

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Society of Anesthesiologists Political Action Committee

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

2. FEC IDENTIFICATION NUMBER C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER). (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 03 / 01 / 2015 through 03 / 31 / 2015

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer Mr. Thomas Conway [Electronically Filed] Date 04 / 17 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		590980.74
(b) Cash on Hand at Beginning of Reporting Period.....	688819.90	
(c) Total Receipts (from Line 19)	95092.75	272389.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	783912.65	863370.04
7. Total Disbursements (from Line 31).....	203318.61	282776.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	580594.04	580594.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71517.79	171603.31
(ii) Unitemized	23574.96	100785.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	95092.75	272389.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	95092.75	272389.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	95092.75	272389.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	95092.75	272389.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2651.93	7067.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2651.93	7067.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200500.00	275500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	41.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	41.67
29. Other Disbursements	166.68	166.68
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	203318.61	282776.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	203318.61	282776.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	95092.75	272389.30
34. Total Contribution Refunds (from Line 28(d))	0.00	41.67
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95092.75	272347.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2651.93	7067.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2651.93	7067.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John P. Abenstein M.S.E.E.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 05 / 2015
Transaction ID : C2942047
 Amount of Each Receipt this Period 83.34

B. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 01 / 2015
Transaction ID : C2940148
 Amount of Each Receipt this Period 83.34

C. Eric J. Albrecht M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 938 Hanover Ave
 City Norfolk State VA Zip Code 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 14 / 2015
Transaction ID : C2946172
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James P. Allen D.O.		Date of Receipt
Mailing Address 10398 S. 92nd E. Ave		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Transaction ID : C2968840
Tulsa	OK	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250.00"/>
74133		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
St. John Clinic	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shane C. Angus A.A.-C, M.		Date of Receipt
Mailing Address 820 1st N.E. LL-150, Mail 25		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : C2969228
Washington	DC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.34"/>
20002		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Case Western Reserve University	Assistant Program Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Arellano-Kruse M.D.		Date of Receipt
Mailing Address Anesthesia Medical Group 3330 Lomita Blvd		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Transaction ID : C2946162
Torrance	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
90505-5002		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Anthony Arellano-Kruse, MD inc	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1333.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brett L. Arron M.D.		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 Transaction ID : C2950865
Mailing Address 52 Lake St		Amount of Each Receipt this Period 83.34
City Wakefield	State RI	Zip Code 02879
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Anesthesiologists, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.02	

Full Name (Last, First, Middle Initial) B. Lee E. Arthur M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 Transaction ID : C2946017
Mailing Address 504 Medical Center Blvd		Amount of Each Receipt this Period 25.00
City Conroe	State TX	Zip Code 77304-2808
FEC ID number of contributing federal political committee. C		
Name of Employer North Houston Anesthesiologists	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Scott E. Ashcraft M.D.		Date of Receipt MM / DD / YYYY 03 / 05 / 2015 Transaction ID : C2942065
Mailing Address 8900 Indian Creek Pkwy Ste 500		Amount of Each Receipt this Period 1000.00
City Overland Park	State KS	Zip Code 66210
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Anesthesia Associates	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1108.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sana Ata M.D.

Mailing Address 41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Hospital and Medical Center Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
03 / 12 / 2015
Transaction ID : C2945971

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Sana Ata M.D.

Mailing Address 41 Mall Rd

City Burlington State MA Zip Code 01805-0001

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

Name of Employer Lahey Hospital and Medical Center Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
03 / 13 / 2015
Transaction ID : C2946027

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Mark B. Atkinson M.D.

Mailing Address 5729 Stone Pine St

City Kalamazoo State MI Zip Code 49009-6742

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

Name of Employer kalamazoo anesthesiology Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
03 / 31 / 2015
Transaction ID : C2978281

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **666.68**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jennifer P. Aunspaugh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHILDRENS WAY
 City Little Rock State AR Zip Code 72202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Childrens Hospital Occupation Assistant Professor Pediatric Anes an
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2015
Transaction ID : C2941899
 Amount of Each Receipt this Period 100.00

B. Ruben J. Azocar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Washington St # 298
 City Boston State MA Zip Code 02111-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center Occupation Physician Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2015
Transaction ID : C2951507
 Amount of Each Receipt this Period 500.00

C. Shawn E. Banks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 NE 36th St Apt 3407
 City Miami State FL Zip Code 33137-3976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 29 / 2015
Transaction ID : C2968824
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial) A. Lawrence A. Bauss M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : C2978282
Mailing Address 1122 Edgemoor Ave		Amount of Each Receipt this Period 500.00
City Kalamazoo	State MI	Zip Code 49008-2320
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Patrick F. Bebawy M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015 Transaction ID : C2941920
Mailing Address 157 Kenilworth Ave		Amount of Each Receipt this Period 250.00
City Kenilworth	State IL	Zip Code 60043-1240
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern Memorial Hospital Anesthe	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David B. Berger M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2015 Transaction ID : C2950892
Mailing Address 7 Sandra Ct.		Amount of Each Receipt this Period 83.34
City Glen Cove	State NY	Zip Code 11542
FEC ID number of contributing federal political committee. C		
Name of Employer North American Partners in Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard F. Bindseil D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1181 Wyndemere Cir
 City Longmont State CO Zip Code 80504-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Colorado Anesthesia Professio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969606
 Amount of Each Receipt this Period
 250.00

B. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : C2942049
 Amount of Each Receipt this Period
 83.34

C. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945800
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Terri W. Blackburn M.D.

Mailing Address 4600 Anderson Way

City State Zip Code
 Bellingham WA 98226-7938

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

Name of Employer Occupation
 Bellingham Anesthesia Associates physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015

Transaction ID : C2946239

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Jason A. Boehm D.O.

Mailing Address 4131 E White Oak Drive

City State Zip Code
 Springfield MO 65809-2348

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

Name of Employer Occupation
 Mercy Clinic Anesthesiology Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015

Transaction ID : C2959225

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
c. Steven D. Boggs M.D.

Mailing Address 1133 Midland Avenue
 3G

City State Zip Code
 Bronxville NY 10708-6472

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

Name of Employer Occupation
 James J. Peters VA Medical Center Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : C2944307

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Robert F. Bossard M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 17210 Meadow Tree Cir.

City Dallas State TX Zip Code 75248-6000

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

Name of Employer US Anesthesia Partners Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2015
Transaction ID : C2950878

Amount of Each Receipt this Period 500.00

B. Josue Brainin-Mattos M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7891 Mount Ranier Dr

City Jacksonville State FL Zip Code 32256-2999

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

Name of Employer Florida Anesthesia Associates Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 02 / 2015
Transaction ID : C2941005

Amount of Each Receipt this Period 83.34

C. Matthew E. Brown D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 9472 E. 105th St. S

City Tulsa State OK Zip Code 74133

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

Name of Employer St. John Medical Center Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2015
Transaction ID : C2949136

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34

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

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

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

FOR LINE NUMBER: PAGE 15 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ronald S. Brown Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.
 City State Zip Code
 Mobile AL 36607-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Services Mobile Alabama anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969216
 Amount of Each Receipt this Period
 83.34

B. Claude Brunson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 N State St
 City State Zip Code
 Jackson MS 39216-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Mississippi Med Ctr Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2942036
 Amount of Each Receipt this Period
 250.00

c. Kurt T. Budenbender D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave Ste 1600
 City State Zip Code
 Phoenix AZ 85004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anes. Consultants, LTD Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945780
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. James R. Burch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Kirby Pky., Suite #330
 City Memphis State TN Zip Code 38120-4398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 13 / 2015**
Transaction ID : C2946020
 Amount of Each Receipt this Period **83.34**

B. Frederick W. Burgess M.D., Ph.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Fruit Hill Ave
 City North Providence State RI Zip Code 02911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence VAMC Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 04 / 2015**
Transaction ID : C2941900
 Amount of Each Receipt this Period **83.34**

C. Jeremy Bush M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W Maple Ave Ste 503
 City Springdale State AR Zip Code 72764-5376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesiology Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 23 / 2015**
Transaction ID : C2959523
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Neal F. Campbell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Pediatric Anesthesio
 2401 Gillham Road
 City Kansas City State MO Zip Code 64108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City, Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940162
 Amount of Each Receipt this Period
500.00

B. James D. Cantoni M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Great Oak Dr
 City Hudson State OH Zip Code 44236-2296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hudson Physicians Associates, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : C2941006
 Amount of Each Receipt this Period
100.00

C. John Carney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Ridgeview Drive
 City Erie State PA Zip Code 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2941893
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... **683.34**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Debra L. Caroli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4548 Burke St
 City Orlando State FL Zip Code 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LCAA Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 01 / 2015**
Transaction ID : C2940171
 Amount of Each Receipt this Period **83.34**

B. Michael D. Chafty M.D., J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Peeler Street P.O. Box 4095
 City Kalamazoo State MI Zip Code 49003-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2978283
 Amount of Each Receipt this Period **500.00**

C. Joshua C. Chance M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ecurie Ct
 City Little Rock State AR Zip Code 72223-8917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer univeristy of arkansas for medical sci Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 13 / 2015**
Transaction ID : C2946042
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	666.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jiravud Chanvitayapongs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7737 E Purple Desert Pass
 City Tucson State AZ Zip Code 85715-3656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : C2946236
 Amount of Each Receipt this Period
 83.34

B. Patrick R. Chase M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 N Willow Ave
 City Fayetteville State AR Zip Code 72701-3552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest anesthesiology associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940564
 Amount of Each Receipt this Period
 500.00

C. Samuel A. Cherry III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 Lucerne Blvd
 City Birmingham State AL Zip Code 35209-6657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham VA Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : C2949176
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	666.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter G. Coles M.D.		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : C2978284
Mailing Address 900 Peeler St. P.O. Box 4095		Amount of Each Receipt this Period 500.00
City Kalamazoo	State Zip Code MI 49003-4095	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard B. Colquitt M.D.		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : C2978285
Mailing Address 5556 Denali St		Amount of Each Receipt this Period 500.00
City Kalamazoo	State Zip Code MI 49009-6701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Univ of Virginia Health System	Occupation Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lebron Cooper M.D.		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 Transaction ID : C2969227
Mailing Address 444 W. Willis St #514		Amount of Each Receipt this Period 83.34
City Detroit	State Zip Code MI 48201	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.02
Name of Employer Henry Ford Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. W. Eric Cox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1924 Alcoa Highway
 UT Medical Center, Dept. of Anesth
 City Knoxville State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946062
 Amount of Each Receipt this Period
83.34

B. Jeffrey Crispell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Pine Ridge Blvd Ste 211
 City Wausau State WI Zip Code 54401-4123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Wisconsin Anesthesiology,S.C. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : C2944322
 Amount of Each Receipt this Period
500.00

C. J. Grady Crosland M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Portland Rd
 City Little Rock State AR Zip Code 72212-2729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nassau Anesthesia Associates, PC Winthr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978270
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	833.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mark E. Crowe M.D.

Mailing Address 2006 Franklin St SE Ste 301

City Huntsville State AL Zip Code 35801

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

Name of Employer Comprehensive Anesthesia Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : C2945749

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Armando D'Arduini M.D.

Mailing Address 259 1st St Dept of Anes

City Mineola State NY Zip Code 11501-3957

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

Name of Employer Winthrop University Hospital Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : C2969623

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. William J. Daly Jr., M.D.

Mailing Address 5501 Cherlyn Dr

City New Orleans State LA Zip Code 70124-1136

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

Name of Employer Ochsner Medical System Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : C2965086

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Danic M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015 Transaction ID : C2949172		
Mailing Address 14726 Fox			Amount of Each Receipt this Period 83.34		
City Redford	State MI	Zip Code 48239-3163			
FEC ID number of contributing federal political committee. C					
Name of Employer American Anesthesiology		Occupation Physician Anesthesiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

Full Name (Last, First, Middle Initial) B. Thomas E. Dauenbach M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015 Transaction ID : C2978286		
Mailing Address 6618 Oleander Lane			Amount of Each Receipt this Period 500.00		
City Portage	State MI	Zip Code 49024			
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Anesthesiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Victor Davila M.D.			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2015 Transaction ID : C2940176		
Mailing Address 4400 Kipling Rd			Amount of Each Receipt this Period 83.34		
City Columbus	State OH	Zip Code 43220			
FEC ID number of contributing federal political committee. C					
Name of Employer Ohio State University		Occupation Assistant Professor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City State Zip Code
 Metairie LA 70002-1559

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

Name of Employer Occupation
 Slidell Memorial Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : C2945343

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Kjersti K. Deckert M.D.

Mailing Address 2155 S 116th Cir

City State Zip Code
 Walton NE 68461-2026

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

Name of Employer Occupation
 Associated Anesthesiologists, PC Anesthesiologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2985417

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035-7451

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

Name of Employer Occupation
 Advanced pain care Pain physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2944401

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Allen Dennis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14857 Holly Leaf Dr
 City Frisco State TX Zip Code 75035-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Advanced pain care Occupation: Pain physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.04**

Date of Receipt: 03 / 24 / 2015
Transaction ID : C2961434
 Amount of Each Receipt this Period: 83.34

B. Laura I. Dew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3721 Robinhood Street
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Greater Houston Anesthesiology Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt: 03 / 04 / 2015
Transaction ID : C2941890
 Amount of Each Receipt this Period: 83.34

C. John F. Di Capua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Byram Ridge Road
 City Armonk State NY Zip Code 10504-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: North Shore University Hospital Anesth Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt: 03 / 20 / 2015
Transaction ID : C2955493
 Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7915 SW 55 Avenue
 City Miami State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 03 / 12 / 2015
Transaction ID : C2945974
 Amount of Each Receipt this Period
83.34

B. Heather A. Dobbs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8935 Hathaway Rd
 City Kalamazoo State MI Zip Code 49009-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Virginia Health System Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 03 / 31 / 2015
Transaction ID : C2978287
 Amount of Each Receipt this Period
500.00

C. Jennifer R. Dollar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Shades Crest Rd.
 City Birmingham State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Anesthesia Associates Occupation Physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 03 / 03 / 2015
Transaction ID : C2941326
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1583.34**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 27 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City Grand Rapids State MI Zip Code 49546-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 28 / 2015
Transaction ID : C2968773
 Amount of Each Receipt this Period 41.67

B. Gary M. Druskovich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5888 Rolling Pines Ct.
 City Kalamazoo State MI Zip Code 49009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2978288
 Amount of Each Receipt this Period 500.00

C. Jonathan A. Eash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Robinhood Ln
 City South Bend State IN Zip Code 46614-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michiana Anesthesia Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 25 / 2015
Transaction ID : C2985407
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.01
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James P. Eichman M.D.

Mailing Address 8658 Colony Ln.

City State Zip Code
Kalamazoo MI 49009-4579

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

Name of Employer Occupation
Self Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978289

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Clint E. Elliott M.D.

Mailing Address 1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121

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

Name of Employer Occupation
Ochsner Health System, Department of A anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2969762

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City State Zip Code
East Lansing MI 48823

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

Name of Employer Occupation
Capital Area Anesthesia, P.C. Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940150

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher D. Emerson M.D.		Date of Receipt
Mailing Address 2303 W 113th Ct S		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Jenks	OK	74037
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2944284
Name of Employer	Occupation	Amount of Each Receipt this Period
Associated Anesthesiologists, INC	Anesthesiologist	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Lawrence Epstein M.D.		Date of Receipt
Mailing Address 1 Gustave L Levy Pl Anes. Dept.		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10029-6504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2941317
Name of Employer	Occupation	Amount of Each Receipt this Period
Mount Sinai School of Medicine	Physician Anesthesiologist	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.02"/>	

Full Name (Last, First, Middle Initial) C. Luis Esparza M.D.		Date of Receipt
Mailing Address 2810 N Swan Rd Ste 100		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Tucson	AZ	85712-6300
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2946051
Name of Employer	Occupation	Amount of Each Receipt this Period
OLD PUEBLO ANESTH	ANESTHESIOLOGIST	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="255.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1168.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Luis Esparza M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 N Swan Rd Ste 100
 City Tucson State AZ Zip Code 85712-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OLD PUEBLO ANESTH ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2956791
 Amount of Each Receipt this Period
 85.00

B. Monique Espinosa M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 16370
 Anes. Dept.
 City Miami State FL Zip Code 33101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Miami Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2015
Transaction ID : C2968779
 Amount of Each Receipt this Period
 83.34

C. James Evans M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Kingsmill Cir
 City Tyler State TX Zip Code 75703-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trinity Clinic Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : C2940998
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James Evans M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Kingsmill Cir

City Tyler State TX Zip Code 75703-5819

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

Name of Employer Trinity Clinic Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2015
Transaction ID : C2941002

Amount of Each Receipt this Period 50.00

B. James M. Fay M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3803 104th St

City Lubbock State TX Zip Code 79423-5737

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

Name of Employer NorthStar Anesthesia Occupation Staff Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2015
Transaction ID : C2969240

Amount of Each Receipt this Period 500.00

C. William Feaster M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 507 Ocean Avenue

City Seal Beach State CA Zip Code 90740

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

Name of Employer Childrens Hospital Orange County Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 27 / 2015
Transaction ID : C2967563

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Felix J. Fernandes M.B.		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 Transaction ID : C2969597
Mailing Address W5232 Knobloch Rd		Amount of Each Receipt this Period 250.00
City La Crosse	State WI	Zip Code 54601-2461
FEC ID number of contributing federal political committee. C	Name of Employer Gunderson Lutheran Medical Center Anes	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Richard M. Flowerdew M.D.		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 Transaction ID : C2945794
Mailing Address 38 Hedgerow Dr		Amount of Each Receipt this Period 83.34
City Falmouth	State ME	Zip Code 04105-1407
FEC ID number of contributing federal political committee. C	Name of Employer Spectrum Medical Group	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Michael R. Flynn M.D.		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : C2945912
Mailing Address 6808 Stone Mill Dr		Amount of Each Receipt this Period 83.34
City Knoxville	State TN	Zip Code 37919-7496
FEC ID number of contributing federal political committee. C	Name of Employer University Anesthesiologists	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles J. Fox M.D.		Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : C2961584
Mailing Address 1501 King Hwy LSU Health		Amount of Each Receipt this Period 83.34
City shreveport	State LA	Zip Code 71130
FEC ID number of contributing federal political committee. C		
Name of Employer Louisiana State University Health Scie	Occupation Professor and Chair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. William A. Frame M.D.		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 Transaction ID : C2945787
Mailing Address 2300 N Edward St		Amount of Each Receipt this Period 83.34
City Decatur	State IL	Zip Code 62526-4163
FEC ID number of contributing federal political committee. C		
Name of Employer Decatur Mem Hosp Anes Dept	Occupation Physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Douglas Friesen M.D.		Date of Receipt MM / DD / YYYY 03 / 25 / 2015 Transaction ID : C2985403
Mailing Address 4013 N Ridge Rd Ste 100		Amount of Each Receipt this Period 83.34
City Wichita	State KS	Zip Code 67205-8858
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Anesthesia Associates, PA	Occupation physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City Muskegon State MI Zip Code 49445

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

Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 11 / 2015**

Transaction ID : C2945754

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City Knoxville State TN Zip Code 37922

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

Name of Employer American Anesthesiology of Tennessee Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 02 / 2015**

Transaction ID : C2941003

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
C. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City Knoxville State TN Zip Code 37922

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

Name of Employer American Anesthesiology of Tennessee Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 28 / 2015**

Transaction ID : C2968793

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **283.34**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard A. Gallo M.D.

Mailing Address P.O. Box 8305

City State Zip Code
Gadsden AL 35999

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

Name of Employer Occupation
ANESTHESIA ASSOC ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : **C2956787**

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Tom M. George M.D.

Mailing Address 8545 Old Oak Circle

City State Zip Code
Kalamazoo MI 49009-4509

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

Name of Employer Occupation
Kalamazoo Anesthesiology, P.C. physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : **C2978290**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Patrick Giam M.D.

Mailing Address 2411 Fountain View, Suite 200

City State Zip Code
Houston TX 77057-4817

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

Name of Employer Occupation
US Anesthesia Partners physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : **C2945339**

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ► 2583.34
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mark A. Giska M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2799 W. Grand Blvd
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2945300
 Amount of Each Receipt this Period
500.00

B. Kimberly J. Golden M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 River Ridge Rd
 City Little Rock State AR Zip Code 72227-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2969630
 Amount of Each Receipt this Period
1000.00

C. Marilyn J. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Ridgepoint Court
 City Piney Flats State TN Zip Code 37686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Physician- Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2015
Transaction ID : C2984493
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	1583.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Glenn S. Gollobin M.D.		Date of Receipt
Mailing Address 3459 Observatory Ave.		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City Cincinnati	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2965378
Name of Employer Anesthesia Associates of Cincinnati		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. Michael C. Gosney M.D.		Date of Receipt
Mailing Address 108 Chase Dr		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Muscle Shoals	State AL	Zip Code 35661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2944276
Name of Employer Anesthesia Medical Consultants, LLC		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.02"/>		

Full Name (Last, First, Middle Initial) C. Jeffrey Green M.D.		Date of Receipt
Mailing Address 410 N 12 St 5th Fl Box PO Anesthesiology Department - MCV Ca		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Richmond	State VA	Zip Code 23298
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2940183
Name of Employer Virginia Commonwealth University		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="833.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 38 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Douglas W. Hagen M.D.

Mailing Address 9027 W 114th St

City Overland Park State KS Zip Code 66210-1764

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

Name of Employer ANESTHESIA ASSOCIATES OF KANSAS CITY Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 03 / 01 / 2015
Transaction ID : C2940173

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Shawn M. Hall D.O.

Mailing Address 900 Peeler St

City Kalamazoo State MI Zip Code 49008-2300

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

Name of Employer Kalamazoo Anesthesiology, P.C. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 31 / 2015
Transaction ID : C2978291

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Aaron Hammond D.O.

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

City Tucson State AZ Zip Code 85719

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

Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 03 / 05 / 2015
Transaction ID : C2942043

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Russell D. Harris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Versailles Court
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Regional Anesthesia Consultan Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 23 / 2015
Transaction ID : C2961418
 Amount of Each Receipt this Period
 250.00

B. Ronald L. Harter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7825 Holiston Ct
 City Dublin State OH Zip Code 43016-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 03 / 06 / 2015
Transaction ID : C2944227
 Amount of Each Receipt this Period
 83.34

C. Kaley B Harvey A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 Poinsettia Rd
 City Belleair State FL Zip Code 33756-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaley Harvey Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 03 / 16 / 2015
Transaction ID : C2946241
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 40 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 City State Zip Code
 Nashua NH 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nashua Anesthesia Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940157
 Amount of Each Receipt this Period
 83.34

B. H. A. Tillmann Hein M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 Oak Lawn Ave Ste 200
 City State Zip Code
 Dallas TX 75219-4265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Metropolitan Anesthesia Consultants Physician Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : C2968766
 Amount of Each Receipt this Period
 1000.00

C. David L. Hepner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Francis St # L1
 Department of Anesthesiology
 City State Zip Code
 Boston MA 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brigham and Womens Hosp - Harvard Med Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : C2959539
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ► 1166.68
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City State Zip Code
 Fresno CA 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Linda B Hertzberg MD Inc. anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945790
 Amount of Each Receipt this Period
 83.34

B. Peter G. Hild M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Rainbow Blvd.
 2467 Bell Mem. Hosp.
 City State Zip Code
 Kansas City KS 66160-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kansas university anesthesiology found Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2015
Transaction ID : C2962059
 Amount of Each Receipt this Period
 500.00

C. A. Blake Hillenbrand D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Maxwell Ave
 City State Zip Code
 Boulder CO 80304-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boulder Valley Anesthesiology anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2985410
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert Hilliard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Peeler St
 Kalamazoo Anesthesiology, PC
 City Kalamazoo State MI Zip Code 49008-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2978292
 Amount of Each Receipt this Period **500.00**

B. Douglas A. Hof M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Kirby Pkwy Ste 330
 City Memphis State TN Zip Code 38120-4398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical anesthesia group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

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

C. Glen E. Holley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Peninsula Dr.
 City Flower Mound State TX Zip Code 75022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer pinnacle anesthesia consultants Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2015**
Transaction ID : C2946048
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1083.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Larry A. Hopkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16353 Valhalla Drive
 City Noblesville State IN Zip Code 46060
 Name of Employer AnesthesiaConsultants of Indianapolis Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2015
Transaction ID : C2945964
 Amount of Each Receipt this Period 1000.00

B. Timothy W. Houseman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1025 Eastern Shore Anesthesia
 City Fairhope State AL Zip Code 36533-1025
 Name of Employer Eastern Shore Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 03 / 2015
Transaction ID : C2941318
 Amount of Each Receipt this Period 83.34

C. Jonathan R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Blountville Hwy Ste 207
 City Bristol State TN Zip Code 37620-1671
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist-Cardiothoracic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 17 / 2015
Transaction ID : C2947441
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶ 1166.68
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Barrett Hill Rd.
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Hospital Anes. Dept. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 29 / 2015
Transaction ID : C2968826
 Amount of Each Receipt this Period 83.34

B. Jill H. Irby M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W Markham St Lot 515 Dept of Anes
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2015
Transaction ID : C2946459
 Amount of Each Receipt this Period 500.00

C. Mitchell L. Jablons M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Timberline Way
 City Watchung State NJ Zip Code 07069-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2015
Transaction ID : C2945906
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 127
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. John C. Jabour M.D.

Mailing Address 10571 Greenbelt Dr.

City Clive	State IA	Zip Code 50325
---------------	-------------	-------------------

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

Name of Employer Associated Anesthesiologists, P.C.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	28	/	2015

Transaction ID : C2968810

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trl

City Davie	State FL	Zip Code 33328-7317
---------------	-------------	------------------------

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

Name of Employer Cleveland Clinic Florida	Occupation Physician Anesthesiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2015

Transaction ID : C2945797

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

Name of Employer American Anesthesiology of Michigan	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2015

Transaction ID : C2945799

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pankaj Jain M.B.,B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1214 Reserve Dr
 City Clinton State MS Zip Code 39056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi medical cent Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : C2941880
 Amount of Each Receipt this Period
500.00

B. Camille J. Jeffcoat M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Northlake Ave
 City Ridgeland State MS Zip Code 39157-1710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015
Transaction ID : C2949509
 Amount of Each Receipt this Period
250.00

C. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St
 City Waterville State ME Zip Code 04901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015
Transaction ID : C2959538
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... **833.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joshua R. Johnston M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 S Van Buren St
 City Green Bay State WI Zip Code 54301-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green Bay Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2015
Transaction ID : C2941293
 Amount of Each Receipt this Period 500.00

B. Gary P. Jones A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6410 Fannin St Ste 480
 City Houston State TX Zip Code 77030-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University UTHous Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 11 / 2015
Transaction ID : C2945796
 Amount of Each Receipt this Period 83.34

C. Zachary S. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6314 Eden Valley Dr
 City Frisco State TX Zip Code 75034-1129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metropolitan Aensthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 02 / 2015
Transaction ID : C2941010
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scott T. Kane M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4242 Medical Dr Ste 3100
 Tejas Anesthesia, P.A.
 City San Antonio State TX Zip Code 78229-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Anesthesia, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2015
Transaction ID : C2946211
 Amount of Each Receipt this Period
100.00

B. Patricia A. Kapur M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 757 Westwood Blvd, Suite 1320
 City Los Angeles State CA Zip Code 90095-7400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Geffen School of Medicine at UCL Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015
Transaction ID : C2940989
 Amount of Each Receipt this Period
500.00

C. Jessica Kenaston M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Alden Rd
 City Poughkeepsie State NY Zip Code 12603-4002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2015
Transaction ID : C2949745
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	683.34
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 49 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Will D. Kendrick M.D.

Mailing Address 110 29th Ave. N., #301

City Nashville State TN Zip Code 37203

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

Name of Employer Anesthesia Medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940160

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Scott Kercheville M.D.

Mailing Address 14 Eton Green Circle

City San Antonio State TX Zip Code 78257

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

Name of Employer UTHSCSA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945792

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. James Kerr III, M.D.

Mailing Address 2165 Herschel St

City Jacksonville State FL Zip Code 32204

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

Name of Employer North Florida Anesthesia Consultants P Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : C2946216

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zachary J. Kerwin D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10308 Paw Paw Lake Dr.
 City Mattawan State MI Zip Code 49071-9462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978293
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. David S. Kessler D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Pine Dr. South
 City Roslyn State NY Zip Code 11576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nassau Anesthesia Associates, PC Winthr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2956775
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Georgina O. Kesterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5169 Rowen Oak Rd.
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical anesthesia group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946036
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 250.02

SUBTOTAL of Receipts This Page (optional).....	▶	1041.67
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Georgina O. Kesterson M.D.		Date of Receipt
Mailing Address 5169 Rowen Oak Rd.		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Collierville	TN	38017
FEC ID number of contributing federal political committee.		Transaction ID : C2968822
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
Medical anesthesia group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Kidwell M.D.		Date of Receipt
Mailing Address 707 Ground Plum Circle		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Solon	IA	52333
FEC ID number of contributing federal political committee.		Transaction ID : C2969202
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Linn County Anesthesiologists	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sandra B. Kinsella M.D.		Date of Receipt
Mailing Address 6047 Brokenhurst Rd.		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Indianapolis	IN	46220
FEC ID number of contributing federal political committee.		Transaction ID : C2941320
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
IUMC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Renee H. Kniola M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Miller Rd
 City Gwinn State MI Zip Code 49841-8767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bell Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 02 / 2015**
Transaction ID : C2941300
 Amount of Each Receipt this Period **250.00**

B. Robert F. Koeber M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 E Erie St Unit 404
 City Milwaukee State WI Zip Code 53202-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 11 / 2015**
Transaction ID : C2945786
 Amount of Each Receipt this Period **83.34**

C. Joseph Koveleskie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Prytania St #435
 City New Orleans State LA Zip Code 70115-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.04**

Date of Receipt **03 / 04 / 2015**
Transaction ID : C2941906
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph Koveleskie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Prytania St #435
 City New Orleans State LA Zip Code 70115-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : C2942050
 Amount of Each Receipt this Period
 83.34

B. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Shawnee Dr SE
 City Grand Rapids State MI Zip Code 49506-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : C2944229
 Amount of Each Receipt this Period
 83.34

C. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Department of Anesthes Occupation Associate Professor of Anesthesiology R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945784
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John E. La Gorio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 Forest Park Rd
 City Norton Shores State MI Zip Code 49441-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anesthesia Services Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 01 / 2015
Transaction ID : C2940178
 Amount of Each Receipt this Period 83.34

B. Kathryn Lambourne M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 S Saint Louis Blvd
 City South Bend State IN Zip Code 46617-2924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Valley Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2015
Transaction ID : C2949184
 Amount of Each Receipt this Period 250.00

C. Steven N. Landau M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2443 Dundee Dr
 City Ann Arbor State MI Zip Code 48103-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Ann Arbor, PC Occupation Physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 30 / 2015
Transaction ID : C2969213
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Phyllis J. Lashley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 S. Burdick St., #5000
 City Kalamazoo State MI Zip Code 49007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : C2978294
 Amount of Each Receipt this Period **500.00**

B. Laura H. Leduc M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 North St
 City Delmar State NY Zip Code 12054-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Anesthesia Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 13 / 2015**
Transaction ID : C2946056
 Amount of Each Receipt this Period **83.34**

C. Maxine M. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5432 Woodchuck Ln.
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Virginia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 28 / 2015**
Transaction ID : C2968789
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 56 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marc L. Leib M.D.

Mailing Address PO Box 44527

City State Zip Code
 Phoenix AZ 85064-4527

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

Name of Employer Occupation
 self-employed Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : C2940149

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Michael C. Lewis M.D.

Mailing Address 655 W 8th St
 Professor Chair Anesthesiology

City State Zip Code
 Jacksonville FL 32209-6511

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

Name of Employer Occupation
 University of Florida Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : C2940166

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City State Zip Code
 Little Rock AR 72205-7101

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

Name of Employer Occupation
 University of Arkansas for Medical Sci Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : C2945975

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregg P. Lobel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Donnybrook Dr
 City Demarest State NJ Zip Code 07627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Valley Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2969258
 Amount of Each Receipt this Period
 250.00

B. Michael A. Long M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3941 Foxfire Ln
 City Kingsport State TN Zip Code 37664-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969211
 Amount of Each Receipt this Period
 83.34

C. Rick S. Lozon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6080 Rothbury
 City Portage State MI Zip Code 49024-8411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology,P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978295
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas Majcher D.O.		Date of Receipt MM / DD / YYYY 03 / 02 / 2015 Transaction ID : C2940994
Mailing Address 13123 E 16th Ave B090		Amount of Each Receipt this Period 500.00
City Aurora	State CO	Zip Code 80045-7106
FEC ID number of contributing federal political committee. C	Name of Employer Children Hospital Colorado	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael J. Manalo M.D.		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : C2970425
Mailing Address 6560 High Dr		Amount of Each Receipt this Period 500.00
City Mission Hills	State KS	Zip Code 66208-1936
FEC ID number of contributing federal political committee. C	Name of Employer Midwest Anesthesia Associates, PA	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Mandabach M.D.		Date of Receipt MM / DD / YYYY 03 / 01 / 2015 Transaction ID : C2940169
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845		Amount of Each Receipt this Period 83.34
City Birmingham	State AL	Zip Code 35249-0001
FEC ID number of contributing federal political committee. C	Name of Employer UAB Department of Anesthesiolog	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Inna Maranets M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 4 Timber Ln.
City Woodbridge State CT Zip Code 06525-1815
FEC ID number of contributing federal political committee. **C**
Name of Employer Woodland Anesthesia Associates, PC Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 29 / 2015
Transaction ID : C2968838
Amount of Each Receipt this Period 250.00

B. Kurt W. Markgraf M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 3663 McKinley Ave
City Fort Myers State FL Zip Code 33901
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Anesthesia and Pain Management Occupation Physician Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt 03 / 08 / 2015
Transaction ID : C2944306
Amount of Each Receipt this Period 83.34

C. Donald M. Mathews M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 40 College St., #501
City Burlington State VT Zip Code 05401
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Vermont Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 03 / 25 / 2015
Transaction ID : C2985400
Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... **416.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fredric J. Matlin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Lodge Ln
 City State Zip Code
 Miller Place NY 11764-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Long Island Anesthesia Physicians, LLP ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2945984
 Amount of Each Receipt this Period
 83.34

B. Eric M. May M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 20810 W 81st PI
 City State Zip Code
 Lenexa KS 66220-8227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Lukes Hospital of Kansas City anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2985402
 Amount of Each Receipt this Period
 83.34

C. Arturo Mazzeo Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1967 Hancock Ave
 City State Zip Code
 North Bellmore NY 11710-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nassau Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : C2949474
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bradley J. McAllister M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6608 Old Mill Cir.

City Salt Lake City State UT Zip Code 84121

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

Name of Employer Mountain West Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : C2956156

Amount of Each Receipt this Period
 300.00

B. Philip J. McArdle M.B.,B.Ch.
Full Name (Last, First, Middle Initial)

Mailing Address 3746 Dunbarton Dr

City Mountain Brook State AL Zip Code 35223-2706

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

Name of Employer UAB Anesthesiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2015

Transaction ID : C2959259

Amount of Each Receipt this Period
 83.34

C. Matthew M. McCord M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Timber Bend Dr.

City Brighton State MI Zip Code 48116

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

Name of Employer St. Joseph Mercy Health System Occupation Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2015

Transaction ID : C2961438

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	466.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joel E. McCreary D.O.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : C2946026
Mailing Address 4595 E Calle Redonda			Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85018-3817	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Valley Anesthesiology Consultants		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Angela L. McLoughlin M.D.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2015 Transaction ID : C2945967
Mailing Address 33925 Oakland St			Amount of Each Receipt this Period 250.00
City Farmington	State MI	Zip Code 48335-3545	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer University of Michigan Hosptials		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Cristin A. McMurray M.D.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 23 / 2015 Transaction ID : C2961409
Mailing Address 591 Franklin St Apt 2			Amount of Each Receipt this Period 250.00
City Cambridge	State MA	Zip Code 02139-2923	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Blue Hill Pain Care, PLLC		Occupation Pain Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 City Miami State FL Zip Code 33196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Dept of Anesthesio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 23 / 2015
Transaction ID : C2959529
 Amount of Each Receipt this Period 83.34

B. John P. McPheters M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 538 Jennison
 City Kalamazoo State MI Zip Code 49006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola Univ Anes Dept Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2015
Transaction ID : C2978296
 Amount of Each Receipt this Period 500.00

C. James R. Mesrobian M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 E Birch Ave
 City Whitefish Bay State WI Zip Code 53217-5360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 04 / 2015
Transaction ID : C2941894
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brigitte M. Messenger M.D.		Date of Receipt
Mailing Address 1924 Alcoa Hwy # U109		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2015
City	State	Zip Code
Knoxville	TN	37920-1511
FEC ID number of contributing federal political committee. C		Transaction ID : C2945785
Name of Employer University Anesthesiologists		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.02	

Full Name (Last, First, Middle Initial) B. Brian Mitchell M.D.		Date of Receipt
Mailing Address 3710 SW US Veterans Hospital Rd		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2015
City	State	Zip Code
Portland	OR	97239-2964
FEC ID number of contributing federal political committee. C		Transaction ID : C2945793
Name of Employer Portland VA Medical Center P3- ANES		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.02	

Full Name (Last, First, Middle Initial) C. Richard C. Month M.D.		Date of Receipt
Mailing Address 2001 Hamilton St Apt 2307		M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2015
City	State	Zip Code
Philadelphia	PA	19130
FEC ID number of contributing federal political committee. C		Transaction ID : C2945341
Name of Employer University of Pennsylvania Dept. of An		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Barry Moody M.D.		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : C2945916
Mailing Address 216 Marengo St., Suite F		Amount of Each Receipt this Period 83.34
City Florence	State AL	Zip Code 35630
FEC ID number of contributing federal political committee. C	Name of Employer Barry J. Moody,DMD,MD,PC	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Caroline Morris M.D.		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 Transaction ID : C2945808
Mailing Address 2797 Fox Creek Dr.		Amount of Each Receipt this Period 100.00
City Germantown	State TN	Zip Code 38138
FEC ID number of contributing federal political committee. C	Name of Employer Medical Anesthesia Group	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jason E. Morris M.D.		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 Transaction ID : C2945809
Mailing Address 2797 Fox Creek Dr.		Amount of Each Receipt this Period 100.00
City Germantown	State TN	Zip Code 38138-5723
FEC ID number of contributing federal political committee. C	Name of Employer Medical Anesthesia Group	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	283.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John P. Mrachek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 W. Woodlland Rd.
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 25 / 2015**
Transaction ID : C2985411
 Amount of Each Receipt this Period **83.34**

B. Joel H. Mumford M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Elm Hill St
 City Springfield State VT Zip Code 05156-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer V A Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 11 / 2015**
Transaction ID : C2945801
 Amount of Each Receipt this Period **83.34**

C. Maureen T. Murphy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Herrels Cir
 City Melville State NY Zip Code 11747-4247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 20 / 2015**
Transaction ID : C2956777
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert F. Murray III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Elm Park Blvd.
 City Pleasant Ridge State MI Zip Code 48069-1106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946039
 Amount of Each Receipt this Period
 83.34

B. Donald L. Neirink M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7018 Oakhurst Ridge Rd
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : C2985413
 Amount of Each Receipt this Period
 500.00

C. Luu Nguyen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9024 Fort Craig Dr
 City Burke State VA Zip Code 22015-2115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George Washington University Anes. Dep Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : C2946227
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.34
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City State Zip Code
Cumming GA 30041

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

Name of Employer Occupation
Physician Specialists in Anesthesia Anesthesiologist Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 05 / 2015
Transaction ID : C2942048

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Robert M. Nicholson IV, M.D.

Mailing Address 311 Grandview Ave

City State Zip Code
Kalamazoo MI 49001-3643

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

Name of Employer Occupation
University of Virginia Health System Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : C2978297

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Melissa O Nikolaidis M.D.

Mailing Address 2230 McClendon St

City State Zip Code
Houston TX 77030-2020

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

Name of Employer Occupation
Baylor College of Medicine physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 09 / 2015
Transaction ID : C2944402

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. William C. Nordlie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12067 N 135th Way
 City State Zip Code
 Scottsdale AZ 85259-3653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anes. Consultants, Ltd. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : C2950499
 Amount of Each Receipt this Period
 1000.00

B. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City State Zip Code
 Kingsport TN 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bristol Anesthesia Services Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945777
 Amount of Each Receipt this Period
 83.34

C. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City State Zip Code
 Kingsport TN 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bristol Anesthesia Services Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2015
Transaction ID : C2950864
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Douglas A. Olin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Vista Club Run
 City Sanford State FL Zip Code 32771-7153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAP-JLR Division Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2941316
 Amount of Each Receipt this Period
 83.34

B. Elmon Oliver Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 Swallow Ave.
 City Portage State MI Zip Code 49002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978298
 Amount of Each Receipt this Period
 500.00

C. Kenneth E. Oswalt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 N State St
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. Anesthesia Services, PLLC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : C2944304
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 127
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sam L. Page M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 17 Windsor Terrace Ln

City Creve Coeur State MO Zip Code 63141-9000

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

Name of Employer Western anesthesiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2015

Transaction ID : C2945340

Amount of Each Receipt this Period
83.34

B. Juhan Paiste M.D.
Full Name (Last, First, Middle Initial)

Mailing Address JT 845
619 19th St S

City Birmingham State AL Zip Code 35249-6810

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

Name of Employer UAB, Department of Anesthesiology Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : C2940152

Amount of Each Receipt this Period
83.34

C. James M. Panagas M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 15W 240 87th St

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Ministry Medical Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2015

Transaction ID : C2946204

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 127
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	<input type="checkbox"/> 17	

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

A. Parag Pandya M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 210 Royal Vw
City Pittsford State NY Zip Code 14534-9633
FEC ID number of contributing federal political committee. **C**
Name of Employer Geneva General Hospital Anesthesiology Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.04**

Date of Receipt **03 / 04 / 2015**
Transaction ID : C2941901
Amount of Each Receipt this Period **83.34**

B. Parag Pandya M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 210 Royal Vw
City Pittsford State NY Zip Code 14534-9633
FEC ID number of contributing federal political committee. **C**
Name of Employer Geneva General Hospital Anesthesiology Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.04**

Date of Receipt **03 / 22 / 2015**
Transaction ID : C2959254
Amount of Each Receipt this Period **83.34**

C. John L. Pappas M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 294 Barden Rd
City Bloomfield Hills State MI Zip Code 48304-2711
FEC ID number of contributing federal political committee. **C**
Name of Employer William Beaumont Hospital Troy Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 16 / 2015**
Transaction ID : C2946238
Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **250.02**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 127
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Haresh D. Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Enclave Rd
 City Chattanooga State TN Zip Code 37415-5650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants Exchange Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 30 / 2015**
Transaction ID : C2969205
 Amount of Each Receipt this Period **83.34**

B. Mukesh Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 W. Dr. M.L.K., Jr., Blvd. Suite 310
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Anes. Care, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : C2969231
 Amount of Each Receipt this Period **250.00**

C. Kenneth Y. Pauker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Sierra Vista
 City Laguna Niguel State CA Zip Code 92677-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer caamg, inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 13 / 2015**
Transaction ID : C2946041
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Feyce M. Peralta M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 Transaction ID : C2946043
Mailing Address 251 E Huron St # F5-704		Amount of Each Receipt this Period 83.34
City Chicago	State IL	Zip Code 60611-2908
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Jeremie J. Perry M.D.		Date of Receipt MM / DD / YYYY 03 / 16 / 2015 Transaction ID : C2946234
Mailing Address 2410 Whispering Oaks Ct.		Amount of Each Receipt this Period 83.34
City Abilene	State TX	Zip Code 79606-4366
FEC ID number of contributing federal political committee. C		
Name of Employer Hendrick Anesthesia Network	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Kathy M. Perryman M.D.		Date of Receipt MM / DD / YYYY 03 / 11 / 2015 Transaction ID : C2945789
Mailing Address 11412 Canterbury Cir.		Amount of Each Receipt this Period 83.34
City Shawnee Mission	State KS	Zip Code 66211-2935
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of KC	Occupation pediatric anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 127
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Raymond M. Pessa M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 278 Round Swamp Rd
 City Melville State NY Zip Code 11747-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH AMERICAN PARTNERS ANESTHESIA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 03 / 14 / 2015
Transaction ID : C2946191
 Amount of Each Receipt this Period
 83.34

B. Mark C. Phillips M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th St S
 University of Alabama- Birmingham
 City Birmingham State AL Zip Code 35249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama- Birmingham Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 03 / 13 / 2015
Transaction ID : C2946061
 Amount of Each Receipt this Period
 83.34

C. Margaret A. Pitts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 pillsbury street
 Suite 202
 City Concord State NH Zip Code 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 03 / 05 / 2015
Transaction ID : C2942052
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	250.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2985420
 Amount of Each Receipt this Period
 100.00

B. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Southern Nevada Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : C2946213
 Amount of Each Receipt this Period
 83.34

C. Karl A. Poterack M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5777 E Mayo Blvd
 City Phoenix State AZ Zip Code 85054-4502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Foundation Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : C2969224
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 77 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. George M. Powell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 189
 City State Zip Code
 Saint Charles IL 60174-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kane Anesthesia Associates, SC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2015
Transaction ID : C2946193
 Amount of Each Receipt this Period
 83.34

B. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10556 Dunleer Dr
 City State Zip Code
 Los Angeles CA 90064-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Department of Anesthesiology and Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2941897
 Amount of Each Receipt this Period
 83.34

C. Ned Radich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1930 E. Calle Verde Way
 City State Zip Code
 Fresno CA 93730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Consultants of Fresno Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2941958
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 78 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Patrick R. Reddan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8499 Sierra Madre Trl
 City Kalamazoo State MI Zip Code 49009-6946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978299
 Amount of Each Receipt this Period
 500.00

B. Robert E. Rensch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8151 Glenwynd Dr.
 City Kalamazoo State MI Zip Code 49009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, P.C. Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978300
 Amount of Each Receipt this Period
 500.00

C. David S. Reynolds M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 S King Rd
 City Purvis State MS Zip Code 39475-3208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Head & Neck Surgery Ctr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2956784
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joseph M. Rifici A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Hosp of Cleveland Case Med Ctr Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 11 / 2015**
Transaction ID : C2945795
 Amount of Each Receipt this Period **83.34**

B. Kevin W. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Walnut Ln.
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 18 / 2015**
Transaction ID : C2949180
 Amount of Each Receipt this Period **83.34**

C. Michael W. Roberts II, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 W Symmes St
 City Norman State OK Zip Code 73069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 17 / 2015**
Transaction ID : C2947443
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **250.02**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 80 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City Leawood State KS Zip Code 66209

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

Name of Employer AAKC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
03 / 11 / 2015

Transaction ID : C2945816

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Anne T. Rogers M.B.,Ch.B.

Mailing Address 6005 River Rd

City Norfolk State VA Zip Code 23505-4708

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

Name of Employer Atlantic Anesthesia Inc Occupation Anesthesiologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
03 / 05 / 2015

Transaction ID : C2942045

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Anne T. Rogers M.B.,Ch.B.

Mailing Address 6005 River Rd

City Norfolk State VA Zip Code 23505-4708

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

Name of Employer Atlantic Anesthesia Inc Occupation Anesthesiologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
03 / 06 / 2015

Transaction ID : C2945970

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **233.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen M. Rupp M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 9th Ave # B2-AN
 Department of Anesthesiology
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015
Transaction ID : C2941728
 Amount of Each Receipt this Period
250.00

B. Patrick J. Sandell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15849 Kane Rd
 City Plainwell State MI Zip Code 49080-9050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KALAMAZOO ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015
Transaction ID : C2978302
 Amount of Each Receipt this Period
500.00

c. Mandy M. Sander-Prather M.D.
 Full Name (Last, First, Middle Initial)
 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 Anesthesia Assoc. of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2015
Transaction ID : C2940180
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	833.34
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gabriel E. Sarah M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4075 17th St
 City San Francisco State CA Zip Code 94114-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Memorial Hospital Unviersity o Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 18 / 2015**
Transaction ID : C2949173
 Amount of Each Receipt this Period **83.34**

B. Mahesh P. Sardesai M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Fairstead Lane
 City Pittsburgh State PA Zip Code 15217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Shadyside Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 14 / 2015**
Transaction ID : C2946175
 Amount of Each Receipt this Period **83.34**

C. Carl D. Schmigelski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Cabriolet Ln
 City Melville State NY Zip Code 11747-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nassau Anesthesia Assoc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 20 / 2015**
Transaction ID : C2956779
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Paula A. Schriemer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14105 Waterview
 City Vicksburg State MI Zip Code 49097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KALAMAZOO ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978304
 Amount of Each Receipt this Period
 500.00

B. Gregory D. Schrock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7956 Bent Tree Rd.
 City Kalamazoo State MI Zip Code 49009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978305
 Amount of Each Receipt this Period
 500.00

C. Leslie Shrem M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 197 Ridgedale Ave Suite 100
 City Cedar Knolls State NJ Zip Code 07927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Anesthesia Surgical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : C2969251
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 85 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Karen S. Sibert MD Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : C2942056
 Amount of Each Receipt this Period
 83.34

B. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Karen S. Sibert MD Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : C2959258
 Amount of Each Receipt this Period
 83.34

C. John A. Sikora M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Peeler St
 Kalamazoo Anesthesiology, PC
 City Kalamazoo State MI Zip Code 49008-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978306
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 86 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Vicki L. Silk M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2130 Harrison St
 City State Zip Code
 Glenview IL 60025-4955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northshore University Healthsystem Ane Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : C2955572
 Amount of Each Receipt this Period
 500.00

B. Dana L. Simon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Ashworth Rd.
 City State Zip Code
 West Des Moines IA 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical Center Anesthesiologists, P.C. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : C2959280
 Amount of Each Receipt this Period
 250.00

C. Michael B. Simon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Gellatly Dr
 City State Zip Code
 Wappingers Falls NY 12590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAPA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : C2944405
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.34**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael B. Simon M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 35 Gellatly Dr

City Wappingers Falls State NY Zip Code 12590

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

Name of Employer NAPA Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 03 / 10 / 2015
Transaction ID : C2945342

Amount of Each Receipt this Period 83.34

B. Jonathan H. Slonin M.D., M.B.
Full Name (Last, First, Middle Initial)

Mailing Address 134 SE Via Verona

City Port Saint Lucie State FL Zip Code 34984

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

Name of Employer TeamHealth Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 04 / 2015
Transaction ID : C2941896

Amount of Each Receipt this Period 83.34

C. Robert H. Small M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 410 W 10th Ave
Dept of Anes - N411 Doan Hall

City Columbus State OH Zip Code 43210

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

Name of Employer The Ohio State University Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2015
Transaction ID : C2945783

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Blair Smith M.D.		Date of Receipt 03 / 01 / 2015 Transaction ID : C2940153
Mailing Address 1046 Lake Colony Ln		Amount of Each Receipt this Period 83.34
City Vestavia	State AL	Zip Code 35242
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Alabama Health Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Trevor K. Smith M.D.		Date of Receipt 03 / 12 / 2015 Transaction ID : C2946049
Mailing Address 12 Belfrey Dr.		Amount of Each Receipt this Period 500.00
City Greer	State SC	Zip Code 29650
FEC ID number of contributing federal political committee.	C	
Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kortnee L. Sorbin M.D.		Date of Receipt 03 / 29 / 2015 Transaction ID : C2968812
Mailing Address 10718 W 163rd Ter		Amount of Each Receipt this Period 83.34
City Overland Park	State KS	Zip Code 66062-4580
FEC ID number of contributing federal political committee.	C	
Name of Employer AAKC-Menorah Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael J. Souter M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724
Box 359724

City State Zip Code
Seattle WA 98104-2499

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

Name of Employer Occupation
Harborview Medical Center Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015
Transaction ID : C2945798

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Nancy E Staats M.D.

Mailing Address 47 Orchard Ln

City State Zip Code
Colts Neck NJ 07722-1569

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

Name of Employer Occupation
Staats Anesthesia, P.A. anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015
Transaction ID : C2978268

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way Ste

City State Zip Code
Tacoma WA 98405-4292

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

Name of Employer Occupation
Tacoma Anesthesia Associates, P.S. Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2015
Transaction ID : C2945806

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68

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

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

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

FOR LINE NUMBER: PAGE 90 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard A. Stark M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 E Eagle Lake Dr
 City Kalamazoo State MI Zip Code 49009-8426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978307
 Amount of Each Receipt this Period
 500.00

B. Erica Stein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ohio state university Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946045
 Amount of Each Receipt this Period
 83.34

C. John H. Stephenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Road Suite 610
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia, P Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : C2941895
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marjorie Stiegler M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2015 Transaction ID : C2946018
Mailing Address 10817 Round Brook Cir		Amount of Each Receipt this Period 83.34
City Raleigh	State NC	Zip Code 27617-7759
FEC ID number of contributing federal political committee. C		
Name of Employer University of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Kenneth R. Stone M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2015 Transaction ID : C2940156
Mailing Address 317 Laurelwood Rd		Amount of Each Receipt this Period 83.34
City Orange	State CT	Zip Code 06477-1654
FEC ID number of contributing federal political committee. C		
Name of Employer Bridgeport Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Major James E. Stormo M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 02 / 2015 Transaction ID : C2941011
Mailing Address 8424 Mayport Dr		Amount of Each Receipt this Period 83.34
City Las Vegas	State NV	Zip Code 89131-6701
FEC ID number of contributing federal political committee. C		
Name of Employer Centennial Hills Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Erin A Sullivan M.D.

Mailing Address Dept of Anes PUH C-224
 200 Lothrop St.

City Pittsburgh State PA Zip Code 15213-2536

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

Name of Employer Univ of Pittsburgh Med Ctr Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 03 / 09 / 2015
Transaction ID : C2944411

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. George Sullivan D.O.

Mailing Address 2321 Butler Bay Dr. N.

City Windermere State FL Zip Code 34786-6109

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

Name of Employer JLR Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 03 / 04 / 2015
Transaction ID : C2941892

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
 P3 ANES

City Portland State OR Zip Code 97239-2964

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

Name of Employer Portland VAMC Operative Care Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 03 / 07 / 2015
Transaction ID : C2944278

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 127
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benjamin J. Sutlive M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 8 Montevallo Terrace

City Birmingham State AL Zip Code 35213

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

Name of Employer Anesthesia Resources Management Inc. Occupation Staff Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2015
Transaction ID : C2968801

Amount of Each Receipt this Period 50.00

B. Rachelle Sutton M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1100 E 26th St.

City Sioux Falls State SD Zip Code 57108

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

Name of Employer Anesthesiology Associates, Inc. Occupation physician anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2015
Transaction ID : C2968819

Amount of Each Receipt this Period 500.00

C. Steven L. Sween M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 240 Marchand Ct NW

City Atlanta State GA Zip Code 30328-2055

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

Name of Employer Physician Specialists in Anesthesia PC Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 03 / 01 / 2015
Transaction ID : C2940167

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 127
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Marchand Ct NW
 City Atlanta State GA Zip Code 30328-2055
 Name of Employer Physician Specialists in Anesthesia PC
 Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 03 / 26 / 2015
Transaction ID : C2985425
 Amount of Each Receipt this Period 83.34

B. Lance A. Talmage Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3644 Forest Oaks Dr
 City Fairlawn State OH Zip Code 44333-9236
 Name of Employer Anesthesiology Associates of Akron, In
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2015
Transaction ID : C2945963
 Amount of Each Receipt this Period 500.00

C. Samuel E. Talsma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Dorset Rd
 City Ann Arbor State MI Zip Code 48104
 Name of Employer anesthesia assoc of ann arbor
 Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 28 / 2015
Transaction ID : C2968791
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶ 666.68
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 95 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Travis J. Teetor M.D.

Mailing Address 19309 Briggs St

City State Zip Code
 Omaha NE 68130

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

Name of Employer Occupation
 Boys Town National Research Hospital Staff Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2015
Transaction ID : C2940174

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Sherif H. Tewfik M.D.

Mailing Address 7365 NW 107th St

City State Zip Code
 Grimes IA 50111-1078

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

Name of Employer Occupation
 Associated Anesthesiologists, P.C. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2015
Transaction ID : C2946184

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Gary J. Theisen M.D.

Mailing Address 3818 E Gull Lake Dr.

City State Zip Code
 Hickory Corners MI 49060-9503

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

Name of Employer Occupation
 KALAMAZOO ANESTH ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978308

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **683.34**

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

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

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FOR LINE NUMBER: PAGE 96 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sydney I. Thomson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6224 Hidden Meadow Ct
 City San Jose State CA Zip Code 95135-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coast Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 11 / 2015
Transaction ID : C2945817
 Amount of Each Receipt this Period 83.34

B. Beth Ann A. Traylor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5303 James Ct
 City Carmel State IN Zip Code 46033-9158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Health Methodist Ho Occupation Self employed physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2015
Transaction ID : C2943942
 Amount of Each Receipt this Period 250.00

c. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 01 / 2015
Transaction ID : C2940151
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 127
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gary L. Trummel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5940 Mount Normandale Dr
 City State Zip Code
 Minneapolis MN 55438-1218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Anesthesia, PA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2015
Transaction ID : C2941311
 Amount of Each Receipt this Period
 83.34

B. Judi A. Turner M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 Franklin Street
 City State Zip Code
 Santa Monica CA 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : C2945909
 Amount of Each Receipt this Period
 83.34

C. Katja R. Turner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 West 10th Ave
 City State Zip Code
 Columbus OH 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Ohio State University professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : C2946040
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 127
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David E. Tyler M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2719 Trevor Drive SE

City Huntsville State AL Zip Code 35802-1251

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

Name of Employer Comprehensive Anesthesia Services Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 10 / 2015
Transaction ID : C2945323

Amount of Each Receipt this Period
1000.00

B. Gary F. Tzeng M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 582 S Rex Blvd

City Elmhurst State IL Zip Code 60126-4259

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

Name of Employer Dept. of Veteran's Affairs Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 12 / 2015
Transaction ID : C2945976

Amount of Each Receipt this Period
83.34

C. Mark J. Uggeri M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 8727 2nd Street

City Mattawan State MI Zip Code 49071

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

Name of Employer Self Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 31 / 2015
Transaction ID : C2978309

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1583.34
TOTAL This Period (last page this line number only).....	

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

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

A. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Florida Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 02 / 2015
Transaction ID : C2941008
 Amount of Each Receipt this Period 83.34

B. David H. Vickers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Cheekwood Ct
 City Franklin State TN Zip Code 37069-6524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nashville Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2015
Transaction ID : C2945966
 Amount of Each Receipt this Period 250.00

C. J. Michael Vollers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way Slot 203, S-319
 City Little Rock State AR Zip Code 72202-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Professor of Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 10 / 2015
Transaction ID : C2945336
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 127
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Mark A. Wahl M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9188 Stratford Woods Trl
 City Kalamazoo State MI Zip Code 49009-4410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anesthesiology, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978310
 Amount of Each Receipt this Period
 500.00

B. Samuel H. Wald M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Torwood Lane
 City Los Altos State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : C2945803
 Amount of Each Receipt this Period
 83.34

C. Ebon J. Wallace-Talifarro M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7313 Stoney Creek Dr
 City Augusta State MI Zip Code 49012-8873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978311
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 101 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Samuel M. Warren M.D.

Mailing Address 1309 Preakness Pt

City State Zip Code
 Tallahassee FL 32308-0836

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

Name of Employer Occupation
 Anesthesiology Associates of Tallahassee Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 22 / 2015
Transaction ID : C2959268

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Paul S. Webster M.D.

Mailing Address 825 E Oak St

City State Zip Code
 Kissimmee FL 34744-5838

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

Name of Employer Occupation
 Doctors Pain Management Associates Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 03 / 12 / 2015
Transaction ID : C2945978

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City State Zip Code
 Orlando FL 32836-5862

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

Name of Employer Occupation
 JLR Medical Group Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 03 / 30 / 2015
Transaction ID : C2969204

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 127
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alan Weiss M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2015 Transaction ID : C2945338
Mailing Address 960 Royal Arms Dr		Amount of Each Receipt this Period 83.34
City Girard	State OH	Zip Code 44420
FEC ID number of contributing federal political committee. C		
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Walter I. Weiss M.B.,B.Ch.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2015 Transaction ID : C2949475
Mailing Address 277 W End Ave		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10023-2604
FEC ID number of contributing federal political committee. C		
Name of Employer Winthrop University Hospital Dept. of	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Lynda Torfreda Wells M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2015 Transaction ID : C2945915
Mailing Address 4098 Wood Ln		Amount of Each Receipt this Period 83.34
City Keswick	State VA	Zip Code 22947-2900
FEC ID number of contributing federal political committee. C		
Name of Employer University of Virginia	Occupation Anesthesiology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Blake E. Wendelburg M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 7326 Oakview
 City Shawnee State KS Zip Code 66216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Anesthesia Associates, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : C2946221
 Amount of Each Receipt this Period
 500.00

B. Ezekiel J. Wetzel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3315 Deborah Dr Suite 401
 City Monroe State LA Zip Code 71201-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parish Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : C2942044
 Amount of Each Receipt this Period
 100.00

C. Tristan Wilson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 Stuart Ave
 City Kalamazoo State MI Zip Code 49007-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kalamazoo Anes. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : C2978312
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Brian P. Woods M.D., B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6225 N State Highway 161 Ste 200
 City Irving State TX Zip Code 75038-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northstar Anesthesia PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 17 / 2015**
Transaction ID : C2947456
 Amount of Each Receipt this Period **500.00**

B. Jason Workman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 W Washington Ave Suite 127-374
 City Las Vegas State NV Zip Code 89128-4333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 27 / 2015**
Transaction ID : C2967564
 Amount of Each Receipt this Period **83.34**

c. W. Bradley Worthington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Hillwood Blvd
 City Nashville State TN Zip Code 37205-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgery and Recovery Partners Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 30 / 2015**
Transaction ID : C2969221
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	666.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Crystal C. Wright M.D.		Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : C2945985
Mailing Address 3032 Jarrard St.		Amount of Each Receipt this Period 83.34
City Houston	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine Dept. of An	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. James K. York M.D.		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 Transaction ID : C2950875
Mailing Address 129-4 Hidden Creek Circle		Amount of Each Receipt this Period 83.34
City Dothan	State AL	Zip Code 36301
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Consultants Med. Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Song Y. Yu M.D.		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : C2956782
Mailing Address 14A Quaker Ridge Rd		Amount of Each Receipt this Period 500.00
City Glen Head	State NY	Zip Code 11545-3326
FEC ID number of contributing federal political committee. C		
Name of Employer Nassaul Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	666.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Matthew W. Zeleznik M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City	State	Zip Code
Atlanta	GA	30342-5005

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

Name of Employer	Occupation
Physician Specialists in Anesthesia	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : C2945983

Amount of Each Receipt this Period

41.67

B. Matthew W. Zeleznik M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City	State	Zip Code
Atlanta	GA	30342-5005

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

Name of Employer	Occupation
Physician Specialists in Anesthesia	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2015

Transaction ID : C2968834

Amount of Each Receipt this Period

41.67

c. Hai Zhang M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 14 Briarfield Dr

City	State	Zip Code
Great Neck	NY	11020-1410

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

Name of Employer	Occupation
Nassau Anesthesia Associate	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : C2956789

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David A. Zvara M.D.

Mailing Address Campus Box 7010 - N2201 UNC Hospit

City State Zip Code
 Chapel Hill NC 27599-7010

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

Name of Employer Occupation
 University of North Carolina School of Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2015

Transaction ID : C2946173

Amount of Each Receipt this Period
 83.34

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	83.34
TOTAL This Period (last page this line number only).....▶	71517.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Credit Card Merchant

State: District:

Date of Disbursement

/ /

Transaction ID : D165359

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANN PAC

Mailing Address PO Box 3535

City Ballwin State MO Zip Code 63022-3535

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: MO District: 02

2015 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : D165035

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address PO BOX 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

2015 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : D165277

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

2015 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : D165193

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

2	2	5	0	.	0	0
---	---	---	---	---	---	---

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

2	2	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FULL HOUSE PAC

Mailing Address PO BOX 530520

City Henderson State NV Zip Code 89135

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165188

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HEARTDOCPAC

Mailing Address PO BOX 628

City Evansville State IN Zip Code 47704

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164952

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HELLERHIGHWATER PAC

Mailing Address PO BOX 37062

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164955

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KATHLEEN RICE FOR CONGRESS

Mailing Address 410 JERICHO TURNPIKE SUITE 200

City State Zip Code
Jericho NY 11753

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Ms. Kathleen Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165036

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2015 Building Fund Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165178

Amount of Each Disbursement this Period

45000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District: 2015 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165195

Amount of Each Disbursement this Period

15000.00

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

62500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR ARIZONA

Mailing Address PO BOX 12011

City: CASA GRANDE State: AZ Zip Code: 85130

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Ann Kirkpatrick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165175

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City: BALLWIN State: MO Zip Code: 63022

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Ann Wagner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165034

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City: Melbourne State: FL Zip Code: 32936

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Bill Posey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165176

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR BOYLE

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Brendan F. Boyle

Category/
Type

Office Sought: House Senate President
State: PA District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165030

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR BOYLE

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Brendan F. Boyle

Category/
Type

Office Sought: House Senate President
State: PA District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165191

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Cathy McMorris Rodgers

Category/
Type

Office Sought: House Senate President
State: WA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164953

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City State Zip Code
CHESHIRE CT 06410

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165186

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City State Zip Code
Manchester NH 03105

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Mr. Frank Guinta

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164950

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City State Zip Code
ST. JOSEPH MI 49085

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Fred Upton

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164951

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165179

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Jared Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165031

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Joe Heck

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165182

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Joe Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

Transaction ID : D164946

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. John Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			24			2015			

Transaction ID : D165180

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2015			

Transaction ID : D164957

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Transaction ID : D165190

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	10	/	2015

Transaction ID : D164942

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2015

Transaction ID : D164958

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Larry Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D165437

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 410 1ST ST SE
SUITE 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165184

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Marc Allison Veasey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : D165040

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SALMON FOR CONGRESS

Mailing Address PO BOX 1290

City MESA State AZ Zip Code 85211

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164954

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165039

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Michael M. Honda

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165038

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 22101-3422

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Michelle Lujan Grisham

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165187

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Pat Tiberi

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OH District: 12

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : D164943

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL COOK FOR CONGRESS

Mailing Address PO BOX 365

City YUCCA VALLEY State CA Zip Code 92286

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name
Rep. Paul Cook

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165185

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Paul Tonko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165177

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164947

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Robin Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2015

Transaction ID : D165274

Amount of Each Disbursement this Period

2000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Ryan Costello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : D165032

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Mailing Address P. O. BOX 909

City COLUMBUS State GA Zip Code 31902

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Sanford D. Bishop Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	5

Transaction ID : D165189

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	5

Transaction ID : D164944

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

5	5	0	0	0	0
---	---	---	---	---	---

5	5	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City State Zip Code
PITTSBURGH PA 15234

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Tim Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : D165037

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM MACARTHUR FOR CONGRESS INC.

Mailing Address PO BOX 225

City State Zip Code
COLONIA NJ 07067

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Tom MacArthur

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : D165192

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City State Zip Code
GLENDALE AZ 85312

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Trent Franks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : D164956

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VICKY HARTZLER FOR CONGRESS

Mailing Address PO BOX 531

City HARRISONVILLE State MO Zip Code 64701

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Vicky Hartzler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165196

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164945

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MURPHY

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Sen. Christopher S. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : D165183

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Sen. Mark S. Kirk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : D165033

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Sen. Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2015

Transaction ID : D164940

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
2016 Primary Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D164949

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

200500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Honska M.D.

Mailing Address P.O. Box 162026

City Altamonte Springs State FL Zip Code 32716-2026

Purpose of Disbursement
refund of contribution

010

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
refund of contributi

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : D164961

Amount of Each Disbursement this Period

166.68

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

166.68

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

166.68