	ү ү 2016	Y	
	City	State AZ	Zip Code					C333856			
	Tucson		85750		Amount	of	Each F	leceipt th	is Period	_	
	FEC ID number of contributing federal political committee.	С	41.67								
	Name of Employer (for Individual) Old Pueblo Anesthesia		upation (for Individual) sthesiologist		Me	emc	tem				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 250.02								
C.	Full Name of Individual (Last, First, Middle Initia Washington, Erikka, L., , M.D.	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 6431 FANNIN msb 5.020				<sup>M</sup> 06	1	D 19		2016 Y	Y	
	City HOUSTON	State TX	Zip Code 77030	_				C333733	<b>34</b> is Period		
	FEC ID number of contributing federal political committee.	С				U	,	,	41.	67	
	Name of Employer (for Individual) UTHSC-Houston Dept of Anesthesiology		upation (for Individual) sician		Me	emo	tem				
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 250.02	1							
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		2 6 [	17				
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g conti	ributic	ons				
	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesio	logists P	olitical Action Committ	ee											
Α.	Full Name of Individual (Last, First, Middle Init Waters, Jonathan, H., , M.D.	ial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 617 Saint James St	- 1			м м 06	1	D 10	) / Y	y 201	ү ү 6					
	City Pittsburgh	State PA	Zip Code 15232-1434					C333209 Receipt th		riod					
	FEC ID number of contributing federal political committee.	С			<u> </u>			-		50.00	)				
	Name of Employer (for Individual) University of Pittsburgh		upation (for Individual) sthesiologist		М	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1											
в.	Full Name of Individual (Last, First, Middle Init Weesner, Kathryn, A., , M.D.	ial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 8717 W 110th St Ste 600	State Zip Code				06 / D / Y Y Y Y 2016									
	City		Zip Code 66210-2126				C333209								
	Overland Park	KS		Amoun	t of	Each R	Receipt th	nis Per	riod						
	FEC ID number of contributing federal political committee.	C				7.08									
	Name of Employer (for Individual) AAKC		upation (for Individual) esthesiologist		M	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 542.46												
с.	Full Name of Individual (Last, First, Middle Init Weesner, Kathryn, A., , M.D.	ial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 8717 W 110th St Ste 600				<sup>M</sup> 06	/	D 12		201						
	City Overland Park	State KS	Zip Code 66210-2126				-	C33323 Receipt th		riod					
	FEC ID number of contributing federal political committee.	С			Ē		y	, ,		83.33	3				
	Name of Employer (for Individual) AAKC		upation (for Individual) sthesiologist		M	lem	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 542.46	1											
s	UBTOTAL of Receipts This Page (optional)		)	► _	L.		9	,	1	40.41	-				
Т	OTAL This Period (last page this line number of	only)					_								

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)									
			for each category of the Detailed Summary Page				11b	11c 15	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r						pose of	soliciting	contribu	tions				
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee										
Α.	Full Name of Individual (Last, First, Middle Initia Weingarten, Toby, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address Department of Anesthesiology 200 First St. SW				<sup>M</sup> M	1	D D 18	) / Y	y y 2016	Y				
	City Rochester	State MN	Zip Code 55905-0001					C333731 leceipt th						
	FEC ID number of contributing federal political committee.	C			<u> </u>				41.	67				
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) sthesiologist		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02											
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name											
В.	Weir, Jesse, W., , M.D. Mailing Address 6911 Van Dorn St Ste 2				Date of	Re	ceipt		ÝÝ	V				
	City	State	Zip Code		06 18 2016 Transaction ID : C3337318									
	Lincoln	NE	68506-6801					C333731 leceipt th						
	FEC ID number of contributing federal political committee.	С	500.00											
	Name of Employer (for Individual) Associated Anesthesiologist PC		upation (for Individual) esthesiologist		Me	emc	tem							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify) ▼		500.00											
С.	Full Name of Individual (Last, First, Middle Initia Weiss, Alan, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 960 Royal Arms Dr				<sup>M</sup> 06	1	D D D 24		2016	Y				
	City Girard	State OH	Zip Code 44420-1652					C333919 leceipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .		83.	33				
	Name of Employer (for Individual) Belpark Anesthesia Associates		upation (for Individual) sthesiologist		Me	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98											
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	625.	00				
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PAGE 160 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
			13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
American Society of Anesthe	siologists P	olitical Action Commit	:ee
Full Name of Individual (Last, First, Middle A. Weissman, Steven, L., , M.D.	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 155 Baltic Circle			06 18 2016
City	State FL	Zip Code	Transaction ID : C3338536
Tampa	FL	33606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Florida Hospital Tampa	Phy	sician - Anesthesiologist	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.02	1
			1
Full Name of Individual (Last, First, Middle B. Weitzel, Nathaen, S., , M.D.	Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address 12401 E 17th Ave Ste B11: Leprino Office Bldg	3		06 30 2016
City	State	Zip Code	Transaction ID : C3343852
Aurora	CO	80045-2548	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Univeristy of Colorado Denver Anesthe		upation (for Individual) esthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼		, 250.02	1
Full Name of Individual (Last, First, Middle Wells, Lynda, , , M.D.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4098 Wood Ln			06 / 25 / 2016
City Keswick	State VA	Zip Code 22947-2900	Transaction ID : C3341174
	VA	22947-2900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
University of Virginia Health System	Ane	sthesiologist	
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		499.98	]
SUBTOTAL of Receipts This Page (optional)			166.67
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NAME OF COMMITTEE (In Full) American Society of Anesth	nesiologists P	olitical Action Commit	ee												
Full Name of Individual (Last, First, Mid Wetzel, Ezekiel, J., , M.D.	dle Initial) or Full O	rganization Name		Date of	Re	ceipt									
Mailing Address 2201 MARIE PLACE				м м 06	/	D D D D D D D D D D D D D D D D D D D	/ Y	ү ү 2016	Y						
City Monroe	State LA	Zip Code 71201	A				C332785 eceipt th	53 his Period							
FEC ID number of contributing federal political committee.	C			_		7		83.	33						
Name of Employer (for Individual) Parish Anesthesia of Monroe		upation (for Individual) diac Anesthesiologist		Me	emo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]												
Full Name of Individual (Last, First, Mid B. Weyers, E., Willis, , M.D.	dle Initial) or Full O	rganization Name	C	Date of	Re	ceipt									
Mailing Address 278 HIGH RIDGE LN	0	7	_ [	<sup>M</sup> 06	/	D D 02	/ Y	2016	Y						
City PITTSBORO	State NC	Zip Code 27312					C332544	12 nis Period							
FEC ID number of contributing federal political committee.	С						10.00								
Name of Employer (for Individual) UNC Hospitals		upation (for Individual) sthesiologist/ Intensivist		Me	emo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 268.35	]												
Full Name of Individual (Last, First, Mid C. Weyers, E., Willis, , M.D.	dle Initial) or Full O	rganization Name		Date of	Re	ceipt									
Mailing Address 278 HIGH RIDGE LN				<sup>M</sup> 06	/	D 19		2016	Y						
City PITTSBORO	State NC	Zip Code 27312	A			-	C33385	53 nis Period							
FEC ID number of contributing federal political committee.	С					y	, ,	41.	67						
Name of Employer (for Individual) UNC Hospitals Receipt For:		upation (for Individual) sthesiologist/ Intensivist		Me	emo	Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 268.35	]												
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	NAME OF COMMITTEE (In Full)													
/ '	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee										
	Full Name of Individual (Last, First, Middle Initia Whitney, Susan, J., , M.D.	) or Full O	rganization Name		Date of	Re	eceipt							
ľ	Mailing Address 2402 W 69th Ter				м м 06	1	D D D 03	/ Y	2016		1			
	Dity	State	Zip Code		Trans	act	ion ID :	C332684	16					
-	Mission Hills	KS	66208-2711	_	Amount	of	Each R	eceipt th	is Peri	od				
	FEC ID number of contributing ederal political committee.	С			<u> </u>				8	3.34				
/	Name of Employer (for Individual) Anesthesia Associated of Kansas City		upation (for Individual) sthesiologist		M	emc	ltem							
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.04											
	Full Name of Individual (Last, First, Middle Initia Whitrock, Kevin, K., , M.D.	) or Full O	rganization Name		Date of	Re	eceipt							
-	Mailing Address 46 Willow Ridge Dr	1			м м 06	1	D D D 30	/ Y	2016	Ý	]			
		State NY	Zip Code					C334489			_			
-	Smithtown		11787-1564	_	Amount	tof	Each R	eceipt th	is Perio	od	_			
	EC ID number of contributing ederal political committee.	C				83.33								
	Name of Employer (for Individual) JAPA		upation (for Individual) sthesiologist		M	emo	ltem							
F		Aggregate	Year-to-Date 🔻											
	Other (specify) V		499.98											
	Full Name of Individual (Last, First, Middle Initia Wild, David, M., , M.D.	) or Full O	rganization Name		Date of	Re	eceipt							
-	Mailing Address 3901 Rainbow Blvd Mailstop 1034				06	1	03	/ Y	2016		]			
	City Kansas City	State KS	Zip Code 66160-8500	-				C332697 eceipt th		od				
	FEC ID number of contributing ederal political committee.	С					,	J		1.67				
	Name of Employer (for Individual) Kansas University Medical Center		upation (for Individual) sthesiologist		M	emo	tem							
Ē	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify)		208.35											
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ידו			Use separate schedule(s)	(ch	(check only one)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full)											
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee								
A.	Full Name of Individual (Last, First, Middle Initia Wilder, Nicole, S., , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5596 N Dixboro Rd				м м 06	/	02	) / Y	2016	Y		
	City Ann Arbor	State MI	Zip Code 48105-9415					C332544 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>				41.6	67		
	Name of Employer (for Individual) University of Michigan Health System S		upation (for Individual) iatric Cardiac Anesthesiologist		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02									
в.	Full Name of Individual (Last, First, Middle Initia Wildt, David, J., , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 3021 Berkshire				м м 06	1	09	) / Y	2016	Y		
	City Cleveland Hts	State OH	Zip Code 44118-2756					C333101				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Fellow Critical Care				emo	tem					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		416.69									
C.	Full Name of Individual (Last, First, Middle Initia Wilkhu, Harshdeep, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 2216 Mallard Circle				06	1	02		2016	Y		
	City Winter Park	State FL	Zip Code 32789					C332683 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	50.0	00		
	Name of Employer (for Individual) Orlando Anesthesia Consulltants		upation (for Individual) Anesthesiologist		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)		•	•			, .	. ,	175.0	00		
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
Any information conied from such Description	to and Otatamanta			13		14	15	16	17			
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NAME OF COMMITTEE (In Full)	the set of the set of the D											
American Society of Anes	thesiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, M Williams, James, H., , M.D.	iddle Initial) or Full C	rganization Name		ate of	<sup>i</sup> Re	eceipt						
Mailing Address N2201 UNC Hospitals Dept of Anesthesiolog			11	м м 06	/	02	) / Y	2016	Y			
City	State	Zip Code		Trans	acti	ion ID :	C332683	36				
Chapel Hill	NC	27599-7010	A	mount	t of	Each R	leceipt th	nis Period				
FEC ID number of contributing federal political committee.	C					-		25.	00			
Name of Employer (for Individual) University of North Carolina		upation (for Individual) sthesiologist		Me	emo	tem						
Receipt For:		Year-to-Date ▼	_									
Primary General	Aggregate		1.									
Other (specify)		377.08	1									
Full Name of Individual (Last, First, M 3. Williams, James, H., , M.D.	iddle Initial) or Full C	rganization Name		ate of	Re	eceipt						
Mailing Address N2201 UNC Hospitals Dept of Anesthesiolog				м м 06	1	13	/ Y	2016	Y			
City	State	Zip Code		Trans	acti	on ID :	C333215	58				
Chapel Hill	NC	27599-7010						nis Period				
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual) University of North Carolina		upation (for Individual) esthesiologist		Me	emo	tem						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) <b>v</b>		377.08										
Full Name of Individual (Last, First, M C. Wlody, David, J., , M.D.	liddle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 210 W 107th St Apt 6	C			<sup>M</sup> 06	1	15	) / Y	y y 2016	Y			
City	State	Zip Code		Trans	act	ion ID :	C33325	11				
New York	NY	10025-3097	A	mount	t of	Each R	leceipt th	nis Period				
FEC ID number of contributing federal political committee.	C					,	. ,	83.	33			
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	tem						
SUNY-Downstate		sician										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General												
Other (specify)		333.32	1									
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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Wlody, David, J., , M.D.	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 210 W 107th St Apt 6C			M M / D D / Y Y Y Y 06 30 2016									
City	State NY	Zip Code	Transaction ID : C3344863									
New York		10025-3097	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.33									
Name of Employer (for Individual) SUNY-Downstate		upation (for Individual) rsician	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		333.32	1									
		7 7	*									
Full Name of Individual (Last, First, Middle B. Wojciechowski, Paul, J., , M.D.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 7743 Eleventh Hour Ln			06 24 2016									
City West Chaster	State OH	Zip Code	Transaction ID : C3339208									
West Chester		45069-3857	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) University of Cincinnati		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		, 300.00	1									
Full Name of Individual (Last, First, Middle C. Work, Byron, B., , M.D.	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 3749 Lynnfield Dr			06 20 / Y Y Y Y Y 06 20 2016									
City Virginia Beach	State VA	Zip Code 23452-4721	Transaction ID : C3338577 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) Atlantic Anesthesia		upation (for Individual) sthesiology	Memo Item									
Receipt For:		Year-to-Date ▼	7									
Other (specify)		999.96	]									
SUBTOTAL of Receipts This Page (optional)			216.66									
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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)									
			for each category of the Detailed Summary Page		¥ 11a 13		11b	11c 15	12	Г	17			
	ormation copied from such Reports and Stat commercial purposes, other than using the n				for the		pose of	soliciting	g contri	butio	ons			
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	Name of Individual (Last, First, Middle Initia ork, Byron, B., , M.D.	) or Full Or	rganization Name		Date of	f Re	eceipt							
Mai	ing Address 3749 Lynnfield Dr				06	1	D D D 24	/ Y	2016		1			
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Virg	ginia Beach	VA	23452-4721	_	Amoun	t of	Each R	eceipt th	is Peri	od				
	D ID number of contributing political committee.	С					-		8	33.33				
	ne of Employer (for Individual) ntic Anesthesia		ipation (for Individual) sthesiology		M	emo	tem							
Rec		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		999.96											
			aya											
	Name of Individual (Last, First, Middle Initia orkman, Jason, , , M.D.	) or Full Or	rganization Name		Date of	f Re	eceipt							
	ing Address 7575 W Washington Ave Suite 127-374		Zip Code		06	1	D D 07	/ Y	2016		]			
City		State NV					C333068							
		INV	89128-4333	-	Amoun	t of	Each R	eceipt th	is Peri	od				
	C ID number of contributing eral political committee.	C				83.33								
	ne of Employer (for Individual) sthesiology Consultants, Inc		upation (for Individual) sthesiologist		M	emo	tem							
Rec		Aggregate	Year-to-Date 🔻											
	Other (specify) ▼		, 499.98											
	Name of Individual (Last, First, Middle Initia right, Crystal, C., , M.D.	) or Full Or	rganization Name		Date of	f Re	eceipt							
Mai	ing Address 3032 Jarrard St.				06 <sup>M</sup>	/	D D D 19	/ Y	2016		1			
City		State TX	Zip Code		Trans	act	ion ID :	C333855	50					
	uston		77005	_	Amoun	t of	Each R	eceipt th	is Peri	od				
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	ne of Employer (for Individual) lor College of Medicine	Occu Phys	ipation (for Individual) iician		M	emo	o Item							
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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12	<u> </u>		
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee								
A.	Full Name of Individual (Last, First, Middle Initi Yarnall, David, C., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 3300 Gallows Rd				м м 06	/	D D 03	/ Y	y y 2016	Y		
	City Falls Church	State VA	Zip Code 22042-3307					C332684 eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		41.0	67		
	Name of Employer (for Individual) American Anesthesiology of Virginia		upation (for Individual) sician		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1								
в.	Full Name of Individual (Last, First, Middle Initi York, James, K., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 129-4 Hidden Creek Circle				м м 06	/	D D 19	/ Y	2016	Y		
	City Dothan	State AL	Zip Code 36301					<b>C333733</b> eceint th	5 is Period			
	FEC ID number of contributing federal political committee.	С	83.34									
	Name of Employer (for Individual) Anesthesia Consultants Medical Group		upation (for Individual) sthesiologist		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	]								
C.	Full Name of Individual (Last, First, Middle Initi Young, Lawrence, I., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1717 Valley Forge Dr.				<sup>M</sup> 06	/	D D D 27		2016 Y	Y		
	City Hixson	State TN	Zip Code 37343					C334117 eceipt th	72 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y .	, <u>,</u>	125.0	00		
	Name of Employer (for Individual) American Anesthesiology of Tennessee	Anes	upation (for Individual) sthesiologist		Me	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]								
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	NAME OF COMMITTEE (In Full)													
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Com	nmittee										
	Full Name of Individual (Last, First, Middle Initial Zaafran, Sherif, , , M.D.	) or Full Or	rganization Name		Date o	of Re	eceipt							
	Mailing Address 2411 Fountainview Suite 200				06	/	09	) / Y	Y Y 2016	Y				
-	City Houston	State TX	Zip Code 77057					C333199 leceipt th		d				
	FEC ID number of contributing federal political committee.	С					-		83	3.33				
	Name of Employer (for Individual) US Anesthesia Partners		upation (for Individual) sthesiologist		N	/lemo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.9	98										
	Full Name of Individual (Last, First, Middle Initial Zeleznik, Matthew, W., , M.D.	) or Full Or	rganization Name		Date o	of Re	eceipt							
	Mailing Address 5671 Peachtree Dunwoody Rd S	te 610			06		12	/ Y	2016	Y				
	City Atlanta	State GA				C333214								
-	FEC ID number of contributing federal political committee.	GA 30342-5005				Amount of Each Receipt this Period								
	Name of Employer (for Individual) Physician Specialists in Anesthesia		upation (for Individual) sthesiologist			/lemo	o Item							
		Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.0	04										
С.	Full Name of Individual (Last, First, Middle Initial Zeleznik, Matthew, W., , M.D.		rganization Name		Date o	of Re	eceipt							
	Mailing Address 5671 Peachtree Dunwoody Rd S				06	/	D 29	) / Y	2016	Y				
	City Atlanta	State GA	Zip Code 30342-5005	-				C334263 leceipt th		d				
	FEC ID number of contributing federal political committee.	С					<b>5</b>			1.67				
	Name of Employer (for Individual) Physician Specialists in Anesthesia		upation (for Individual) sthesiologist		Ν	/lemo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.0											
sı	JBTOTAL of Receipts This Page (optional)			►			7	. ,	166	6.67				
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	ay not be sold or used by any political committee	13     14     15     16     17       Derson for the purpose of soliciting contributions     from such committee									
NAME OF COMMITTEE (In Full)		duress of any pointear commute										
American Society of Anesthes	iologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Middle Zvara, David, A., , M.D.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address Campus Box 7010 - N2201	UNC Hospit		06 / Y Y Y Y 06 14 2016									
City Chapel Hill	State NC	Zip Code 27599-7010	Transaction ID : C3332348 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) University of North Carolina School of		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	]									
Full Name of Individual (Last, First, Middle <b>B.</b>	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address												
City	State	Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]									
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address			M = M / D = D / Y = Y = Y = Y									
City	State	Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	]									
SUBTOTAL of Receipts This Page (optional).			83.34									
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S	CHEDULE B (FEC Form 3X)			F	OR I	NE M	NUMBER:				PAGE	170 O	F 192			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		heck		one)		23	26	, _	27				
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$\backslash$	NAME OF COMMITTEE (In Full)			~												
	American Society of Anesthesiolog	gists Poli	tical Action (	Jon	Imit	tee										
Α.	Full Name (Last, First, Middle Initial) First Data						Date of Disbursement									
	Mailing Address P.O. Box 6600		O									2016	Ŷ			
	, ,	State	Zip Code				FEC Id	entific	catior	Num	ber					
	Hagerstown Purpose of Disbursement	MD	21741				_					-				
	Merchant Credit Card Fees					11	C	_								
	Candidate Name			Cate	egory	/				ID : D1 Disbur:		<b>2</b> nt this P	eriod			
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	President <b>x</b>	Other (spec					Ma	mo It	om							
	State: District:		Merchant Credit C	ard					em							
Р	Full Name (Last, First, Middle Initial)						Data at									
В.							Date of	Disc	Durse		V	YYY	v			
	Mailing Address							/	0 =		T -	T = T =	T			
	City	State	Zip Code				FEC Id	entific	catior	Numb	ber					
	Purpose of Disbursement			_	-		С									
				L.,			U	0								
	Candidate Name				egory ype	/	Amount	of E	ach	Disbur	semer	nt this P	eriod			
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	Mailing Addross						M M	/	D	D /	Y	YYY	Y			
	Mailing Address												_			
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	Purpose of Disbursement			<u> </u>			С									
	Candidate Name	Cate	egory ype	/	Amount of Each Disbursement this Period											
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	Senate	Primary	General				_	,		,						
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s	UBTOTAL of Disbursements This Page (optional)										_	6136.4	3			
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S	CHEDULE B (FEC Form 3X)						NUMBER: PAGE 171 OF 192											
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c	heck	c only 21b	one) 22 🗶 23 26 27											
		Detailed	Summary Page			28a	28b 28c 29 30b											
	y information copied from such Reports and State for commercial purposes, other than using the nat																	
$\setminus$	NAME OF COMMITTEE (In Full)			_	_													
	American Society of Anesthesiolog	gists Poli	tical Action	Corr	nmi	ttee												
A.	Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE						Date of Disbursement											
	Mailing Address 220 1/2 E ST., NE						06 / 29 / Y Y Y Y 2016											
	City Washington	State DC	Zip Code 20002				FEC Identification Number											
	Purpose of Disbursement 2016 Contribution			C	)11		C C00235655											
	Candidate Name				egor	y/	Transaction ID : D174572 Amount of Each Disbursement this Period											
	Office Sought: House Disburse	ment For: 2 Primary	2016 General		урс		2500.00											
	State: District:	Other (spec		on			Memo Item											
	Full Name (Last, First, Middle Initial)						Data of Distance and											
D.	BRIAN FITZPATRICK FOR CONC	JRESS					Date of Disbursement											
	Mailing Address PO BOX 939						06 29 2016											
	City Langhorne	State PA	Zip Code 19047				FEC Identification Number											
	Purpose of Disbursement 2016 General Contribution				011		C C00607416											
	Candidate Name			Cate	egor	y/	Transaction ID : D174581 Amount of Each Disbursement this Period											
		ment For: 2			уре		2000.00											
	State: DA District: 20	Primary Other (spec	<b>∡</b> General cify)				Memo Item											
_	State:         PA         District:         08           Full Name (Last, First, Middle Initial)																	
C.	Kathy for Maryland						Date of Disbursement											
	Mailing Address PO BOX 43516						06 21 2016											
	City Nottingham	State MD	Zip Code 21236				FEC Identification Number											
	Purpose of Disbursement 2016 General Contribution			C	011		C C00591768											
	Candidate Name Szeliga, Kathy, , ,				egor ype	y/	Transaction ID : D174502 Amount of Each Disbursement this Period											
		ment For: 2	2016	I	100		5000.00											
	XSenatePresident	Primary Other (spec	x General cify) ▼															
_	State: MD District: 00	1					Memo Item											
s	UBTOTAL of Disbursements This Page (optional).						9500.00											
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S	CHEDULE B (FEC Form 3X)			FO	R I INF	NUMBER: PAGE 172 OF 192						
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-	eck only 21b 28a	-						
	y information copied from such Reports and State for commercial purposes, other than using the national											
$\square$	NAME OF COMMITTEE (In Full)	riata Dali	itiaal Aatian (	<u> </u>								
	American Society of Anesthesiolog	gists Poli		Com	nillee							
A.	Full Name (Last, First, Middle Initial)					Date of Disbursement						
	Mailing Address P.O. BOX 151563					06 21 2016						
	City San Rafael	State CA	Zip Code 94915			FEC Identification Number						
	Purpose of Disbursement 2016 Contribution			01	1	C C00564260						
	Candidate Name			Categ Typ		Transaction ID : D174505 Amount of Each Disbursement this Period						
	Senate	ment For: 2 Primary	General			5000.00						
	State: District:	Other (spe	cify) ▼ 2016 Contributio	on		Memo Item						
B.	Full Name (Last, First, Middle Initial) Continuing America's Strength & S	Security I	PAC (CASS	PAC	)	Date of Disbursement						
	Mailing Address PO Box 14331					06 / 29 / Y Y Y Y 2016						
	City Baton Rouge	State LA	Zip Code 70898			FEC Identification Number						
	Purpose of Disbursement 2016 Contribution Candidate Name				1	C C00480228 Transaction ID : D174575						
		ment For:	2010	Categ Typ		Amount of Each Disbursement this Period 2500.00						
	Senate	Primary	2016 General			200.00						
	State: District:	Other (spe	cify) 2016 Contributio	on		Memo Item						
C.	Full Name (Last, First, Middle Initial) DREW FERGUSON FOR CONGR	RESS IN	C.			Date of Disbursement						
	Mailing Address PO BOX 387					06 / D D / Y Y Y Y Y 14 2016						
	City	State	Zip Code			FEC Identification Number						
	Purpose of Disbursement 2016 General Contribution	1	C C00607838 Transaction ID : D174361									
	Candidate Name Ferguson, Drew, , , DDS			Categ Typ		Amount of Each Disbursement this Period						
	Office Sought: Senate President	ment For: 2 Primary Other (spe	<b>x</b> General			1000.00						
	State: GA District: 03		∽y) <b>▼</b>			Memo Item						
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	y information copied from such Reports and State for commercial purposes, other than using the na												
$\setminus$	NAME OF COMMITTEE (In Full)												
$ \rangle$	American Society of Anesthesiolog	gists Poli	itical Action (	Committee									
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF DENA				Date of Disbursement								
	Mailing Address 3956 TOWN CENTER BLVDSTE	457			06 / 29 / Y Y Y Y 2016								
	City Orlando	State FL	Zip Code 32837		FEC Identification Number								
	Purpose of Disbursement 2016 Primary Contribution			011	C C00581926								
	Candidate Name Minning, Dena, , Dr.,			Category/ Type	Transaction ID : D174582 Amount of Each Disbursement this Period								
		ment For: 2	2016 General		2500.00								
	State: FL District: 09	Other (spe	cify) ▼		Memo Item								
в.	Full Name (Last, First, Middle Initial) JOBS UNITE LABOR AND INDUSTRY	IN AMER	RICA PAC (JUI	LIA PAC)	Date of Disbursement								
	Mailing Address 410 1ST ST SE SUITE 310	01.1			06 01 2016								
	City Washington	State DC	Zip Code 20003		FEC Identification Number								
	Purpose of Disbursement 2016 Contribution			011	C C00567495								
	Candidate Name			Category/ Type	Transaction ID : D173738 Amount of Each Disbursement this Period								
	Office Sought: House Disburse	ement For: ; Primary	2016 General		5000.00								
	State: District:	Other (spec	cify) 2016 Contributio	on	Memo Item								
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement								
	Mailing Address 420 N Twin Oaks Valley Rd Unit 2229				M         M         /         D         D         /         Y								
	City San Marcos	State CA	Zip Code 92079-7090		FEC Identification Number								
	Purpose of Disbursement 2016 Primary Contribution Candidate Name Correa, Lou, , ,			011 Category/	C C00578302 Transaction ID : D173732 Amount of Each Disbursement this Period								
		ment For: 2	2016 General	Туре	5000.00								
	State: CA District: 46	Other (spec	cify) ▼		Memo Item								
s	UBTOTAL of Disbursements This Page (optional).			••••••	12500.00								
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S	CHEDULE B (FEC Form 3X)					E NUMBER: PAGE 174 OF 19										
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C	hec	k only 21b	one) 22 🗶 23 26 27									
		Detailed	Summary Page			28a	28b 28c 29 30b									
	ny information copied from such Reports and State for commercial purposes, other than using the na															
$\square$	NAME OF COMMITTEE (In Full)			_												
	American Society of Anesthesiolo	gists Pol	itical Action	Corr	nmi	ittee										
Α.	Full Name (Last, First, Middle Initial)						Date of Disbursement									
	Mailing Address 607 14th Street N.W.						M M / D D / Y Y Y Y 06 29 2016									
	Suite 600	State	Zip Code													
	Washington	DC	20005				FEC Identification Number									
	Purpose of Disbursement 2016 Contribution						C C00365270									
	Candidate Name				)11	_	Transaction ID : D174571									
					egor ype	ry/	Amount of Each Disbursement this Period									
		ment For:	2016				2500.00									
	Senate President	Primary Other (spe	General				-									
	State: District:	Other (spe	2016 Contributi	on			Memo Item									
	Full Name (Last, First, Middle Initial)															
В.	MICHIGAN REPUBLICAN PARTY	ſ					Date of Disbursement									
	Mailing Address 520 Seymour Ave						06 01 2016									
	Walking Address 520 Seymour Ave						00 01 2010									
	City	State MI	Zip Code				FEC Identification Number									
	Lansing Purpose of Disbursement		48933-1118	_												
	2016 Contribution	011 Category/					Transaction ID : D173742									
	Candidate Name						Amount of Each Disbursement this Period									
	Office Sought: House Disburse	ement For:	2016	1	ype		5000.00									
	Senate	Primary General														
	President X	Other (spe					Memo Item									
_	State: District: Full Name (Last, First, Middle Initial)		2016 Contributi	on												
C.		3					Date of Disbursement									
							M M / D D / Y Y Y									
	Mailing Address 505 14TH ST, SUITE 900						06 29 2016									
	City	State	Zip Code				FEC Identification Number									
	OAKLAND Purpose of Disbursement	CA	94612	_	_		C C00331769									
	2016 General Contribution			(	011		Transaction ID : D174583									
	Candidate Name				egor	ry/	Amount of Each Disbursement this Period									
	Lee, Barbara, , Rep., Office Sought: K House Disburse	ement For:	2016	Т	ype		2500.00									
	Senate Disburse	Primary	General				4 4 4									
	President	Other (spe					Memo Item									
_	State: CA District: 13															
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S	CHEDULE B (FEC Form 3X)			F	OR	LINF	NUMBER: PAGE 175 OF 192								
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the			k only									
		Detailed	Summary Page			28a	28b 28c 29 30b								
	ny information copied from such Reports and State for commercial purposes, other than using the na														
$\square$	NAME OF COMMITTEE (In Full)			_		_									
	American Society of Anesthesiolog	gists Poli	tical Action	Corr	nm	ittee									
Α.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS						Date of Disbursement								
	Mailing Address P.O. BOX 100						06 01 / Y Y Y Y 2016								
	City TEANECK	State NJ	Zip Code 07666				FEC Identification Number								
	Purpose of Disbursement 2016 Primary Contribution			0	)11	٦	C C00313510								
	Candidate Name			Cate	egoi	ry/	Transaction ID: D173731 Amount of Each Disbursement this Period								
	Pascrell, Bill, , Rep., Jr. Office Sought: x House Disburse	ment For: 2	2016		ype		1000.00								
	Senate President	Primary Other (spec	General												
	State: NJ District: 09		cny) V				Memo Item								
в.	Full Name (Last, First, Middle Initial) BILLY LONG FOR CONGRESS						Date of Disbursement								
	Mailing Address 1675-F E SEMINOLE						06 / D D / Y Y Y Y 06 21 2016								
	City SPRINGFIELD	State MO	Zip Code 65804				FEC Identification Number								
	Purpose of Disbursement 2016 General Contribution	011 Category/					C C00460063								
	Candidate Name						Transaction ID : D174503 Amount of Each Disbursement this Period								
	Long, Billy, , Rep., Office Sought: <b>x</b> House Disburse	ement For:	2016	Ţ	ype		2500.00								
	Senate	Primary	General												
	State: MO District: 07	Other (spec					Memo Item								
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement								
	Mailing Address P. O. Box 7292						06 / D D / Y Y Y Y 2016								
	City	State	Zip Code				FEC Identification Number								
	CHICAGO Purpose of Disbursement	IL	60680	_		_	C C00257121								
	2016 General Contribution Candidate Name	)11 egoi	ry/	Transaction ID : D174289 Amount of Each Disbursement this Period											
	Rush, Bobby, L., Rep., Office Sought: x House Disburse	ement For: 2	2016		ype		2000.00								
	Senate President	Primary Other (spec	General ( Cify) ▼				Memo Item								
_	State: IL District: 01	 													
s	<b>UBTOTAL</b> of Disbursements This Page (optional).					•	5500.00								
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	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b							
	y information copied from such Reports and State for commercial purposes, other than using the nar											
$\setminus$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesiolog	gists Poli	tical Action (	Committee								
Α.	Full Name (Last, First, Middle Initial) BONNIE WATSON COLEMAN FC	OR CON	GRESS		Date of Disbursement							
	Mailing Address 918 PENNSYLVANIA AVE SE				06 01 2016							
	Washington	State DC	Zip Code 20003		FEC Identification Number							
	Purpose of Disbursement 2016 Primary Contribution			011	C C00558437							
	Candidate Name Watson Coleman, Bonnie, , Rep.,			Category/ Type	Transaction ID : D173739 Amount of Each Disbursement this Period							
		ment For: 2 Primary	2016 General	Туре	1000.00							
	State: NJ District: 12	Other (spec	cify) ▼		Memo Item							
B.	Full Name (Last, First, Middle Initial) DR BRIAN BABIN FOR CONGRE Mailing Address PO BOX 159	SS			Date of Disbursement							
	City WOODVILLE	State TX	Zip Code 75979		FEC Identification Number							
	Purpose of Disbursement 2016 General Contribution			011	C C00553859 Transaction ID : D174356							
	Candidate Name			Category/	Amount of Each Disbursement this Period							
	Babin, Brian, , Rep., Office Sought:	ment For: 2 Primary	2016 X General	Туре	4000.00							
	State: TX District: 36	Other (spec	cify)		Memo Item							
C.	Full Name (Last, First, Middle Initial) DR BRIAN BABIN FOR CONGRE	SS			Date of Disbursement							
	Mailing Address PO BOX 159				06 / 14 / Y Y Y Y 2016							
	WOODVILLE	State TX	Zip Code 75979		FEC Identification Number							
	Purpose of Disbursement 2016 General Contribution			011 Category/	C C00553859 Transaction ID : D174357 Amount of Each Disbursement this Period							
	Babin, Brian, , Rep.,       Office Sought:     x     House     Disburse       Senate     Image: Senate     Image: Senate     Image: Senate	ment For: 2	·	Туре	1000.00							
	State: TX District: 36	Primary Other (spec	ify) ▼		Memo Item							
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SCHEDULE B (FEC Form 3X)			FC	DR LINI	E NUMBER: PAGE 177 OF 192								
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-		ly one) 22 <b>X</b> 23 26 27								
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NAME OF COMMITTEE (In Full)			_	•									
American Society of Anesthesiolog	gists Pol	itical Action	Com	mitte	e								
Full Name (Last, First, Middle Initial) A. CHARLIE DENT FOR CONGRES	S				Date of Disbursement								
Mailing Address PO Box 442					06 14 2016								
City	State PA	Zip Code			FEC Identification Number								
Allentown Purpose of Disbursement 2016 General Contribution	FA	18105	0,	11	C C00386847								
Candidate Name			Cate	gory/	Transaction ID : D174355 Amount of Each Disbursement this Period								
Dent, Charlie, , Rep., Office Sought: x House Disburse	mant Fam		Ту	rpe	2500.00								
Office Sought: Senate President	ment For: Primary Other (spe	X General											
State: PA District: 15					Memo Item								
Full Name (Last, First, Middle Initial) B. CHARLIE DENT FOR CONGRES Mailing Address PO Box 442	S				Date of Disbursement								
City Allentown	State PA	Zip Code 18105			FEC Identification Number								
Purpose of Disbursement 2016 General Contribution Candidate Name			0	11	C C00386847 Transaction ID : D174573								
Dent, Charlie, , Rep.,				gory/ pe	Amount of Each Disbursement this Period								
	ment For:	2016	.,	p 0	2500.00								
Senate	Primary	General											
State: PA District: 15	Other (spe	CITY)			Memo Item								
Full Name (Last, First, Middle Initial) C. FRIENDS OF CORRINE BROWN					Date of Disbursement								
Mailing Address PO BOX 40087					06 14 2016								
City JACKSONVILLE	State FL	Zip Code 32203			FEC Identification Number								
Purpose of Disbursement 2016 General Contribution Candidate Name				11	C C00272732 Transaction ID : D174359								
Brown, Corrine, , Rep.,				gory/ pe	Amount of Each Disbursement this Period								
Office Sought: K House Disburse	ment For:				2500.00								
State: FL District: 05	Primary Other (spe	ify) ▼			Memo Item								
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 178 OF 192							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	•							
Any information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	aiste Del		O								
American Society of Anesthesiolo	igists Pol	litical Action	Committee								
Full Name (Last, First, Middle Initial) A. CRESENT HARDY FOR CONGR Mailing Address PO BOX 753941	ESS			Date of Disbursement							
City	State	Zip Code		FEC Identification Number							
LAS VEGAS Purpose of Disbursement 2016 General Contribution	NV	89136	011	C C00550608							
Candidate Name			Category/	Transaction ID : D174360 Amount of Each Disbursement this Period							
Hardy, Cresent, , Rep.,			Туре	2500.00							
Senate President	ement For: Primary Other (spe	X General		2500.00							
State: NV District: 04											
Full Name (Last, First, Middle Initial) B. DAVID SCOTT FOR CONGRESS Mailing Address P.O. BOX 960821	6			Date of Disbursement							
City	State	Zip Code		FEC Identification Number							
RIVERDALE Purpose of Disbursement 2016 General Contribution Candidate Name	GA	30296	011	C C00369801 Transaction ID : D174288							
Scott, David, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: X House Disburst	ement For: Primary	2016 X General		5000.00							
State: GA District: 13	Other (spe	ecify)		Memo Item							
Full Name (Last, First, Middle Initial) C. DIANE BLACK FOR CONGRESS	6			Date of Disbursement							
Mailing Address PO Box 1437				06 / D D / Y Y Y Y 2016							
City Gallatin	State TN	Zip Code 37066		FEC Identification Number							
Purpose of Disbursement 2016 Primary Contribution		57000	011	C C00472878							
Candidate Name Black, Diane, , Rep.,			Category/ Type	Transaction ID : D174352 Amount of Each Disbursement this Period							
	ement For: Primary Other (spe	General	Туре	2000.00 Memo Item							
State: TN District: 06	_										
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SCHEDULE B (FEC Form 3X)			FC	OR L	INE I	NUMBE	۹:		P	AGE	179 OF 192			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(cl	heck	-	y one)								
		Summary Page			21b	22	×	23	26		27			
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Any information copied from such Reports and State or for commercial purposes, other than using the nar														
NAME OF COMMITTEE (In Full)			_											
American Society of Anesthesiolog	gists Poli	tical Action C	Com	imi	tee									
Full Name (Last, First, Middle Initial)						Data								
A. MATSUI FOR CONGRESS						Date	of Dis	sburse	ment					
Mailing Address PO BOX 1738						06	M /	D 1-			016			
City	State	Zip Code				FEC	dontif	ication	n Numbe	)r				
SACRAMENTO	CA	95812				I LU	uentii	icatioi	i Numbe	71	_			
Purpose of Disbursement 2016 General Contribution						С	COC	40921	19					
			0	11		Т	ransa	ction	ID : D17	4363				
Candidate Name Matsui, Doris, , Rep.,			Cate		/	Amou	nt of	Each	Disburse	emen	t this Period			
	ment For: 2	2016	I)	ype							1000.00			
Senate	Primary	General						7						
President	Other (spec						lemo	ltom						
State: CA District: 06						IV	iemo	nem						
Full Name (Last, First, Middle Initial)														
B. COLLINS FOR CONGRESS						Date	of Dis	sburse	ment					
						М		D			Y Y			
Mailing Address PO BOX 1295			06 21 2016											
5	State GA	Zip Code 30503		FEC Identification Number										
GAINESVILLE Purpose of Disbursement	GA	_	С	-										
2016 General Contribution	011													
Candidate Name			Cate	aor	/	Transaction ID : D174501 Amount of Each Disbursement this Per								
Collins, Doug, Allen, Rep.,				ype	<i>`</i>									
Office Sought: K House Disburse	ment For: 2					2000.00								
Senate	Primary	<b>★</b> General												
President	Other (spec	cify)				N	lemo	Item						
State: GA District: 09														
Full Name (Last, First, Middle Initial) C. CUMMINGS FOR CONGRESS C/						Date	of Dis	sburse	ment					
COMMININGS FOR CONGRESS C/	AIVIPAIG					M		D	_	V	YY			
Mailing Address PO BOX 1631						06		0			016			
City	State	Zip Code			-+									
BALTIMORE	MD	21203				FEC	dentif	ricatior	n Numbe	er				
Purpose of Disbursement						С	COC	)3103 <sup>,</sup>	18		·			
2016 General Contribution			0	11		T	ransa	action	ID : D17	4286	<b></b>			
Candidate Name			Cate		/	Amou	nt of	Each	Disburse	emen	t this Period			
Cummings, Elijah, E., Rep.,	mont Fam -		Ту	ype							2700.00			
Office Sought: K House Disburse Senate	ment For: 2 Primary							,			2100.00			
President	Other (spec					<b>1</b> 11								
State: MD District: 07						N	lemo	Item						
<u> </u>						_	-			-				
SUBTOTAL of Disbursements This Page (optional).								7			5700.00			
TOTAL This Period (last page this line number only	)													

SCHEDULE B (FEC Form 3X)			FC	OR L	INE N	NUMBER: PAGE 180 OF 192										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only											
		Summary Page			21b 28a	22 28b	×	23 28c		26		27 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na				any	perso	n for the		pose		soliciti		ontributions				
NAME OF COMMITTEE (In Full)			_	_												
American Society of Anesthesiolog	gists Pol	itical Action (	Com	nmi	ttee											
Full Name (Last, First, Middle Initial) A. JENKINS FOR CONGRESS		Date of Disbursement														
Mailing Address PO BOX 727						06		1	15		2	016				
City HUNTINGTON	State WV	Zip Code 25711				FEC Identification Number										
Purpose of Disbursement 2016 General Contribution			0	)11		С	1.00	)5482	_							
Candidate Name			Cate	egor	v/					sburs		t this Period				
Jenkins, Evan, H, Rep.,				ype						-		3000.00				
Office Sought: X House Disburse Senate President	ement For: ; Primary Other (spe	X General				3000.00										
State: WV District: 03		ony) v				M	emo	Item								
Full Name (Last, First, Middle Initial) B. GEORGE HOLDING FOR CONG Mailing Address PO BOX 97187	RESS					Date of Disbursement										
City RALEIGH Purpose of Disbursement	State NC			FEC Identification Number												
2016 Special Primary Contribution           Candidate Name		0 Cate	)11 2000		C C00499236 Transaction ID : D173736 Amount of Each Disbursement this Perio											
Holding, George, E.B., Rep., Office Sought:  House Disburse Senate	ement For: 2016			ype		5000.00										
State: NC District: 13		Primary General Other (specify) Special Primary					Memo Item									
Full Name (Last, First, Middle Initial) C. WALORSKI FOR CONGRESS IN	С					Date o	_			ent						
Mailing Address PO BOX 954						06		2	21	ĺ		016				
City MISHAWAKA	State IN	Zip Code 46546				FEC I	denti	ficatio	n N	lumbe	ər					
Purpose of Disbursement 2016 General Contribution Candidate Name				)11 egory	y/	C C00468579 Transaction ID : D174504 Amount of Each Disbursement this Period										
Walorski, Jackie, , Rep., Office Sought: x House Disburse	ment For:	2016		ype		1000.0										
State: IN District: 02	Primary Other (spe	Memo Item														
SUBTOTAL of Disbursements This Page (optional).					•			-				9000.00				
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SCHEDULE B (FEC Form 3)			FOR LINE	NUMBER: PAGE 181 OF 192			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports an or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
American Society of Anesthe	siologists Pol	litical Action (	Committee				
Full Name (Last, First, Middle Initial) A. HUFFMAN FOR CONGRES	S 2014			Date of Disbursement			
Mailing Address P.O. BOX 151563				06 01 2016			
City SAN RAFAEL	State CA	Zip Code 94915		FEC Identification Number			
Purpose of Disbursement 2016 General Contribution	I		011	C C00536680			
Candidate Name			Category/	Transaction ID : D173729 Amount of Each Disbursement this Period			
Huffman, Jared, , Rep.,			Type				
Office Sought: X House E Senate President	Disbursement For: Primary Other (spe	<b>x</b> General		1000.00			
State: CA District: 02		(Soliy)		Memo Item			
Full Name (Last, First, Middle Initial) B. JEFF DUNCAN FOR CONG	RESS			Date of Disbursement			
Mailing Address PO BOX 732	Mailing Address PO BOX 732						
City CLINTON	State SC	Zip Code 29325		FEC Identification Number			
Purpose of Disbursement 2016 Primary Contribution			011	C C00460550			
Candidate Name			Category/	Transaction ID : D174284 Amount of Each Disbursement this Period			
Duncan, Jeff, , Rep.,			Туре				
	Disbursement For:			5000.00			
State: SC District: 03	Primary     Other (spe	ecify) General		Memo Item			
Full Name (Last, First, Middle Initial)							
C. MOOLENAAR FOR CONGR	ESS			Date of Disbursement			
Mailing Address 5915 EASTMAN AVENUE	SUITE 100			06 29 2016			
City MIDLAND	State MI	Zip Code 48640		FEC Identification Number			
Purpose of Disbursement 2016 Primary Contribution			011	C C00561530			
Candidate Name Moolenaar, John, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	Disbursement For:		76-	1000.00			
State: MI District: 04	Y Primary Other (spe	ecify) <b>v</b>		Memo Item			
				7000.00			
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SCHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER: PAGE 182 OF 192		
ITEMIZED DISBURSEMENTS	Use sepa for each		neck	only 21b				
	Detailed	Summary Page			28a	28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
American Society of Anesthesiolog	gists Poli	tical Action C	Com	mit	tee			
Full Name (Last, First, Middle Initial) A. JULIA BROWNLEY FOR CONGRI	ESS					Date of Disbursement		
Mailing Address PO BOX 2018						06 / 29 / Y Y Y Y 2016		
City	State	Zip Code				FEC Identification Number		
THOUSAND OAKS	CA	91358						
Purpose of Disbursement 2016 General Contribution			0	11	<b>7</b> ]	C C00513077		
Candidate Name			-			Transaction ID : D174578		
Brownley, Julia, , Rep.,			Cate Ty	gory pe	"	Amount of Each Disbursement this Period		
Office Sought: X House Disburser	ment For: 2					1000.00		
Senate	Primary	General						
State: CA District: 26	Other (spec	city) 🔻				Memo Item		
Full Name (Last, First, Middle Initial)								
B. ZELDIN FOR CONGRESS						Date of Disbursement		
Mailing Address 47 FLINTLOCK DRIVE	Mailing Address 47 FLINTLOCK DRIVE					M         M         /         D         D         /         Y		
City	State	Zip Code			-+	FEC Identification Number		
SHIRLEY Purpose of Disbursement	NY	11967						
2016 Primary Contribution			0	11		C C00552547		
Candidate Name			Category/ Type			Transaction ID : D173744 Amount of Each Disbursement this Period		
Zeldin, Lee, , Rep.,								
	ment For: 2					2000.00		
Senate X President	Primary Other (spec	General						
State: NY District: 01		5 <u>5</u> /				Memo Item		
Full Name (Last, First, Middle Initial)						Dete of Distance and		
C. LOUISE SLAUGHTER RE-ELECT	ION CO	MMITIEE				Date of Disbursement		
Mailing Address 1150 UNIVERSITY AVE, BLDG. 5						06 / 01 / Y Y Y Y Y 06 01		
3	State	Zip Code				FEC Identification Number		
ROCHESTER Purpose of Disbursement	NY	14607				<b>C</b> C00212611		
2016 Primary Contribution	2016 Primary Contribution andidate Name					C C00213611 Transaction ID : D173740		
Slaughter, Louise, M., Rep.,					//	Amount of Each Disbursement this Period		
Office Sought:     X     House     Disbursement For: 2016						1000.00		
Senate X	Primary	General						
President	Other (spec	cify) 🔻				Memo Item		
State: NY District: 25								
SUBTOTAL of Disbursements This Page (optional)						4000.00		
TOTAL This Period (last page this line number only)	)							

S	CHEDULE B (FEC Form 3X)	11		FO	R LINE	NUMBER: PAGE 183 OF 192
	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			r one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					
$\backslash$	NAME OF COMMITTEE (In Full)				•	
	American Society of Anesthesiolog	gists Poli	tical Action C	Comi	nittee	•
Α.	Full Name (Last, First, Middle Initial)	ION CO	MMITTEE			Date of Disbursement
	Mailing Address 1150 UNIVERSITY AVE, BLDG. 5					06 01 2016
	ROCHESTER	State NY	Zip Code 14607			FEC Identification Number
	Purpose of Disbursement 2016 General Contribution			01	1	C C00213611
	Candidate Name Slaughter, Louise, M., Rep.,			Cate Ty		Transaction ID : D173741 Amount of Each Disbursement this Period
	0	ment For: 2		ı yı		1500.00
	President	Primary Other (spec	ify) ▼			Memo Item
_	State:         NY         District:         25           Full Name (Last, First, Middle Initial)					
B.	LOUISE SLAUGHTER RE-ELECT Mailing Address 1150 UNIVERSITY AVE, BLDG. 5		MMITTEE			Date of Disbursement
	City STER STER	Zip Code 14607			FEC Identification Number	
	Purpose of Disbursement 2016 General Contribution			011	C C00213611	
	Candidate Name			Cate		Transaction ID : D174354 Amount of Each Disbursement this Period
	Slaughter, Louise, M., Rep., Office Sought: X House Disburser	ment For: 2	2016	Ту	pe	1000.00
	Senate	Primary	General			1 1 4p. 1 1 4p. 1 4p. 1
	State: NY District: 25	Other (spec	cify)			Memo Item
C.	Full Name (Last, First, Middle Initial)	6				Date of Disbursement
	Mailing Address P.O. Box 1441					06 / D D / Y Y Y Y 06 21 2016
	City State S	State KS	Zip Code 66601			FEC Identification Number
	Purpose of Disbursement 2016 General Contribution		01	1	C C00433730 Transaction ID : D174500	
	Candidate Name Jenkins, Lynn, , Rep.,		Cate Ty		Amount of Each Disbursement this Period	
	Office Sought: Senate Disbursement For: 2016 Primary X General					3000.00
	State: KS District: 02	Other (spec				Memo Item
s	UBTOTAL of Disbursements This Page (optional)					5500.00
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SCHEDULE B (FEC Form 3X)			F	OR	LINE N	NUMBER: PAGE 184 OF 192			
ITEMIZED DISBURSEMENTS		for each	(c	hec	k only 21b	one) 22 🗶 23 26 27			
		Detailed	Summary Page			210 28a	22 <b>x</b> 23 26 27 28b 28c 29 30b		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us ress of any politic	ed by cal con	any nmit	perso tee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\backslash$	NAME OF COMMITTEE (In Full)			-		_			
	American Society of Anesthesiolo	gists Pol	itical Action	Com	nmi	ittee			
A.	Full Name (Last, First, Middle Initial) MEADOWS FOR CONGRESS	Date of Disbursement							
	Mailing Address PO BOX 811						06 01 2016		
	City HIGHLANDS	State NC	Zip Code 28741				FEC Identification Number		
	Purpose of Disbursement		20141	-	_	-1	C C00503094		
	2016 General Contribution			0	)11		Transaction ID : D173735		
	Candidate Name Meadows, Mark, , Rep.,			Cate		ry/	Amount of Each Disbursement this Period		
		ement For:	2016	1	ype		5000.00		
	Senate President	Primary Other (spe	X General						
	State: NC District: 11								
В.	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS						Date of Disbursement		
	Mailing Address C/O CONTRIBUTION SOLUTION	NS, LLC					06 / D D / Y Y Y Y 06 01 2016		
	City SAN JOSE	State CA	Zip Code 95112				FEC Identification Number		
	Purpose of Disbursement 2016 General Contribution	CA		244		C C00351379			
	Candidate Name			011 Category/ Type			Transaction ID : D173730		
	Honda, Michael, M., Rep.,						Amount of Each Disbursement this Period		
		ement For:					2500.00		
	Senate President	Primary Other (spe	General						
	State: CA District: 17	Other (spe	city)				Memo Item		
C.	Full Name (Last, First, Middle Initial) MIKE HONDA FOR CONGRESS						Date of Disbursement		
	Mailing Address C/O CONTRIBUTION SOLUTION	IS, LLC					M         M         /         D         D         /         Y		
	City SAN JOSE	State CA	Zip Code 95112				FEC Identification Number		
	Purpose of Disbursement		00112		)11		C C00351379		
	2016 General Contribution Candidate Name					ry/	Transaction ID : D174577 Amount of Each Disbursement this Period		
		da, Michael, M., Rep., Sought: X House Disbursement For: 2016					1000.00		
	Senate President	Primary Other (spe	x General						
_	State: CA District: 17	-							
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FC	DR LI	NE N	IUMBER: PAGE 185 OF 192		
ITEMIZED DISBURSEMENTS	for each	(cł		· -	ily one)			
		Detailed Summary Page			21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na	I ments may me and add	not be sold or use ress of any politic	ed by a al com	any p	persor	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)			~					
American Society of Anesthesiolo	gists Poli	Itical Action	Com	mitt	tee			
Full Name (Last, First, Middle Initial) A. MULVANEY FOR CONGRESS						Date of Disbursement		
Mailing Address P.O. Box 1975		1				06 01 2016		
City	State SC	Zip Code				FEC Identification Number		
Lancaster Purpose of Disbursement	30	29721			_	C 000471202		
2016 Primary Contribution			0	11	11	C C00471292		
Candidate Name			Cate	egory/		Transaction ID : D173737 Amount of Each Disbursement this Period		
Mulvaney, Mick, , Rep.,				/pe				
	ment For: 2					4000.00		
State X	Primary Other (spe	General cify) ▼				Memo Item		
State: SC District: 05								
Full Name (Last, First, Middle Initial) <b>B. DOYLE FOR CONGRESS COMM</b>	1ITTEE					Date of Disbursement		
Mailing Address 205 HAWTHORNE CT	Iress 205 HAWTHORNE CT					06 14 2016		
City PITTSBURGH	State PA	Zip Code				FEC Identification Number		
Purpose of Disbursement		15221			_	C C00290064		
2016 General Contribution			011 Category/					
Candidate Name					,	Transaction ID : D174353 Amount of Each Disbursement this Period		
Doyle, Mike, , Rep.,			Туре					
	ment For:				1000.00			
Senate President	Primary Other (spe	General						
State: PA District: 14	Other (spec	ciry)				Memo Item		
Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS						Date of Disbursement		
Mailing Address 2931 E Dublin Granville Road						M M / D D / Y Y Y Y 06 29 2016		
City	State	Zip Code						
Columbus	OH	43231				FEC Identification Number		
Purpose of Disbursement 2016 General Contribution			0	11	1	C C00347492		
Candidate Name Tiberi, Pat, , Rep.,			Cate	egory/		Transaction ID : D174574 Amount of Each Disbursement this Period		
Office Occurate Library Dist			iy	/pe		2500.00		
Senate	Primary	General						
State: OH District: 12	Other (spe	cify) ▼				Memo Item		
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Mailing Address 4521 PGA BLVD. #412		HEDULE B (FEC Form 3X)		arate schedulo(c)	FOR LINE	
ar for commercial purposes, other than using the name and address of any political contributions from such committee          NAME OF COMMITTEE (n + nu)         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 GARDENS         PL         Palm Sech GADENS         FL         2016 Primary Contribution         Cardidate Name         Office Sought:         X         Purpose of Disbursement         State:         Purpose of Disbursement         State:         Purpose of Disbursement         State:         Purpose of Disbursement         State:         Purpose of Disbursement         State:         NCHENRY FOR CONGRESS         Mailing Address 2222 E. Cedar Ave.         City			for each Detailed	category of the Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b
American Society of Anesthesiologists Political Action Committee         A. FRENDS OF PATRICK MURPHY         Mailing Address 4521 PGA BLVD. 9412         City         Category         Murphy. Patrick., Rep.,         Office Sought       Y President         State:       FL         State:       FL         State:       FL         Office Sought:       Y House         Disbursement       Disbursement For: 2016         Office Sought:       Y House         Disbursement       Disbursement For: 2016         City       State:         Purpose of Disbursement       Category         Yippe       Other (specify)         Mailing Address PO BOX 1406       City         City       State:         Purpose of Disbursement       Category         Yippe       Other (specify)         Office Sought:       Y House         Disbursement       Category         2018 Special Primary Contribution       City         Category       Yippe         Office Sought:       Y House         Disbursement       State         2010 Special Primary       General         Office Sought:       Y House						
Full Name (Last, First, Middle Initial)       Date of Disbursement         A. FRIENDS OF PATRICK MURPHY       Date of Disbursement         Mailing Address 4521 PGA BLVD, #412       06 2 2 3 2016         City       PALM BEACH GARDENS       FL         Purpose of Disbursement       2016 Primary Contribution       011         Candidate Name       011       Category/ Type         Murphy, Patrick, Rep.,       Disbursement For: 2016       Amount of Each Disbursement this Perio         State:       FL       Disbursement For: 2016       Memo Item         State:       FL       Disbursement For: 2016       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         B.       MCHENRY FOR CONGRESS       Date of Disbursement       Date of Disbursement         Mailing Address       PO BOX 1406       City       President       Date of Disbursement         Purpose of Disbursement       Disbursement For: 2016       Category/ Type       Transaction ID: D173733         Mailing Address       PO BOX 1406       Primary       Ganearal       Primary         Office Sought:       X House       Disbursement For: 2016       D173733         State:       NC       Disbursement For: 2016       D173733	$\setminus$	. ,				
A. FRIENDS OF PATRICK MURPHY       Date of Disbursement         Mailing Address 4521 PGA BLVD. #412       06 2 2 3 2 2016         City       PALM BEACH GARDENS       FL         Purpose of Disbursement       2016 Primary Combution       011         Candidate Name       011       Candidate Name         Murphy, Patrick, , Rep.,       Disbursement For: 2016       President         State:       FL       Disbursement       2016 Primary         Office Sought: <ul> <li>Seriate</li> <li>President</li> <li>Other (specify)</li> <li>Category</li> <li>Transaction ID: D174580</li> <li>Amount of Each Disbursement</li> <li>Memo Item</li> <li>B. MCHENRY FOR CONGRESS</li> <li>Mailing Address PO BOX 1406</li> <li>Citize</li> <li>Category</li> <li>Transaction ID: D173733</li> <li>Amount of Each Disbursement</li> <li>D11</li> <li>Category</li> <li>Transaction ID: D173733</li> <li>Transaction ID: D173734</li> <li>Transaction ID: D173734</li> <li>Transaction ID: D173734</li> <li>Memo Item</li> <li>State:</li> <li>NC</li> <li>Disbursement</li> <li>Senate</li> <li>President</li> <li>State</li> <li>City</li> <li>Full Name (tast, First, Middle Initial)</li> <li>Category</li> <li>Transaction ID: D173734</li> <li>Memo Item</li> <li>Cate1</li></ul>		American Society of Anesthesiolog	gists Pol	itical Action	Committee	
Mailing Address 4521 PGA BLVD. #412       06       29       2016         City PALM BEACH GARDENS       FL       33418       FEC Identification Number         City Parpose of Disbursement 2016 Primary Contribution       011       FEC Identification Number         Candidate Name       011       Category       Transaction ID: D174580         Murphy, Patrick, , Rep.,       Disbursement For: 2016       Mound of Each Disbursement this Perio         State:       Fell Name (Last, First, Middle Initial)       Disbursement For: 2016       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         2016 Special Primary Contribution       011       Cotic       Cotogasse29         Category:       Yea       State       Zip Code         Purpose of Disbursement       Disbursement For: 2016       Memo Item         Category:       Yea       State       Zip Code         President       State       Disbursement For: 2016       Memo Item         City       HickORY       State       Disbursement For: 2016       Memo Item         State:       No       Disbursement For: 2016       Memo Item       Mount of Each Disbursement         State:       No       Disbursement For: 2016       Memo Item       FE	-		/			
Purpose of Dibursement       011         2016 Primary Contribution       011         Candidate Name       011         Murphy, Patrick, Rep.,       011         Office Sought:       ¥ House         Disbursement       011         Yeres       Senate         President       2016         State:       FL         Disbursement       2016         State:       FL         Disbursement       2016         State:       FL         Disbursement       2016         City       State         Purpose of Disbursement       2016         Category/       Viter (specity)         Malling Address       PO BOX 1406         City       State       Zip Code         Purpose of Disbursement       Disbursement For: 2016         Category/       Transaction ID : D17373         Amount of Each Disbursement for: 2016       Code         Office Sought:       ¥ House       Disbursement For: 2016         Office Sought:       ¥ House       Disbursement For: 2016       Code         State:       NC       Disbursement For: 2016       State         City       Senate       President       X </td <td></td> <td>Mailing Address 4521 PGA BLVD. #412</td> <td></td> <td></td> <td></td> <td></td>		Mailing Address 4521 PGA BLVD. #412				
2016 Primary Contribution       011         Candidate Name       Category/ Type         Murphy, Patrick, , Rep.,       Disbursement For: 2016         State:       FL         Put Name (Last, First, Middle Initial)       Transaction ID: D174580         Amount of Each Disbursement this Perio       Disbursement For: 2016         Put Name (Last, First, Middle Initial)       Memo Item         B. MCHENRY FOR CONGRESS       Date of Disbursement         Malling Address PO BOX 1406       011         City       State       Zip Code         Purpose of Disbursement       Disbursement For: 2016       Codessace         Office Sought:       ¥ House       Disbursement For: 2016       Code of 012         Category       Transaction ID: D17373       Amount of Each Disbursement this Perio         Office Sought:       ¥ House       Disbursement For: 2016       Code of 012         Code of Disbursement       Y of 01       2016       Transaction ID: D17373         Amount of Each Disbursement this Perio       Transaction ID: D17373       Transaction ID: D17373         Malling Address 2222 E. Cedar Ave.       Y of 01       Z016         City       State       Zip Code       FEC Identification Number         President       AZ       Bousement		PALM BEACH GARDENS				FEC Identification Number
Caregopy/ Murphy, Patrick, , Rep., Office Sought:       Anount of Each Disbursement this Perio President         State:       FL         State:       FL         B.       Mailing Address PO BOX 1406         City       State:         Michain State:       No         B.       Mailing Address PO BOX 1406         City       State:         Mailing Address PO BOX 1406         City       State:         Michain State:       No         Disbursement       2016         Candidate Name       Other (specify)         Candidate Name       Other (specify)         Candidate Name       Disbursement For: 2016         State:       NC         State:       NC         Disbursement for:       2016         Yous       Senate         Primary       General         Prosident       Special Primary         State:       No         Disbursement for:       2016         State:       No         Disbursement for:       2016         State:       No         City       State         Purpose of Disbursement for:       2016         Senate       Prosident					011	
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B. MCHENRY FOR CONGRESS       Date of Disbursement         Mailing Address PO BOX 1406       06       01       2016         City       State       Zip Code       2803       FEC Identification Number         Purpose of Disbursement       011       Category/ Type       FEC Identification Number       C         Office Sought:       X       House       Disbursement For: 2016       Second				,		Memo Item
HICKORY       NC       28603         Purpose of Disbursement 2016 Special Primary Contribution       011       Category/ Type       Category/ Type         Office Sought:       x       House Senate       Disbursement For: 2016 President       Category/ Type       Memo Item         State:       NC       District:       10       Special Primary       Memo Item         Full Name (Last, First, Middle Initial)       C.       PAUL GOSAR FOR CONGRESS       Date of Disbursement         Mailing Address       2222 E. Cedar Ave.       011       Category/ Type       Date of Disbursement         City       State       Az       86004       Primary       FC Identification Number         Purpose of Disbursement       2016       Gategory/ Type       Disbursement for: 2016       Disbursement for: 2016         City       State:       Az       B6004       011       Category/ Type       Disbursement for: 2016         Office Sought:       X       House       Disbursement for: 2016       Memo Item       S000.00         Memo Item       Substrict:       04       Other (specify)       Image Gategory/ Type       S000.00       Memo Item	В.	MCHENRY FOR CONGRESS		M M / D D / Y Y Y Y		
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Candidate Name       Category/ Type         McHenry, Patrick, T., Rep.,       Disbursement For: 2016         Office Sought:       Image: Senate primary         President       District: 10         State:       NC         Full Name (Last, First, Middle Initial)       Other (specify)         City       State         Flagstaff       Az         Purpose of Disbursement       Other (specify)         Category/       Other (specify)         Mailing Address 2222 E. Cedar Ave.       Other (specify)         City       State         Flagstaff       Az         Purpose of Disbursement       Other (specify)         Category/       Tansaction ID : D174364         Amount of Each Disbursement this Perio       Co0461806         Transaction ID : D174364       Amount of Each Disbursement this Perio         Office Sought:       Image: President       Disbursement For: 2016         Senate       Disbursement For: 2016       Memo Item         State:       Az       Disbursement For: 2016         Senate       President       Other (specify)       Memo Item         Subtrotal of Disbursements This Page (optional)       12500.00		Purpose of Disbursement			011	
Office Sought:       X       House       Disbursement For: 2016       5000.00         State:       NC       District: 10       Special Primary       General         Full Name (Last, First, Middle Initial)       C.       PAUL GOSAR FOR CONGRESS       Date of Disbursement         Mailing Address 2222 E. Cedar Ave.       06       14       2016         City       State       Zip Code       86004         Purpose of Disbursement       011       Category/         2016 General Contribution       011       Category/         Candidate Name       Disbursement For: 2016       Fill House         Office Sought:       X       House       Disbursement For: 2016         State:       AZ       Disbursement For: 2016       Memo Item         State:       AZ       Disbursement For: 2016       Memo Item         Subtrotal of Disbursements This Page (optional)						Amount of Each Disbursement this Period
State:       NC       District:       10       X       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       C.       PAUL GOSAR FOR CONGRESS       Date of Disbursement         Mailing Address       2222 E. Cedar Ave.       06       14       2016         City       State       Zip Code       EC Identification Number       FEC Identification Number         Purpose of Disbursement       2016       011       Category/       Transaction ID : D174364         Candidate Name       Office Sought:       Meuse       Disbursement For: 2016       Fec Identification Number         Office Sought:       Meuse       Disbursement For: 2016       Memo Item         State:       AZ       Disbursement For: 2016       Memo Item         State:       AZ       Disbursement For: 2016       Memo Item         State:       AZ       District:       04       12500.00			ement For:	2016	Туре	5000.00
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C. PAUL GOSAR FOR CONGRESS       Date of Disbursement         Mailing Address 2222 E. Cedar Ave.       Date of Disbursement         City       State       Zip Code         Flagstaff       AZ       B6004         Purpose of Disbursement       011       FEC Identification Number         2016 General Contribution       011       Category/ Type         Candidate Name       011       Category/ Type       Transaction ID : D174364         Office Sought:       x       House       Disbursement For: 2016         Senate       President       Other (specify)       Memo Item         Subtrottal of Disbursements This Page (optional)					у	Memo Item
Mailing Address 2222 E. Cedar Ave.       Image: City       State       Zip Code         City       Flagstaff       AZ       B6004         Purpose of Disbursement       011       FEC Identification Number         2016       Office General Contribution       011         Candidate Name       Category/ Type       Cosar, Paul, , Rep.,       Disbursement For: 2016         Office Sought:	с.					Date of Disbursement
Flagstaff       AZ       86004         Purpose of Disbursement 2016 General Contribution       011       Coude1806         Candidate Name       011       Category/ Type       Category/ Type         Office Sought:						
Purpose of Disbursement         2016 General Contribution         Candidate Name         Gosar, Paul, , Rep.,         Office Sought:		-		-		FEC Identification Number
Gosar, Paul, , Rep.,       Category/ Type         Office Sought:       ★         House       Disbursement For: 2016         Senate       Primary         President       Other (specify)         State:       AZ         Disbursements This Page (optional)		Purpose of Disbursement 2016 General Contribution	011	Transaction ID : D174364		
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SCHEDULE B (FEC Form 3X)			FOR		NUMBER: PAGE 187 OF 192	
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American Society of Anesthesiolog	gists Pol	itical Action (	Comm	nittee		
Full Name (Last, First, Middle Initial) A. RALPH ABRAHAM FOR CONGR		Date of Disbursement				
Mailing Address P.O. BOX 270					06 14 2016	
City ARCHIBALD	State LA	Zip Code 71218			FEC Identification Number	
Purpose of Disbursement 2016 General Contribution			011		C C00563940	
Candidate Name			Catego		Transaction ID : D174365 Amount of Each Disbursement this Period	
Abraham, Ralph, , Rep., Office Sought: x House Disburse	ement For:	2016	Туре	e _	2500.00	
Senate President	Primary Other (spe	<b>x</b> General			Memo Item	
State: LA District: 05	4					
	Full Name (Last, First, Middle Initial) PITTENGER FOR CONGRESS LLC Mailing Address PO BOX 11207					
City CHARLOTTE		FEC Identification Number				
Purpose of Disbursement 2016 Special Primary Contribution			011	011	C C00514513 Transaction ID : D173734	
Candidate Name Pittenger, Robert, , Rep.,			Catego Type		Amount of Each Disbursement this Period	
	ment For:	2016	туре		5000.00	
Senate President <b>X</b>	Primary Other (spe	General (General				
State: NC District: 09		Special Primary	y		Memo Item	
Full Name (Last, First, Middle Initial) C. MOULTON FOR CONGRESS					Date of Disbursement	
Mailing Address PO BOX 2013					06 08 2016	
City Salem	State MA	Zip Code 01970			FEC Identification Number	
Purpose of Disbursement 2016 General Contribution			011	011 C C00547240		
Candidate Name Moulton, Seth, , Rep.,			Catego Type		Transaction ID : D174285 Amount of Each Disbursement this Period	
Senate	Primary	<b>x</b> General			5000.00	
State: MA District: 06	Other (spe	oury) ▼			Memo Item	
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TOTAL This Period (last page this line number only	/)			🕨	, ,	

SCHEDULE B (FEC Form 3	•		rate schedule(s)	FOR LINE	-
ITEMIZED DISBURSEMENTS	<b>3</b>	for each	category of the Summary Page	(check only 21b 28a	y one) 22 X 23 26 27 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)				_	
American Society of Anesth	esiolog	ists Poli	tical Action	Committee	9
Full Name (Last, First, Middle Initial) A. STEVE COHEN FOR CON	GRESS	;			Date of Disbursement
Mailing Address 349 KENILWORTH PLA	CE				06 27 2016
City MEMPHIS	ç	State TN	Zip Code 38112		FEC Identification Number
Purpose of Disbursement 2016 Primary Contribution			00112		C C00422980
Candidate Name				011	Transaction ID : D175010
Cohen, Steve, , Rep.,				Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Senate		nent For: 2 Primary	2016 General		2500.00
State: TN District: 09	×	Other (spec			Memo Item
Full Name (Last, First, Middle Initial)					
B. PRICE FOR CONGRESS					Date of Disbursement
Mailing Address P.O. Box 425	Mailing Address P.O. Box 425				
City	ç	State GA	Zip Code		FEC Identification Number
Roswell Purpose of Disbursement		GA	30077		C C00386755
2016 General Contribution				011	Transaction ID : D174287
Price, Tom, , Rep.,				Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House	Disbursen	nent For: 2	2016	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2500.00
Senate President		Primary Other (apor	<b>x</b> General		
State: GA District: 06		Other (spec	, iiy)		Memo Item
Full Name (Last, First, Middle Initial)					Date of Disbursement
C. VICKY HARTZLER FOR CO	JNGRE	:55			
Mailing Address PO BOX 531					06 29 2016
City HARRISONVILLE	S	State MO	Zip Code 64701		FEC Identification Number
Purpose of Disbursement 2016 General Contribution					C C00464602
Candidate Name				011 Category/	Transaction ID : D174576 Amount of Each Disbursement this Period
Hartzler, Vicky, , Rep.,	Dieburger	nent For: 2	040	Туре	2000.00
Senate		Primary	General		
State: MO District: 04		Other (spec			Memo Item
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 189 OF 192			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only				
		Summary Page	21D 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)	• • =		•				
American Society of Anesthesiol	ogists Po	litical Action	Committee				
Full Name (Last, First, Middle Initial) A. CLAY JR. FOR CONGRESS Mailing Address P.O. BOX 4544	Date of Disbursement						
	1_						
City ST. LOUIS	State MO	Zip Code 63108		FEC Identification Number			
Purpose of Disbursement 2016 General Contribution			011	C C00346080			
Candidate Name			Category/	Transaction ID : D173756 Amount of Each Disbursement this Period			
Clay, William Lacy, , Rep.,	_		Туре				
Office Sought: X House Disbur Senate President	rsement For: Primary Other (spe	X General		5000.00			
State: MO District: 01				Memo Item			
Full Name (Last, First, Middle Initial) B. SEARCHLIGHT LEADERSHIP I Mailing Address 607 14th Street N.W.	FUND			Date of Disbursement			
Suite 800 City	State		FEC Identification Number				
Washington Purpose of Disbursement 2016 Contribution	DC	20005	011	С С00327395			
Candidate Name			Category/ Type	Transaction ID : D174366 Amount of Each Disbursement this Period			
Office Sought: House Disbur	rsement For: Primary	2016 General		5000.00			
State: District:	X Other (spe	ecify) 2016 Contributio	วท	Memo Item			
Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE INC				Date of Disbursement			
Mailing Address PO BOX 1000				06 / 01 / Y Y Y Y 2016			
City DES MOINES	State IA	Zip Code 50304		FEC Identification Number			
Purpose of Disbursement 2016 Primary Contribution			011	C C00230482 Transaction ID : D173743			
Candidate Name Grassley, Charles, E., Sen.,				Amount of Each Disbursement this Period			
La Sonato	rsement For:	2016 General		1000.00			
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SCHEDULE B (FEC Form 3X)			FOR		NUMBER: PAGE 190 OF 192		
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NAME OF COMMITTEE (In Full)							
American Society of Anesthesiolog	gists Poli	itical Action (	Jomm	ittee			
Full Name (Last, First, Middle Initial)  A. FRIENDS OF JOHN THUNE	Date of Disbursement						
Mailing Address PO BOX 841		1			06 14 2016		
City SIOUX FALLS	State SD	Zip Code 57101			FEC Identification Number		
Purpose of Disbursement 2016 General Contribution			011		C C00409581		
Candidate Name			Catego	ry/	Transaction ID: D174362 Amount of Each Disbursement this Period		
Thune, John, , Sen.,			Туре	-	2500.00		
Office Sought: House Disburse	ment For: 2 Primary Other (spe	<b>x</b> General					
State: SD District: 00	51101 (000)				Memo Item		
Full Name (Last, First, Middle Initial) B. YOPAC Mailing Address 5631 ABERDEEN RD	Full Name (Last, First, Middle Initial) B. YOPAC						
City Fairway							
Purpose of Disbursement 2016 Contribution	ose of Disbursement				C C00497305 Transaction ID : D174282		
Candidate Name			Categor Type	ry/	Amount of Each Disbursement this Period		
Senate	ment For: ; Primary	General			5000.00		
State: District:	Other (spec	2016 Contributio	on		Memo Item		
Full Name (Last, First, Middle Initial) C.					Date of Disbursement		
Mailing Address							
City	State	Zip Code			FEC Identification Number		
Purpose of Disbursement	7	С					
Candidate Name Cat					Amount of Each Disbursement this Period		
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ITEMIZED DISBURSEMENTS		for each	arate schedule(s) category of the Summary Page	(check onl 21b X 28a	22 23 26 27
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$\square$	NAME OF COMMITTEE (In Full)				
	American Society of Anesthesiolog	gists Poli	itical Action (	Committee	9
Α.	Full Name (Last, First, Middle Initial) Felice, Francis, , , M.D.				Date of Disbursement
	Mailing Address 2626 Holly Hall St Apt 514				
	City Houston	State TX	Zip Code 77054-4178		FEC Identification Number
	Purpose of Disbursement Refund of 6/2/2016		11054-4118	· · · · ]	С
	Candidate Name			Category/ Type	Transaction ID : D175016 Amount of Each Disbursement this Period
	Senate	ment For: 2 Primary	General		20.00
	State: District:	Other (spec	Refund of 6/2/20	16	Memo Item
B.	Full Name (Last, First, Middle Initial) Patel, Arti, X., MS, Mailing Address 1061 American Ln,				Date of Disbursement
	City Schaumburg Purpose of Disbursement		FEC Identification Number		
	Refund of 6/12/2016 Candidate Name	2016		Category/ Type	Transaction ID : D175014 Amount of Each Disbursement this Period
	Senate	ment For: 2 Primary Other (spec	General		5.00
	State: District:	Other (spec	Refund of 6/12/20	016	Memo Item
C.	Full Name (Last, First, Middle Initial) Patel, Arti, X., MS,				Date of Disbursement
	Mailing Address 1061 American Ln,				06 / 12 / Y Y Y Y 2016
	City Schaumburg Purpose of Disbursement	State IL	Zip Code 60173-4973		FEC Identification Number
	Refund of 6/12/2016 Candidate Name	Category/	C Transaction ID : D175015 Amount of Each Disbursement this Period		
	Senate	ment For: 2 Primary	General	Туре	7.00
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NAME OF COMMITTEE (In Full)			-	
American Society of Anesthe	siologists Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) A. Roboubi, Babak, , DR, M.D.				Date of Disbursement
Mailing Address 7305 Helmsdale Rd.				06 29 2016
City Bethesda	State MD	Zip Code		FEC Identification Number
Purpose of Disbursement Refund of 6/13/2016 Contribution		20817	····	С
Candidate Name			Category/ Type	Transaction ID : D175011 Amount of Each Disbursement this Period
Senate	Primary	General		100.00
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Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
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