

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

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

Signature of Treasurer *Steinger , Lisa , ,* [Electronically Filed] Date 06 / 20 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="925368.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="485253.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="81865.14"/>	<input type="text" value="374404.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="567118.71"/>	<input type="text" value="1299773.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="282348.40"/>	<input type="text" value="1015003.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="284770.31"/>	<input type="text" value="284770.31"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66691.23	250164.96
(ii) Unitemized	12673.91	100739.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	79365.14	350904.95
(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)	79365.14	350904.95
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.....	2500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	20000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	81865.14	374404.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	81865.14	374404.95

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	45340.07	78885.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45340.07	78885.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	196000.00	768600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	8.33	68.33
(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)).....	8.33	68.33
29. Other Disbursements (Including Non-Federal Donations).....	41000.00	167450.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	282348.40	1015003.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	282348.40	1015003.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	79365.14	350904.95
34. Total Contribution Refunds (from Line 28(d))	8.33	68.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79356.81	350836.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45340.07	78885.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45340.07	78885.11

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

ASA has multiple credit card accounts which are separate from the PAC. In May one of the accounts was closed due to fraud and on May 17, the processor mistakenly deducted from the PAC account in order to recoup the funds due from the closed account. ASA accounting has contacted credit card processor and noted that the accounts and funds are separate. Funds to be refunded back to ASA PAC from merchant credit card processor. The funds deducted on May 17 will be refunded back to ASA PAC account. ASA accounting has informed the credit card processor that the closed account and PAC account are separate and funds may not be intermingled.

Form/Schedule:
Transaction ID:

**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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Abernathy, Courtney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Croswell Ave SE
 City East Grand Rapids State MI Zip Code 49506-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Practice Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 10 / 2018
Transaction ID : 4C35930081B05CDDDA29
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Abouleish, Amr, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 04 / 2018
Transaction ID : 41B9838546EED23DEF4E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Abshier, Stanley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 W Las Palmas Dr
 City Fullerton State CA Zip Code 92835-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) allied anesthesia associates Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2018
Transaction ID : 3AD49ED2-39A9-42F7-
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	566.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Allred, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2819 Dogwood Terrace Ln
 City Katy State TX Zip Code 77494-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 14 / 2018
Transaction ID : A9206D22-8CB8-42E8-
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Anderson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7605 SW Joshua Ct
 City Powell Butte State OR Zip Code 97753-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 21 / 2018
Transaction ID : 4398A7A8B1A4104643BB
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Anderson, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Ulmerton Rd # 450
 City Clearwater State FL Zip Code 33762-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Florida Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : FA850385-AAC4-4E48-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1033.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Angus, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 1st St NE
 City Washington State DC Zip Code 20229-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Case Western Reserve University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 08 / 2018
Transaction ID : 41188B00E0A35CA87C2C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Arron, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Lake St
 City Wakefield State RI Zip Code 02879-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Physicians Group Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 05 / 2018
Transaction ID : 40978343CFD75757BF84
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Ata, Sana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Mall Rd 0001072515
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Hospital and Medical Center Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 28 / 2018
Transaction ID : 40C38809FD5ABE34FF3D
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Atkins, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Spruce St
 City Philadelphia State PA Zip Code 19106-4315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 22 / 2018
Transaction ID : 4EB79E9DB00A0327ED5B
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Atwater, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 Rosebay Ct
 City Tallahassee State FL Zip Code 32312-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Healthcare Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 05 / 12 / 2018
Transaction ID : 47A69DE3EA216DC80150
 Amount of Each Receipt this Period 83.75
 Memo Item

C. Azzariti, John, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Beechwood Dr
 City Saddle River State NJ Zip Code 07458-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bergen Anesthesia Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 07 / 2018
Transaction ID : 4B1499E85A61E1969B70
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.41
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bartlotti Telesz, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33444 Pauba Rd
 City Temecula State CA Zip Code 92592-9209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 04 / 2018
Transaction ID : 4284BBFB261A57F66B6B
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Beall, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Pine Hollow Rd
 City Mt Pleasant State SC Zip Code 29464-3108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trident Anesthesia Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 36442158-C286-433A-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Beeson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 Sapphire Dr
 City Martinez State GA Zip Code 30907-9570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BDT Anesthesia Ass. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 02 / 2018
Transaction ID : 4EEAAC39905C5EE4C88C
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Begin, Eileen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Irving St NW
 # G-226
 City Washington State DC Zip Code 20010-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Washington Hospital Center Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 05 / 10 / 2018
Transaction ID : 486490314D27C564C50F
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Berkun, Rose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Galileo Dr
 City Williamsville State NY Zip Code 14221-2776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Ambulatory Anesthesia PLLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 27 / 2018
Transaction ID : 4F02AA373E3FFE96F8E8
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bertsch, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1226 Fieldsedge Dr
 City Hebron State KY Zip Code 41048-8415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 27 / 2018
Transaction ID : 47B684648B80889BE232
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Binstock, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Central Ave
 City Highland Park State IL Zip Code 60035-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4110AEA0ACA6B4D323C8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Blake, Jocelyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N7924 Smith Rd
 City Brooklyn State WI Zip Code 53521-9796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Medical Founda Occupation (for Individual) MD, Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 31 / 2018
Transaction ID : 129FD4DD-AF4B-4AA8-
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Bledsoe, Amber, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 N 1900 E Rm 3C444
 City Salt Lake City State UT Zip Code 84132-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 14 / 2018
Transaction ID : 4120915693CC4A79DE7B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	916.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Boggs, Steven, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 916 Toscana Park Ct

City Memphis	State TN	Zip Code 38117-4603
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ROH	Occupation (for Individual) Doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
516.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2018

Transaction ID : 4659912F6BCF2BE66E33

Amount of Each Receipt this Period
83.33

Memo Item

B. Bollin, Richard, , , Jr
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20128 Chianti Ct

City Yorba Linda	State CA	Zip Code 92886-8600
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Allied Anesthesia Medical Group Inc	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2018

Transaction ID : 264D4CA8-FBE8-441A-

Amount of Each Receipt this Period
500.00

Memo Item

C. Booth, Randall, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1162 S Stone Hill Ct

City Nixa	State MO	Zip Code 65714
--------------	-------------	-------------------

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

Name of Employer (for Individual) Ozark Anesthesia	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2018

Transaction ID : 4798CD7471E639F2783

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brady, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9403 W 146th Pl
 City Overland Park State KS Zip Code 66221-2260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Valley USD 260 Occupation (for Individual) Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2018
Transaction ID : 89B91E7C-1AF0-4D25-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Briggs, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9615 Hillspring Dr
 City Huntersville State NC Zip Code 28078-2619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates, Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 11 / 2018
Transaction ID : 4931ACE8B9ACDF64C6A2
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Brownrigg, Tanner, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9604 NE 89th St
 City Kansas City State MO Zip Code 64157-8660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ad Vivum Anesthesiology Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 460CAF275E7046017CBA
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1166.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bruno, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 State St
 City Albany State NY Zip Code 12203-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical College Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 31 / 2018
Transaction ID : 4BE1B485D4BE0A508219
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Brunson, Claude, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1431
 City Ridgeland State MS Zip Code 39158-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UMMC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 01 / 2018
Transaction ID : 4F268DFCE88CBDF97541
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bueno, Earl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Watertown Rd
 City Middlebury State CT Zip Code 06762-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Waterbury Anesthesiology Associates, P Occupation (for Individual) MD (Physician Anesthesiologist)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 204F511A-4BDE-4099-
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Burkman, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Belmont Ave E
 Apt A12
 City Seattle State WA Zip Code 98102-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP - Washington Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2018
Transaction ID : 0E83ED71-20CF-42F0-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Burstrom, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge PI NE
 City Albuquerque State NM Zip Code 87122-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 16 / 2018
Transaction ID : 436E9B55C090C8539879
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bux, Anjum, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 264
 City Danville State KY Zip Code 40423-0264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 04 / 2018
Transaction ID : 46119E1ED8330724CA03
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Byland, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Carmel Ln
 City Brentwood State TN Zip Code 37027-8928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self - Nashville Anesthesia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 05 / 2018
Transaction ID : 4EF3BF33F3550B265919
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Campbell, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5800 S French Rd
 City Cedar State MI Zip Code 49621-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Traverse Anesthesia Associates, P.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 11 / 2018
Transaction ID : 46599641F2E1764C2261
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Carollo, Dominic, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6511 Louis XIV St
 City New Orleans State LA Zip Code 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2018
Transaction ID : 4159B6494E3C251CAA11
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Casey, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2008 Parkridge Ave
 City Brentwood State MO Zip Code 63144-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WAAI Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 05 / 18 / 2018
Transaction ID : 491AA8999C9C14C7A41A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Chambers, Carroll, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 Cutchin Dr
 City Charlotte State NC Zip Code 28210-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.31

Date of Receipt
 05 / 29 / 2018
Transaction ID : 41E293E34B9C20CBC40B
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Chapman, Niels, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge PI NE
 City Albuquerque State NM Zip Code 87122-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
 05 / 17 / 2018
Transaction ID : 44F887C45AA495F278F0
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Chen, Tzong-Huei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Boesch Farm Rd
 City East Greenwich State RI Zip Code 02818-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifespan Physicians Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 06 / 2018
Transaction ID : 46A3A53F128E7CA0BA86
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Cheung, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 E Valencia Mesa Dr Dept of
 City Fullerton State CA Zip Code 92835-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Anesthesia Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2018
Transaction ID : 0A8F834F-9679-4FB6-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Choi, Elmer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 Park St SE
 City Vienna State VA Zip Code 22180-5806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 30 / 2018
Transaction ID : 4BBFB94BC4E63A4F7FC2
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Choudhry, Faisal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4612 Oak Dr
 City Edina State MN Zip Code 55424-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2018
Transaction ID : 24AB58FC-698C-43C6-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Chung, Hyuk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1142 Windward Ln
 City Vernon Hills State IL Zip Code 60061-1248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesiology Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 11 / 2018
Transaction ID : 4504AA7E92214A134B00
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Colavincenzo, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 334 Thruston Blvd E
 City Oakwood State OH Zip Code 45419-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kettering Anesthesia Associates Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 3D11CF22-AB09-46D2-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Coleman, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2790 Welbourne Ct
 City Oakton State VA Zip Code 22124-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2018
Transaction ID : 7605DA3234412AA915C
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Colombo, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2114 Dauntless Dr
 City Glenview State IL Zip Code 60026-6807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 19 / 2018
Transaction ID : 477AA529039483AA69775
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Colon, Jimmie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1566 Calhoun St
 City New Orleans State LA Zip Code 70118-6152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner for Childrens Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 17 / 2018
Transaction ID : 4F449CAAA64D306C0691
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Connolly, Lois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N27W22185 Timberwood Ln
 City Waukesha State WI Zip Code 53186-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of WI Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 10 / 2018
Transaction ID : 418D839908664873429A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Cook, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 Belle Terre Dr
 City Madison State MS Zip Code 39110-7060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Foundation Hospital Occupation (for Individual) Anesthesiology/Pain medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2018
Transaction ID : 36A9626F-1B55-4CC6-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cooper, Raymond Lebron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Tennessee St Apt 212
 City Memphis State TN Zip Code 38103-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 08 / 2018
Transaction ID : 46189CDF7444A77C97A7
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cotter, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Rainbow Blvd
 City Kansas City State KS Zip Code 66160-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kansas Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2018
Transaction ID : 57FC28D5-C49E-4880-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cox, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12301 Mallard Bay Dr
 City Knoxville State TN Zip Code 37922-9364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists, PLLC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 01 / 2018
Transaction ID : 46B788F76A6F3FDF6C26
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Craft, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy Dept. of Anesthesiology, # U109
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 48949517125464C8ED3A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Crenshaw, Meredith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1857 NW 151st Ct
 City Clive State IA Zip Code 50325-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2018
Transaction ID : 453E8A34-0262-4D1E-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Crispell, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Central Wisconsin Anesthesiology, S.C. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2018
Transaction ID : 9734D324-EEEA-4C42-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Crosby, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 Wonderwood Dr
 City Charlotte State NC Zip Code 28211-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 19 / 2018
Transaction ID : 4A67A1FF999DB2A0F5B0
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cunningham, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18808 Saddle River Dr
 City Edmond State OK Zip Code 73012-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliated Anesthesiologist Inc Occupation (for Individual) physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 27 / 2018
Transaction ID : 4F108B56E5922A45547D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Dajani, Khaled, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6911 Colbert St
 City New Orleans State LA Zip Code 70124-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 08 / 2018
Transaction ID : 45ACA144A816F14A3A66
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Daniel, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 794 Chinoe Rd
 City Lexington State KY Zip Code 40502-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bluegrass Anesthesia Svcs Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 248837D6-BC01-4A28-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1166.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Daniels, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8717 W 110th St
 Ste 600
 City Overland Park State KS Zip Code 66210-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANESTHESIA ASSOCIATES of KANSAS CITY Occupation (for Individual) ANESTHESIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 05 / 31 / 2018
Transaction ID : 4A0AB80CE187AC7CCF43
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Day, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 Washington St
 City Columbus State IN Zip Code 47201-5131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.30

Date of Receipt 05 / 02 / 2018
Transaction ID : 480385CA80271D7CFF9A
 Amount of Each Receipt this Period 41.66
 Memo Item

C. De, Arup, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Louise St
 City Delmar State NY Zip Code 12054-4008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.30

Date of Receipt 05 / 13 / 2018
Transaction ID : 479CADCCE326CA82D5A4
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. De Lanzac, Kraig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Tara Pl
 City Metairie State LA Zip Code 70002-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University School of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 11 / 2018
Transaction ID : 49D880BFBBE70F031B7B
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Delcampo, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 E Primrose St Ste 520
 City Springfield State MO Zip Code 65807-5180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 26 / 2018
Transaction ID : 4939BFA62AE3887E9CA5
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Delph, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Mossy Oak Dr
 City Winfield State WV Zip Code 25213-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General anesthesia services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2018
Transaction ID : 3CEE55F0-90F6-4647-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dewan, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 Cat Mountain Dr
 City Austin State TX Zip Code 78731-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Anesthesiology Group/Mednax Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2018
Transaction ID : D6FA4433-1E69-4311-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Diez, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 Royal Palm Ave
 City Miami State FL Zip Code 33133-6227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Miami Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 11 / 2018
Transaction ID : 49F4BC761630BBE4F8B9
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Diloreto, Layne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 14th St
 City Alexandria State VA Zip Code 22307-1441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2018
Transaction ID : DE34F5EA-E5CA-4876-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dollar, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 7th Ave S
 Lowder 420
 City Birmingham State AL Zip Code 35233-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric Anesthesia Associates, PC Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2018
Transaction ID : B071A0B6-EE64-4356-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Downing, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3819 Grandview Dr
 City Brea State CA Zip Code 92823-1066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Anesthesia Medical Group Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2018
Transaction ID : 9DED508B-B1EF-4572-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Drees, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 Dartmouth Ln
 City Corsicana State TX Zip Code 75110-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Navarro Regional Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.40

Date of Receipt 05 / 05 / 2018
Transaction ID : 471D854908289133F865
 Amount of Each Receipt this Period 52.08
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1552.08
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Edwards, Charlene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Sail View Cv
 City Greensboro State NC Zip Code 27455-3449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACNC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : FD0BF6A4-A70A-4094-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ellison, Brenton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 E 34th St
 City Scottsbluff State NE Zip Code 69361-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RWMC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 40F68945E5A11D0A1D08
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Elmassian, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2399 Pine Hollow Dr
 City East Lansing State MI Zip Code 48823-9775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Area Anesthesia, PC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 419AA2EC11F93C84708E
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	633.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Epstein, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Lovell Ln
 City New Rochelle State NY Zip Code 10804-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School Of Medicine @ Mount Sinai Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 15 / 2018
Transaction ID : 40BFA471DE2DF6399175
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Esparza, Luis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 E 13th St
 City Tucson State AZ Zip Code 85701-2121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Old Pueblo Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 19 / 2018
Transaction ID : 43EEAAC6E30AF24F93F7
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Farmer, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 E Old Orchard Trl
 City Sioux Falls State SD Zip Code 57103-4371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesiology Associates, Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 20 / 2018
Transaction ID : 48A3A9490CA28FB3ABDB
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ferlita, Melvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Jade Ct
 City Madisonville State LA Zip Code 70447-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APMC, LLC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 30 / 2018
Transaction ID : 4DA4B58A58015115DEA6
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Fillmore, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 Ashborough Cir
 City Dothan State AL Zip Code 36301-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACMG Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 4FEF7B4DDAA2E90136B
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Fischer, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 183 Cat Rock Rd
 City Cos Cob State CT Zip Code 06807-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Sloan Ketter Cancer Center Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 10 / 2018
Transaction ID : 4889876B61CDF2916058
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fister, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1012 Citadel Dr NE
 City Atlanta State GA Zip Code 30324-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Health Care Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2018
Transaction ID : 3699DBA5-0B08-4E15-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Flynn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6808 Stone Mill Dr
 City Knoxville State TN Zip Code 37919-7496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 11 / 2018
Transaction ID : 4FBC98B07D1AC3FA5B56
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Foster, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2490 Hillandale Cir
 City Cumming State GA Zip Code 30041-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sheridan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : E252608C-1CCE-40A1-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Frame, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 E Gilroy Cir
 City Millcreek State UT Zip Code 84109-3823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric Anesthesiologists, Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 26 / 2018
Transaction ID : 40E3AF014EF703F0D229
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Frame, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 959 Malinda Ct
 City Forsyth State IL Zip Code 62535-9637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists of Decatu Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 07 / 2018
Transaction ID : 4098A0CA19E2E8941030
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Freeman, Brenton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3918 150th St
 City Urbandale State IA Zip Code 50323-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 18 / 2018
Transaction ID : 48A9B38F9EEFD62FC8F5
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.99
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fuqua, Jeffery, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12419 Mallard Bay Dr

City Knoxville	State TN	Zip Code 37922-9366
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 47D2BFC7F1EA36C71AE6

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 193 Lilac Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

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

Transaction ID : 4504829A1C8079F7C1FA

Amount of Each Receipt this Period
83.33

Memo Item

C. Gandhi, Samir, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Shavano Dr

City Shavano Park	State TX	Zip Code 78231-1234
----------------------	-------------	------------------------

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

Name of Employer (for Individual) UT Health San Antonio	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

Transaction ID : 314A6702-9639-440F-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. George, Gregory, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13319 SW 160th St

City Rose Hill	State KS	Zip Code 67133-7721
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

Transaction ID : C07D77EC-1837-4F27-

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 6537 Brompton Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

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

Transaction ID : 488B8AB469E82BD98D50

Amount of Each Receipt this Period
83.33

Memo Item

C. Glenski, Todd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5415 Locust St

City Kansas City	State MO	Zip Code 64110-2443
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Anesthesia Associates of Kansas City	Occupation (for Individual) Pediatric Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2018

Transaction ID : B78C8600-F10B-4491-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gomez, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5071 Lakewood Dr
 City Cooper City State FL Zip Code 33330-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Physician Services Occupation (for Individual) Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 27 / 2018
Transaction ID : 44B6BCC98B81DCE0D8FC
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Grap, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6440 Snavely Ct
 City Harrisburg State PA Zip Code 17111-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 02 / 2018
Transaction ID : 6FDFDBAA-3747-4899-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Green, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 N 12th St MCV Anes, Fl 5
 City Richmond State VA Zip Code 23298-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mcvp Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 55ABF425-0EEF-45F5-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1041.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Grenvik, Stefan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Blountville Hwy
 Ste 207
 City Bristol State TN Zip Code 37620-1671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Bristol Anesthesia Services, PC Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 05 / 07 / 2018
Transaction ID : 4A53B9D5ABF56FF97975
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Grose, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 Mystic Dr
 City Morgantown State WV Zip Code 26508-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 wvu medicine cardiac anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 15 / 2018
Transaction ID : 1D9F76AC-1205-438B-
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Grum, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8626 Pepper Ridge Cir
 City Sylvania State OH Zip Code 43560-9447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NA Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 15 / 2018
Transaction ID : 5DDD0B0B-786E-4CA4-
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gurkowski, Mary Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9960 Oakland Rd
 City San Antonio State TX Zip Code 78240-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 06 / 2018
Transaction ID : 410BA904FA313B9F5E61
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Gustin, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2160 S 1st Ave Bldg 103
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola Department of Anesthesiology Occupation (for Individual) Associate Professor of Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 23 / 2018
Transaction ID : B5B149EF979548D8A895
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hall, Jeannine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 Bridgetown Ct
 City Satellite Beach State FL Zip Code 32937-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brevard Physician Associates Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 03 / 2018
Transaction ID : 4ACABD727C6CB17CE036
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hamilton, Julius, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5671 Peachtree Dunwoody Rd
 Ste 610
 City Atlanta State GA Zip Code 30342-5013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Specialists in Anesthesia Occupation (for Individual) Staff Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.76

Date of Receipt 05 / 03 / 2018
Transaction ID : 43068705E8D5E0B36067
 Amount of Each Receipt this Period 69.44
 Memo Item

B. Hammond, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9595 E Sabino Estates Dr
 City Tucson State AZ Zip Code 85749-7123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Arizona Anesthesia Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 30 / 2018
Transaction ID : 48F790E0F06967906C64
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hawryschuk, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 843 Dorgene Ln
 City Cincinnati State OH Zip Code 45244-5038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Physicians Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 13 / 2018
Transaction ID : 4F9B9FF0C363D674BDC0
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	194.43
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 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Haws, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6841 Frontier Dr
 City Morgan State UT Zip Code 84050-9712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **05 / 09 / 2018**
Transaction ID : 42EC8055E40D36625BD8
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Heil, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 321
 City Watkinsville State GA Zip Code 30677-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia consultants of athens Occupation (for Individual) AA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 15 / 2018**
Transaction ID : DEFC8784-2B88-4D7B-
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Heil, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 321
 City Watkinsville State GA Zip Code 30677-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia consultants of athens Occupation (for Individual) AA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 15 / 2018**
Transaction ID : 06B062FD-8F01-4B45-
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Heitmiller, Eugenie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Michigan Ave NW

City Washington	State DC	Zip Code 20010-2916
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Childrens National Medical Center	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2018

Transaction ID : 1CA73A57-FE51-4B16-

Amount of Each Receipt this Period
500.00

Memo Item

B. Hendrickse, Adrian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Aurora	State CO	Zip Code 80045-2548
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2018

Transaction ID : 4ED29738908D2BA3B077

Amount of Each Receipt this Period
41.66

Memo Item

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

Mailing Address 30 Nardell Rd

City Newton Center	State MA	Zip Code 02459-2821
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2018

Transaction ID : 417780082DEF3FE948ED

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Herrold, Jeffrey, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 Hardy Rd
 City Falmouth State ME Zip Code 04105-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lewiston-Aubu Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 28 / 2018
Transaction ID : 476C85D41C11A05267BE
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hertzberg, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 N Forkner Ave
 City Fresno State CA Zip Code 93711-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda B Hertzberg MD Inc Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 09 / 2018
Transaction ID : 4149A7767F48DFC1559A
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hollinger, Ingrid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Skyview Ln
 City New Canaan State CT Zip Code 06840-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mt Sinai Medical Cntr Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 16 / 2018
Transaction ID : 4C4591A91E8F365E115D
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Houseman, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Bay Bluff Drive East
 City Daphne State AL Zip Code 36526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Shore Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 09 / 2018
Transaction ID : 43679F4AE0E61E7A0717
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Huesers, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Emilys Way
 City Winslow State ME Zip Code 04901-0824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastern Maine Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.49

Date of Receipt 05 / 19 / 2018
Transaction ID : 4F9E8ED7118B81660681
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Hughes, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Sandy Point Dr
 City Blountville State TN Zip Code 37617-5962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bristol Anesthesia Services Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 48FC8DC278947E2416C1
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 187.49
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hurley, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 Stone Moss Ln
 City Winston Salem State NC Zip Code 27127-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2018
Transaction ID : 48F9BBAC4523489056F0
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Isaacs, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 401805
 City Las Vegas State NV Zip Code 89140-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Nevada Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2018
Transaction ID : 678FAB65-46AF-4A94-
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jacobs, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11041 Pine Lodge Trl
 City Davie State FL Zip Code 33328-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Florida Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2018
Transaction ID : 40A3A56B4984D94F0F59
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1166.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jaffe, Jonathan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 Hilly Creek Ln

City Lewisville	State NC	Zip Code 27023-9806
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake FOrest Baptist Hospital	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2018

Transaction ID : 0D0EA2DE-7BAD-4C06-

Amount of Each Receipt this Period
500.00

Memo Item

B. Janik, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27735 E Moraine Dr

City Aurora	State CO	Zip Code 80016-7325
----------------	-------------	------------------------

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

Name of Employer (for Individual) CU Medicine	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2018

Transaction ID : 4240A6DF78DDE3E7EBA5

Amount of Each Receipt this Period
83.33

Memo Item

C. Jeng, Christina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 E 96th St
Apt 11

City New York	State NY	Zip Code 10128-0781
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mount Sinai Medical Center	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2018

Transaction ID : 6450547D-6C58-4514-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jenson, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 Main St
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum HealthCare Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 47C9BCB760D408669D28
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Jessop, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Wanderwood Way
 City Sandy State UT Zip Code 84092-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah & Salt Lake VAMC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 22 / 2018
Transaction ID : 4B37AD036360D90A66A4
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Johnson, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 864 Olympic Dr
 City Onalaska State WI Zip Code 54650-8237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Hospital Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 05 / 2018
Transaction ID : 405486203EAD05A6274B
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Johnson-Williams, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109G Gainsborough Sq # 182
 City Chesapeake State VA Zip Code 23320-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Anesthesia, Inc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 08 / 2018
Transaction ID : FA1C8C08-05B4-4B6A-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jones, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2832 Seneca Creek Ln SE
 City Marietta State GA Zip Code 30067-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAK Anesthesia Occupation (for Individual) Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 15 / 2018
Transaction ID : 47CCAB6C35AC421CEBE3
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Karamchandani, Kunal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 Christian Dr
 City Hummelstown State PA Zip Code 17036-7810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 14 / 2018
Transaction ID : 4161B79F358F5EBDACB5
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kataria, Tripti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 S Canal St
 Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) R1 Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 31 / 2018
Transaction ID : 446D98F2E43C19D6D59D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kerr, James, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Healthcare Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 422D976982A29BF0B69B
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Kidwell, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 Ground Plum Cir
 City Solon State IA Zip Code 52333-4720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linn County Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 10 / 2018
Transaction ID : 4930AA01496BB43E45EC
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. King, Collin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Persimmon Pl
 City Hoover State AL Zip Code 35226-5101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric Anesthesia Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2018
Transaction ID : BBCE3BD0-FDA3-4CD2-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Knoblauch, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3280 S Clarkson St
 City Englewood State CO Zip Code 80113-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Anesthesia Partners- CO Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 18 / 2018
Transaction ID : 407D8C3E70DF37A6D143
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Koebert, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie St Unit 404
 City Milwaukee State WI Zip Code 53202-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate Aurora Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018
Transaction ID : 465584AC388DF7DC8F48
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Koehler, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 931 Stonewall St
 City New Braunfels State TX Zip Code 78130-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Star Anesthesia, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 9FB6939B-5130-4790-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kolle, Bracken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Howell Ln
 City Sugar Land State TX Zip Code 77479-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 07 / 2018
Transaction ID : 47D8A779D4CEE44A13D2
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Koveleskie, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 Prytania St # 435
 City New Orleans State LA Zip Code 70115-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Medical Center Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 26 / 2018
Transaction ID : 412AB6B1CE1F71CB2577
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Krhovsky, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Spectrum Health Occupation (for Individual) Vice President, Medical Affairs-Region
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 10 / 2018
Transaction ID : 440DA071F4912CB5AF6B
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kudrick, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 632 Manhattan Beach Blvd Apt A
 City Manhattan Beach State CA Zip Code 90266-4881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Anesthesia Medical Group, Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 20 / 2018
Transaction ID : 0B6F8981-B926-4223-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kuna, Kiran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 140 Village Rd # 188
 City Westminster State MD Zip Code 21157-6196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carroll County Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 6D14D268-9749-455C-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kuna, Kiran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 140 Village Rd # 188
 City Westminster State MD Zip Code 21157-6196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carroll County Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2018
Transaction ID : BEFDAE9A-BC12-4F9B-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lagorio, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1543 Forest Park Rd
 City Norton Shores State MI Zip Code 49441-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Michigan-La Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4D21B149DBA55BE05BA9
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Lamberg, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 638 Chiswell Pl
 City Lancaster State PA Zip Code 17601-8810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lancaster Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 03 / 2018
Transaction ID : 4AFA9961C95113F177AD
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Larson, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2369 Cherrywood Rd
 City Minnetonka State MN Zip Code 55305-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ridges Anesthesia, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 28 / 2018
Transaction ID : 48DCAAF2EDB241EE21EF
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Lawrence, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 Tor Cir
 City Gibsonia State PA Zip Code 15044-6033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 15 / 2018
Transaction ID : 4A0DB1EC7855DE22025
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Leavitt, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 W 69th Ter
 City Kansas City State MO Zip Code 64113-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Luke's Hospital System Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2018
Transaction ID : 40A6B9BAA2ABB6A37C73
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lee, Maxine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5016 Hunting Hills Cir
 City Roanoke State VA Zip Code 24018-8760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACV, Inc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2018
Transaction ID : 4A6A82ACFD6A644D52D5
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Lewis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 W Grand Blvd CFP339
 City Detroit State MI Zip Code 48202-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 4E18B907964FE9BC67FC
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Lin, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Queensboro Dr
 City Rochester Hills State MI Zip Code 48307-4214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Michigan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 23 / 2018
Transaction ID : 490588440980896B85D6
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lindauer, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12411 Abbey Park
 City San Antonio State TX Zip Code 78249-2793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Health San Antonio Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 12 / 2018
Transaction ID : 4F2FBF0C7F1474D520A3
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Lok, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Brandywine Dr
 City Manlius State NY Zip Code 13104-7953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Soine & Wellness Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 20 / 2018
Transaction ID : 46948C925B148C5BFEC9
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Lomonaco, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Hilltop Dr
 City Wenham State MA Zip Code 01984-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Shore Pain Management Occupation (for Individual) Anesthesia and pain management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 15 / 2018
Transaction ID : 4469B2D2FE69CB225D18
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Long, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3941 Foxfire Ln
 City Kingsport State TN Zip Code 37664-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bristol Anesthesia Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 4AA9B23E1F6EC2B3F476
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Long, Selina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Independence Dr
 City Walpole State MA Zip Code 02081-2265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harvard medical faculty Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 89B971F3-AB61-4EDA-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Loyd, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 S Washington Ave Unit 704
 City Royal Oak State MI Zip Code 48067-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 28 / 2018
Transaction ID : 4DBB9A782125E85838AF
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lumbley, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 W Weisheimer Rd
 City Columbus State OH Zip Code 43214-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthStar Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 12 / 2018
Transaction ID : 4339AE9B57EE4B2E20F9
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Madsen, Karin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9200 W Wisconsin Ave
 City Wauwatosa State WI Zip Code 53226-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 15 / 2018
Transaction ID : 4EA0B4BD7108FB47AE8A
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Mandabach, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 Buckhead Rd
 City Vestavia Hills State AL Zip Code 35216-3885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Department of Anesthesiology and Pe Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 21 / 2018
Transaction ID : 4AF8A86D2FF9C90187AA
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Markgraf, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3663 McKinley Ave
 City Fort Myers State FL Zip Code 33901-7813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 29 / 2018
Transaction ID : 44D38EA06C39E4EE60BD
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Martin, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3928 Autumn Lake Ct SW
 City Rochester State MN Zip Code 55902-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 09 / 2018
Transaction ID : 4BEBBD1ACCDDCCF05551
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Martinelli, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Edgewood Dr
 City Durham State NC Zip Code 27713-7237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 233.30

Date of Receipt 05 / 20 / 2018
Transaction ID : 4EAB9FE89352BAEB1AC1
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Matlin, Fredric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Lodge Ln
 City Miller Place State NY Zip Code 11764-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LI Anesthesia Physicians, LLP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2018
Transaction ID : 43878126BEE95A168677
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Matuszczak, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2248 Colquitt St
 City Houston State TX Zip Code 77098-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGovern Medical School UT Health Scie Occupation (for Individual) pediatric anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2018
Transaction ID : 496A8E720995BCB78628
 Amount of Each Receipt this Period 50.00
 Memo Item

C. May, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 Legler St
 City Shawnee State KS Zip Code 66217-9665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Lukes Hospital of Kansas City Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 17 / 2018
Transaction ID : 4F019A8C535FD20897D3
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McDonell, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1940 Park Rd
 City Charlotte State NC Zip Code 28203-5702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2018
Transaction ID : 4373BAAE12DC95CE654D
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. McKeown, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2375 Logwood Briar Cv N
 City Collierville State TN Zip Code 38017-8881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Anesthesia Group PA Occupation (for Individual) Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 383.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2018
Transaction ID : 291146AA-0270-485C-
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. McKeown, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4466 Preserve Dr
 City Hoover State AL Zip Code 35226-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Anesthesia Group PA Occupation (for Individual) Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 383.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2018
Transaction ID : 4784B9E2362839844BD0
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	466.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McNicholl, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1563 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018
Transaction ID : 72EE1F47-AB5F-42A6-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McQuilkin, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1443
 City Yarmouth State ME Zip Code 04096-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lewiston-Aubr Occupation (for Individual) Cardiac Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 07 / 2018
Transaction ID : 49EAA58768A563A3F110
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Melcher, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 Pleasant St Methodist Med Plaza II, Ste 400
 City Des Moines State IA Zip Code 50309-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2018
Transaction ID : 71A2B75E-99CC-4A31-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mesrobian, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 E Birch Ave
 City Whitefish Bay State WI Zip Code 53217-5360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 10 / 2018
Transaction ID : 4D58ACE63D0DBD75A228
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Michaels, Robert, , , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 851 Trafalgar Ct Ste 200E
 City Maitland State FL Zip Code 32751-7420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP-Florida Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4E80A7BABF7A97053DFD
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Miller, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15936 Oak Park Ct
 City Westfield State IN Zip Code 46074-9140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Consultants of Indianapolis Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 15 / 2018
Transaction ID : 494398F623CFE514BA54
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mimeles, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 N Causeway Blvd
 Ste 625
 City Metairie State LA Zip Code 70002-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) parish anesthesia Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 28 / 2018
Transaction ID : 4091867CACF0B6ADCEE3
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Minana, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 E Welden Dr
 City Spokane State WA Zip Code 99223-6361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2018
Transaction ID : 47F6B7B3EB55F08577D6
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mintz, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Reading Blvd
 City Wyomissing State PA Zip Code 19610-2236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tower Health Medical Group - Anesthesi Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 14 / 2018
Transaction ID : 413DB71EEB99ECDE93A4
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.99
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Minzter, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17291 Red Fox Trl
 City Chagrin Falls State OH Zip Code 44023-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 7D6776E6-50BC-44F8-
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Mitchell, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 SE Hawthorne Blvd
 City Portland State OR Zip Code 97215-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 27 / 2018
Transaction ID : 4C59BC302D3F5FFCF35E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Mitchell, Larkin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 S Gamwyn Park Dr
 City Greenville State MS Zip Code 38701-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Larkin H. Mitchell, M.D., PLLC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 11 / 2018
Transaction ID : 4B24B7EEDE2E9679B29
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	524.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mohacsi, Tibor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11008 W 125th St
 City Overland Park State KS Zip Code 66213-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SLPG Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **05 / 03 / 2018**
Transaction ID : 4215869F47524D6CC31A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mondesir, Legia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Selborne Rd
 City Riverside State IL Zip Code 60546-1759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loyola University Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 09 / 2018**
Transaction ID : 4EEF94FA12C86AF339C3
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Month, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 761 S Hicks St
 City Philadelphia State PA Zip Code 19146-2135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 277.76

Date of Receipt **05 / 15 / 2018**
Transaction ID : 4758ABF914E998262FFC
 Amount of Each Receipt this Period 69.44
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Moore, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 Westwood Plz
 Ste 3325
 City Los Angeles State CA Zip Code 90095-8358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 25 / 2018
Transaction ID : 4AA88A4AB98854809C79
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Moore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1323 Colony Way Ct
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Teamhealth Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : BDF897D6BE69BE86BB5
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mora, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Red Sable Pt
 City Spring State TX Zip Code 77380-2689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Us anesthesia partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 11420849-87D4-4D42-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1083.33
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Morrison, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 Spinnaker Pt
 City Parkville State MO Zip Code 64152-6102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ad Vivum Anesthesiology P.C. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 42778C92CE3334FD30CB
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Moss, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3142 Rock Park Dr
 City Fort Collins State CO Zip Code 80528-9483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Colorado Anesthesia Professio Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 46449A9F6EE7BABDA245
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Naples, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13207 Creek Dawn
 City San Antonio State TX Zip Code 78230-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Physician Organizati Occupation (for Individual) Anesthesiologist/ Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4F1183FA841FCA7F174C
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Neirink, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7018 Oakhurst Ridge Rd
 City Clarkston State MI Zip Code 48348-5075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Michigan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt **05 / 06 / 2018**
Transaction ID : 43DB80B1975152EDF114
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Nelson, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Ximeno Ave
 City Long Beach State CA Zip Code 90803-1658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCI Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **05 / 30 / 2018**
Transaction ID : 53616FF7-E06F-4F6B-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nguyen, Tuyet Ha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7277 E Parkview Ln
 City Scottsdale State AZ Zip Code 85255-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Anesthesia Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 07 / 2018**
Transaction ID : 498F8CE8B8D7ED41D750
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nicholson, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W3117 County Road Pp
 City Sheboygan Falls State WI Zip Code 53085-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2018
Transaction ID : FF7AB4FD-2D33-4FC1-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Nick, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 SE Bison Rd
 City Bartlesville State OK Zip Code 74006-7621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jane Phillips Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 01 / 2018
Transaction ID : 4C969E103C21E703565C
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Nickless, Alexandria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5709 Bryant St
 City Pittsburgh State PA Zip Code 15206-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 499EA676DAF6891BA49B
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. O'Flynn, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 White Pine Ln
 City Rose Valley State PA Zip Code 19063-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Society Hill Anesthesia Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 19 / 2018
Transaction ID : 4CD0820E8EA9CBADA883
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Oladipupo, Oluwatosin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1836 S Shores Dr
 City Decatur State IL Zip Code 62521-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologist of Decatur Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 05 / 20 / 2018
Transaction ID : 4E35A3F1E4223E03D5B5
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Olin, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5270 Vista Club Run
 City Sanford State FL Zip Code 32771-7153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Occupation (for Individual) MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4F5082921CB4715223D0
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Oliva, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8394 E 51st Ave
 City Denver State CO Zip Code 80238-3589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 29 / 2018
Transaction ID : 4A8784C092B0E0BC77A7
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Olszewski, Robert, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Ardmoor Ln
 City Chadds Ford State PA Zip Code 19317-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Services, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 4AEC80875BC66685AEF4
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Ossa Concha, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 Bellevue Rd
 City Andover State MA Zip Code 01810-5320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) teamhealth Occupation (for Individual) medical director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 27 / 2018
Transaction ID : 476BAA1DB97B6427FA01
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ott, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6911 Van Dorn St
 Ste 2
 City Lincoln State NE Zip Code 68506-6801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2018
Transaction ID : 2CF75CD2-EC3A-4F49-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ottevaere, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8115 160th St
 City Chippewa Falls State WI Zip Code 54729-8008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eau Claire Anesthesiologists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2018
Transaction ID : 5D3295C0-C1CD-4369-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Page, Sam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Windsor Terrace Ln
 City Saint Louis State MO Zip Code 63141-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 08 / 2018
Transaction ID : 4F9DA1ACF1DC5DA6791F
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pandya, Parag, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Royal Vw
 City Pittsford State NY Zip Code 14534-9633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Finger Lakes Health, Geneva, NY Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt **05 / 12 / 2018**
Transaction ID : 41C6AE5E57ECDBFF67DE
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Pappas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) AAMI Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **05 / 11 / 2018**
Transaction ID : 40EF90C70285D34F32EB
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Pate, Margarita, M, , PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 20189
 City Charleston State SC Zip Code 29413-0189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCSA Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 21 / 2018**
Transaction ID : 7A1B84D1CD7544F9107
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Roma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Veteran's Health Administration Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 13 / 2018
Transaction ID : 401E972802ABA6DF8F3C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Penate, Oscar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Stoney Brooke Dr
 City Ashland State KY Zip Code 41101-2160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KDMC Occupation (for Individual) Cardiac Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 09 / 2018
Transaction ID : 4307B46B25BD0BDA0373
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Perryman, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11412 Canterbury Cir
 City Shawnee Mission State KS Zip Code 66211-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Kansas City Occupation (for Individual) pediatric anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 28 / 2018
Transaction ID : 40C8B4BAB9D5F44EAEF8
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 136
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Phelps, Janey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3721 Lochnora Pkwy
 City Durham State NC Zip Code 27705-5458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC School of Medicine Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 05 / 16 / 2018
Transaction ID : 3EC8C712-2D4C-4D4C-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Phelps, Janey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3721 Lochnora Pkwy
 City Durham State NC Zip Code 27705-5458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC School of Medicine Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 05 / 17 / 2018
Transaction ID : 41EA92399A3B8D56ED3E
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Phillips, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Chris Ct
 City Trussville State AL Zip Code 35173-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Department of Anesthesiology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2018
Transaction ID : 4DB384C3E3DAD33A90B2
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	641.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Poage, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Roan Dr
 City Danville State CA Zip Code 94526-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Healthcare Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 22 / 2018
Transaction ID : 49769B86A0812669CD3D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Polce, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2018
Transaction ID : 4C8783FCAC9AE920F391
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Porter, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7914 Monterey Bay Dr
 City Jacksonville State FL Zip Code 32256-2934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 05 / 2018
Transaction ID : 4A8DB91743FF69B260CF
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Prekezes, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Hambletonian Dr
 City Oak Brook State IL Zip Code 60523-2665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 07 / 2018
Transaction ID : 2825B213-314F-42A7-
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Primm, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 885 6th Ave Apt 35G
 City New York State NY Zip Code 10001-3455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 13 / 2018
Transaction ID : 49EE96EB27A1CA297C5A
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Prokott, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8418 Misty Mdws
 City Grand Blanc State MI Zip Code 48439-7428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 4007BBFE89CC5C5C8488
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	524.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ragheb-Mueller, Nawal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5708 S Harper Ave
 City Chicago State IL Zip Code 60637-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) cchs Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2018
Transaction ID : 4D1BA688-2066-4E31-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ragheb-Mueller, Nawal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5708 S Harper Ave
 City Chicago State IL Zip Code 60637-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) cchs Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 9C67BE94-DE1E-4BBD-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rivard, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2104 Copley Ave
 City Ann Arbor State MI Zip Code 48104-4534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANES ASSOC ANN ARBOR Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2018
Transaction ID : 3E7A8CA0A32E43E0B86A
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 81 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Roberts, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Walnut Ln
 City Slingerlands State NY Zip Code 12159-9522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical College Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 27 / 2018
Transaction ID : 496E89CBF2AC0BB226EE
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Robertson, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11215 Seven Oaks Ln
 City Shreveport State LA Zip Code 71106-8380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Center Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 17 / 2018
Transaction ID : 46738FD49F8C4AA3110F
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Rodriguez, Leopoldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1199 S Federal Hwy Ste 392
 City Boca Raton State FL Zip Code 33432-7335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Envision Physician Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 17 / 2018
Transaction ID : 481295EBC6FFDDB3D3FC
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rodriguez-Alfonzo, Luis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6625 SW 58th St
 City South Miami State FL Zip Code 33143-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Miami Medical Group Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 31 / 2018
Transaction ID : 40EBACB5AACA63ED6AE
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Rolfe, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Horseshoe Dr
 City Alexandria State LA Zip Code 71301-2616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MLAC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 17 / 2018
Transaction ID : 414BBCAD047B3C951558
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Rosemeier, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8713 Lake Tibet Ct
 City Orlando State FL Zip Code 32836-5481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP of Florida Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 9133A9BD-9323-47DC-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ross, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9435 Huntcliff Trce
 City Atlanta State GA Zip Code 30350-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PSA - Emory Saint Josephs Hospital Occupation (for Individual) CAA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 25 / 2018
Transaction ID : 40D297E72B342683631A
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Rothman, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Estbury Ct
 City Nashville State TN Zip Code 37215-5801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 05 / 21 / 2018
Transaction ID : 4090ACDE85DB363803C1
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Rowan, Cody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Greystone Ct
 City Durham State NC Zip Code 27713-9362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2018
Transaction ID : DAB4AAC6-3648-45DB-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Royster, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3950 Fairsted Dr
 Apt 569
 City Raleigh State NC Zip Code 27612-4570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AANC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 22 / 2018
Transaction ID : 4E0BBD41C0CF3A0D60DC
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Rymell, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7021 Shadow Creek Ct
 City Fort Worth State TX Zip Code 76132-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) usap Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : A44AB9DF-1E49-48DC-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Satterfield, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 White Sail Dr
 City Southington State CT Zip Code 06489-3854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAPA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 11 / 2018
Transaction ID : 412AA05197F6A1797522
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Satterly, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Hawbrook Rd
 City Saint Louis State MO Zip Code 63122-4608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology Associates Inc Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 10 / 2018
Transaction ID : 470CB50557951FDBEC9F
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Scarboro, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Samuel Lyon Way
 City Savannah State GA Zip Code 31411-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South University Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.99

Date of Receipt 05 / 07 / 2018
Transaction ID : 6E33FDC0-5F14-4A54-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Scarboro, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Samuel Lyon Way
 City Savannah State GA Zip Code 31411-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South University Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.99

Date of Receipt 05 / 29 / 2018
Transaction ID : 487A82F15CC71E804404
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Schaller, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4349 E Berkeley St
 City Springfield State MO Zip Code 65809-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.32

Date of Receipt 05 / 27 / 2018
Transaction ID : 45B58E038B1BF41E7973
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Schroeder, Kristopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Observatory Hill Rd
 City Belleville State WI Zip Code 53508-9543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin School of Medi Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2018
Transaction ID : E070FBEE-EB0C-430A-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Schwartz, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11051 Shorecrest Rd
 City Biloxi State MS Zip Code 39532-8176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robin H. Schwartz, MD, PA Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.30

Date of Receipt 05 / 28 / 2018
Transaction ID : 41779DAF897073515111
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Segeleon, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4632 Ellery Ln
 City Indianapolis State IN Zip Code 46250-5676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACI Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 17 / 2018
Transaction ID : 4A78A508FEFDF5F6CB81
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Senn, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 Blue Lake Dr Ste 110
 City Vestavia State AL Zip Code 35243-2372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAM Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2018
Transaction ID : BBB96B48-1011-44C1-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Shah, Pranav, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11460 Willows Green Way
 City Glen Allen State VA Zip Code 23059-5685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 16 / 2018
Transaction ID : 49439793C3010BE95C30
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	591.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shapiro, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Beacon St
 c-86
 City Boston State MA Zip Code 02116-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beth Israel Deaconess Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 14 / 2018
Transaction ID : 46F8AD74E8060254814D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sharp, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Hanover Dr
 City Arlington State TN Zip Code 38002-5373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Memphis Anesthesia Sevices Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 08 / 2018
Transaction ID : 43DCA36099D1BB878DFA
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Shulkosky, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2880 Valley View Cir
 City Erie State PA Zip Code 16509-8014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NAPA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 10 / 2018
Transaction ID : 4186AD7A7C9145575529
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sibert, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 Westwood Plz
 Ste 3325
 City Los Angeles State CA Zip Code 90095-8358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UCLA Health Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 05 / 01 / 2018
Transaction ID : 06A821C1-AF0B-4D5B-
 Amount of Each Receipt this Period
 350.00
 Memo Item

B. Simanonok, Kirsten, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N78W14573 Appleton Ave
 # 212
 City Menomonee Falls State WI Zip Code 53051-4382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Kirsten J Simanonok, MDSC Physician/ Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 05 / 11 / 2018
Transaction ID : 435AA76E882802E0B158
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Simon, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Gellatly Dr
 City Wappingers Falls State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 ENVISION HEALTHCARE PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 05 / 12 / 2018
Transaction ID : 468C93360A46B834ECC1
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Skaff, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Norwood Rd
 City Charleston State WV Zip Code 25314-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Anesthesia Services Inc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.99

Date of Receipt 05 / 04 / 2018
Transaction ID : 4E62ABECB471F5B7CB34
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Skaff, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Norwood Rd
 City Charleston State WV Zip Code 25314-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) General Anesthesia Services Inc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.99

Date of Receipt 05 / 07 / 2018
Transaction ID : 8D845512-7C14-4F57-
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Small, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4259 Lyon Dr
 City Columbus State OH Zip Code 43220-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Professor/Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 02 / 2018
Transaction ID : 42E6B1572E56F49AD709
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Smith, Blair, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAHSF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4FB6BF8550E35616B7F5
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Smith, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Bentley Ct
 City Columbia State MO Zip Code 65202-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology Associates, Inc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 05 / 29 / 2018
Transaction ID : 4B7D90C4C73ED2F63F0F
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Smith, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Belfrey Dr
 City Greer State SC Zip Code 29650-3645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health System Occupation (for Individual) Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018
Transaction ID : C79DB252-A911-4C5D-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	791.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Smith, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2223 Edgemont Ave
 City Bristol State TN Zip Code 37620-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) bas Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 21 / 2018
Transaction ID : 493D8651F003103A42F2
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Song, Zhenkai, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23870 Canyon Vista Ct
 City Diamond Bar State CA Zip Code 91765-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PIH Hospital in Whittier Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2018
Transaction ID : 75261706-0314-409F-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Sorah, Shannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11743 Couch Mill Rd
 City Knoxville State TN Zip Code 37932-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MMC Anesthesia Group Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 13 / 2018
Transaction ID : 49098DA18897F29D6C19
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Souter, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6244 50th Ave NE
 City Seattle State WA Zip Code 98115-7706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 09 / 2018
Transaction ID : 46A4B16988074080F83C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Spence, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1178 NH Route 10
 City Orford State NH Zip Code 03777-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 27 / 2018
Transaction ID : 4919B0663A6D4961B91C
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Spofford, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19140 Baythorn Way
 City Brookfield State WI Zip Code 53045-3812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 21 / 2018
Transaction ID : 4F84B71B86AF6476FC8E
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	249.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Stangl, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1937 Day Island Blvd W
 City University Place State WA Zip Code 98466-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tacoma Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 28 / 2018
Transaction ID : 41418B58BC706BE09D91
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Stanley, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2733 Fillmore Ave
 City Ogden State UT Zip Code 84403-0418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rocky Mountain anesthesiology Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 03 / 2018
Transaction ID : 4241AECE21841FFA2C13
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Stapleton, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Shantilly Ter
 City Tallahassee State FL Zip Code 32312-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesiology Associates of Tallahass Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 14 / 2018
Transaction ID : 4A05AD04C8F2DDAFEDAE
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 95 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Steed, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 Imperial Sq
 City Odenton State MD Zip Code 21113-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens National Medical Center Occupation (for Individual) Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2018
Transaction ID : A49447DD-A418-464A-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stein, Erica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3175 Tremont Rd Unit 313
 City Columbus State OH Zip Code 43221-2013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 11 / 2018
Transaction ID : 48DEA51FCB57AF8FF89A
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stephenson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 926 E Rock Springs Rd NE
 City Atlanta State GA Zip Code 30306-3046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PSA Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 28 / 2018
Transaction ID : 4588BD18D8A4BD9A6A71
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stever, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Downshire Ln
 City Decatur State GA Zip Code 30033-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Healthcare Occupation (for Individual) certified anesthesiologist assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 29 / 2018
Transaction ID : 4B4B8D1FF2E26878A415
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Stone, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Laurelwood Rd
 City Orange State CT Zip Code 06477-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridgeport Anesthesia Assoc Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 11 / 2018
Transaction ID : 479EBB83AE21F09178B7
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stopa, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2310 Oak St
 City Virginia Beach State VA Zip Code 23451-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Anesthesia, Inc. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2018
Transaction ID : 41628DA118D78AC8B6CC
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	224.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Street, Austin, , ,
Mailing Address 3964 Goodfellow Dr

City Dallas	State TX	Zip Code 75229-2722
----------------	-------------	------------------------

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

Name of Employer (for Individual) UT Southwestern	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2018

Transaction ID : 411EA77B44741DB8D434

Amount of Each Receipt this Period
41.66

Memo Item

B. Stroh, Jan, , ,
Mailing Address 14908 SE 66th St

City Bellevue	State WA	Zip Code 98006-5022
------------------	-------------	------------------------

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

Name of Employer (for Individual) Matrix Anesthesia	Occupation (for Individual) physician anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

Transaction ID : 4060B58E5F5A6BDC25AB

Amount of Each Receipt this Period
83.33

Memo Item

C. Stroud, Jason, , ,
Mailing Address 8132 Deerpointe Dr

City Toledo	State OH	Zip Code 43617-1819
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Toledo	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2018

Transaction ID : 4CDF8159C96D40C84BF6

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sullivan, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 Canterbury Ln
 City Sewickley State PA Zip Code 15143-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 41A89279373A80828ECF
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sunku, Shanthan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 Countryside Rd
 City Seven Valleys State PA Zip Code 17360-8964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Specialits of Bethlehem Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 28 / 2018
Transaction ID : 4A1EA6B79A5939582710
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Surgenor, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Medical Center Dr
 City Lebanon State NH Zip Code 03756-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth Occupation (for Individual) Compliance officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 636C72B0-5857-4B4E-
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sutton, Frank, , , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Town Square Blvd
 Apt 411
 City Asheville State NC Zip Code 28803-5085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 05 / 05 / 2018
Transaction ID : 444FAE045BAF509C6DCA
 Amount of Each Receipt this Period 99.00
 Memo Item

B. Suyderhoud, Johan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 Wornall Rd
 City Kansas City State MO Zip Code 64111-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Lukes Physician Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2018
Transaction ID : 454186FA3E1257F615F4
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Swade, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 W 58th St
 City Kansas City State MO Zip Code 64113-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lukes Plaza Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 28 / 2018
Transaction ID : 437D95C548D9B16F8ABB
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	282.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sween, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Marchand Ct
 City Atlanta State GA Zip Code 30328-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Specialists in Anesthesia PC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 06 / 2018
Transaction ID : 43368C0C0825477537B8
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sweeney, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Weymouth Dr
 City Rochester State NY Zip Code 14625-1917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 14 / 2018
Transaction ID : 4B87A174720E3C90638D
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Terry, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Appling Way
 City Durham State NC Zip Code 27703-9277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2018
Transaction ID : 01CC061B-F16F-42B0-
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	466.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17707 Voss Rd
 City Dallas State TX Zip Code 75287-6766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2018
Transaction ID : CFCB116D-83BB-4CF0-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Tibbals, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10207 NE 62nd St
 City Kirkland State WA Zip Code 98033-6929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Matrix Anesthesia, PS Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 06 / 2018
Transaction ID : 497C80F75B2A42B73BC5
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Tomecka, Magdalena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watch Harbour Ct
 City Suffolk State VA Zip Code 23435-3179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAI Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 25 / 2018
Transaction ID : 4376875C88B9B64439B5
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Totten, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3073 Obrien Dr
 City Tallahassee State FL Zip Code 32309-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesiology Associates of Tallahassee Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 29 / 2018
Transaction ID : 4400BD67E7CBAC187A57
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Tountas, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2907 Dorell Ave
 City Orlando State FL Zip Code 32814-6758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP/Florida Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 10 / 2018
Transaction ID : 45B0B7E027B488D83185
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Townsley, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2539 Aspen Cove Dr
 City Vestavia State AL Zip Code 35243-2445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama Health Services Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2018
Transaction ID : 3533D2C1-1B6F-4C4A-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.32
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 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Treskov, Ilya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 S Euclid Ave
 Anes. Dept., # 8054
 City Saint Louis State MO Zip Code 63110-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OAA Occupation (for Individual) ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2018
Transaction ID : 41C33594-D7BD-4C9E-
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Tsai, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 W 22nd St
 Apt 8D
 City New York State NY Zip Code 10011-2730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) York Anesthesiologists, PLLC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 04 / 2018
Transaction ID : 4643A355318C1CE839D8
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Turner, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Highland Ave
 Dept of
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 28 / 2018
Transaction ID : 43BEA0FCF9315C45D32C
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.32
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Turner, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1975 Camden Forest Dr
 City Winston Salem State NC Zip Code 27127-4684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Physician 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
 05 / 11 / 2018
Transaction ID : BE28F202-F698-447A-
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Turner, Katja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 Southway Dr
 City Columbus State OH Zip Code 43221-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner medical c Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2018
Transaction ID : 40778A5A3F8D87952891
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Tweedie, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4O Skyline Rd
 City Bangor State ME Zip Code 04401-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMMC Occupation (for Individual) MD
 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
 05 / 14 / 2018
Transaction ID : 7D5491E9-CEAD-4875-
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Tzeng, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 582 S Rex Blvd
 City Elmhurst State IL Zip Code 60126-4259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DVA Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 12 / 2018
Transaction ID : 40AC909287C84956E5FE
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Urman, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 Grove St
 City Lexington State MA Zip Code 02420-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 23 / 2018
Transaction ID : 4457AFD481609CA1C3CB
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Vacula, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13376 Marigold Trl
 City Belton State TX Zip Code 76513-6957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Scott & White Health Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 27 / 2018
Transaction ID : 4A8C8ADD04CBD1690FFE
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	199.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vandervliet, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 W Jefferson St
 City Ann Arbor State MI Zip Code 48103-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Ann Arbor Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2018
Transaction ID : 4D6783A7-C3F9-41A8-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Vaneyk, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 E Quincy Ave
 City Englewood State CO Zip Code 80113-4914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CPMG Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1208.30

Date of Receipt 05 / 05 / 2018
Transaction ID : 47D09E9BCAFCBFAF1900
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Vanmatre, Reed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3501 William Pope Wynd
 City Raleigh State NC Zip Code 27612-8300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2018
Transaction ID : 4F34915882DD47F52D07
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	591.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vasudevan, Murari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 Somerset Dr
 City Prairie Village State KS Zip Code 66206-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAKC-KANSAS CITY Occupation (for Individual) PEDIATRIC ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 23 / 2018
Transaction ID : 471483E1C8607A9B0B2C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Villani, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Green Glades
 City Ridgeland State MS Zip Code 39157-8662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physician Anesthesia Group, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 25 / 2018
Transaction ID : 44C58AAE6E4B641AE420
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Vinta, Sandhya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1551 Moncrey Ave
 City League City State TX Zip Code 77573-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2018
Transaction ID : 4EA9B4F84F3F621899C5
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vizena, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 Skipping Stone Ct
 City Timnath State CO Zip Code 80547-4406
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NCAP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 1693C569FC66A40898A
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Walsh, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3224 Executive Park Cir
 City Mobile State AL Zip Code 36606-2812
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Metro anesthesia and Pain services Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2018
Transaction ID : 0FFD21A1-8F57-42A4-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Wang, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Providence Rd Ste 101
 City Charlotte State NC Zip Code 28207-1437
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Providence Anesthesiology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 07 / 2018
Transaction ID : 434DA368BCEFE322B78A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 109 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Warner, Travis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6220 E Tanuri Valley Pl
 City Tucson State AZ Zip Code 85750-1814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Old Pueblo Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 06 / 2018
Transaction ID : 4D7288A5857083F6568B
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Warren, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Churchill Downs
 City Greenville State SC Zip Code 29615-6060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GHS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 27 / 2018
Transaction ID : 4B2E972AF21CB460BB41
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Warrier, Smitha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 794 E 16th Ave
 City Salt Lake City State UT Zip Code 84103-3705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 06 / 2018
Transaction ID : 41898406C80EA45A5438
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.65
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 110 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Weigel, Wade, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 9th Ave
Mail Stop B2-AN

City Seattle State WA Zip Code 98101-2756

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

Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 15 / 2018**

Transaction ID : A5B1060C-56F3-4974-

Amount of Each Receipt this Period 1000.00

Memo Item

B. Weiner, Ivan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10527 Emerald Chase Dr

City Orlando State FL Zip Code 32836-5862

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

Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt **05 / 04 / 2018**

Transaction ID : 4FE99E70C31474C7F03B

Amount of Each Receipt this Period 83.33

Memo Item

C. Weiss, Alan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 960 Royal Arms Dr

City Girard State OH Zip Code 44420-1652

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

Name of Employer (for Individual) Bel-Park Anesthesia, Inc. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 833.34

Date of Receipt **05 / 07 / 2018**

Transaction ID : 4C3D8F72-F2A9-4C38-

Amount of Each Receipt this Period 833.34

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1916.67

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 111 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weller, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 Legacy Trce
 City Cincinnati State OH Zip Code 45237-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seven Hills Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 08 / 2018
Transaction ID : 45D1AAC410ABB5692DC1
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Wells, Lynda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4098 Wood Ln
 City Keswick State VA Zip Code 22947-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Health System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 27 / 2018
Transaction ID : 4136AF2AF0F28937A4AD
 Amount of Each Receipt this Period 83.33
 Memo Item

C. West, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 515
 City Lakemont State GA Zip Code 30552-0009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northside Anesthesiology Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018
Transaction ID : 023EEA2F38105D2DBF2
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Whitman, Frances, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5760 Hathaway Pkwy
 Apt 2123
 City Plano State TX Zip Code 75024-5633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 11 / 2018
Transaction ID : DEF8E1F3-20DB-43C9-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Whitman, Frances, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4517 Staten Island Ct
 City Plano State TX Zip Code 75024-4713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 12 / 2018
Transaction ID : 403C8587021E8153467C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wilhite, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 Bel Bridge Cir
 City Midlothian State VA Zip Code 23113-6493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 30 / 2018
Transaction ID : 4CE4A141E865E229856F
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	591.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wlody, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W 107th St
 Apt 6C
 City New York State NY Zip Code 10025-3097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Downstate Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 15 / 2018
Transaction ID : 4E32B76ED295E9EBB43C
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Wojciechowski, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7743 Eleventh Hour Ln
 City West Chester State OH Zip Code 45069-3857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Cincinnati Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.15

Date of Receipt 05 / 25 / 2018
Transaction ID : 45DB979DFC96F4F68846
 Amount of Each Receipt this Period 45.83
 Memo Item

C. York, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Old Village Rd
 City Ozark State AL Zip Code 36360-4525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Troy Regional Medical Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 05 / 2018
Transaction ID : 4B1899EB60990D308FF7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Young, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 E 9th St
 Apt 14K
 City New York State NY Zip Code 10003-5944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Morris Anesthesia Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2018
Transaction ID : 9E7D61D0097B6DA25D8
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Zerwas, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 Riva Ridge Dr
 City Richmond State TX Zip Code 77406-8680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt 05 / 15 / 2018
Transaction ID : 42D9A64A4D9832842102
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Zhou, Jie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Francis St
 Dept of
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2018
Transaction ID : 6A4315C4-24D2-4AE0-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1208.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zinner, Joshua, , ,

Mailing Address 6209 S Haynes Ave

City Ozark	State MO	Zip Code 65721-6801
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2018

Transaction ID : 198786A3F8CCC79AC9

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	66691.23

**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 116 OF 136
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Friends Of Elizabeth Esty

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

Mailing Address PO Box 61

City Cheshire	State CT	Zip Code 06410
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00494203

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2018

Transaction ID : D6918A249EEBBF6BF8C

Amount of Each Receipt this Period
2500.00

Memo Item
Refund of 1-24-2018 Contribution, 2018 General

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. DC Arena LP

Mailing Address 601 F Street, NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Executive Suite Privilege Plan 2017-2018 second payment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : VCE7F3AE14

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2018			

FEC Identification Number

C

Transaction ID : VDF6F67008C

Amount of Each Disbursement this Period

1818.27

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : V75092565E;

Amount of Each Disbursement this Period

55.00

Memo Item

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

26873.27

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : V158023D5B1

Amount of Each Disbursement this Period

[REDACTED] 461.27

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City
Hagerstown

State
MD

Zip Code
21741

Purpose of Disbursement
Funds deducted in error by credit card processor to be refunded to ASA PAC,
see memo text

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : V303B0FC20C

Amount of Each Disbursement this Period

[REDACTED] 18005.53

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

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

[REDACTED] 18466.80

[REDACTED] 45340.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Alan Lowenthal For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement 2018 General

Category/Type

Candidate Name Lowenthal, Alan, Stuart, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 47

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D3EEEA8D00
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Barbara Lee For Congress

Mailing Address 333 Hegenberger Rd, Ste 369

City Oakland State CA Zip Code 94621

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Lee, Barbara, Jean, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B5868ED7C1!
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement 2018 General

Category/Type

Candidate Name Bera, Amerish, B., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: CA District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 3521353F70E
 Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Blue Dog Political Action Committee

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00305318

Transaction ID : C0FF8157BA

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brenda Lawrence For Congress

Mailing Address P.O. Box 3060

City
Southfield

State
MI

Zip Code
48037

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Lawrence, Brenda, L., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: MI

District: 14

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2018

FEC Identification Number

C C00552588

Transaction ID : 5E8B7EDFF6I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City
Kansas City

State
MO

Zip Code
64112

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Cleaver, Emanuel, , , II

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MO

District: 05

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number

C C00395848

Transaction ID : 7523C02440I

Amount of Each Disbursement this Period

1500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Linda Sanchez

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Sanchez, Linda, T., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C00384057

Transaction ID : FC436C1BF3

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Culberson For Congress

Mailing Address P.O. Box 41964

City
Houston

State
TX

Zip Code
77241

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Culberson, John, Abney, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C00343236

Transaction ID : 4B0ABC9839

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Brian Babin For Congress

Mailing Address PO Box 159

City
Woodville

State
TX

Zip Code
75979-0159

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Babin, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2018

FEC Identification Number

C00553859

Transaction ID : 4FF9D390E2

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little Rock

State
AR

Zip Code
72217

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Hill, J. French, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2018

FEC Identification Number

C C00551275

Transaction ID : 4D3D138B4E

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Murphy, Christopher, Scott, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	24	/	2018

FEC Identification Number

C C00492645

Transaction ID : A97D3C2C53

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Mailing Address PO Box 841

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
2022 Primary

011

Category/
Type

Candidate Name

Thune, John, Randolph, ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2018

FEC Identification Number

C C00409581

Transaction ID : 3CDF0C353F

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Matt Gaetz

Mailing Address PO Box 168

City
Mary Ester

State
FL

Zip Code
32569

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Gaetz, Matt, Jerry, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	8

FEC Identification Number

C C00612432

Transaction ID : 6566CF8EBE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Mazie Hirono

Mailing Address PO Box 677

City
Honolulu

State
HI

Zip Code
96809

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Hirono, Mazie, Keiko, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	8

FEC Identification Number

C C00420760

Transaction ID : ACAFD49D21

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City
Homewood

State
AL

Zip Code
35209

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Palmer, Gary, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C C00551374

Transaction ID : 5BE8F4494F

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Handel For Congress, Inc.

Mailing Address 4010 Old Milton Pkwy

City Alpharetta State GA Zip Code 30005

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Handel, Karen, C., ,

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

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C C00633362

Transaction ID : C01C676FBF
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Heller, Dean, Arthur, ,

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

State: NV District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00494229

Transaction ID : 872BA90418A
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hellerhighwater PAC

Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Hellerhighwater PAC

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C C00471607

Transaction ID : 7672EA8908
Amount of Each Disbursement this Period

5000.00

Memo Item

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

11500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Duncan, Jeffrey, D., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 03

Date of Disbursement
MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number
C C00460550
Transaction ID : B3547883E6F
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Kennedy, Joseph, Patrick, , III

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 04

Date of Disbursement
MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number
C C00512970
Transaction ID : 02CED7FCF9
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Julio Gonzalez For Congress

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Gonzalez, Julio, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 17

Date of Disbursement
MM / DD / YYYY
05 / 24 / 2018

FEC Identification Number
C C00671537
Transaction ID : DA98E2F3FL
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Kansans For Marshall

Mailing Address PO Box 1588

City: Great Bend State: KS Zip Code: 67530

Purpose of Disbursement: 2018 General

011
Category/Type

Candidate Name: Marshall, Roger, W., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)
 State: KS District: 01

Date of Disbursement: 05 / 31 / 2018

FEC Identification Number: C00576173
Transaction ID : 79AE4310A9
 Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Roberts For Congress

Mailing Address 6810 Cypress Creek Pkwy

City: Houston State: TX Zip Code: 77069

Purpose of Disbursement: 2018 Primary Run-Off

011
Category/Type

Candidate Name: Roberts, Kevin, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) Runoff
 State: TX District: 02

Date of Disbursement: 05 / 10 / 2018

FEC Identification Number: C00660118
Transaction ID : CC7A394314
 Amount of Each Disbursement this Period: 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5Th Avenue S Room 411

City: La Crosse State: WI Zip Code: 54601

Purpose of Disbursement: 2018 Primary

011
Category/Type

Candidate Name: Kind, Ronald, James, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify)
 State: WI District: 03

Date of Disbursement: 05 / 29 / 2018

FEC Identification Number: C00312017
Transaction ID : A28925C24F
 Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Lance Gooden For Congress Committee

Mailing Address 215 Elm Drive

City
Terrell

State
TX

Zip Code
75160

Purpose of Disbursement
2018 Primary Run-Off

Category/
Type

Candidate Name

Gooden, Lance, , ,

Office Sought: House
 Senate
 President

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

State: TX District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 6DEC92EB67

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lofgren For Congress

Mailing Address C/O Contribution Solutions, Llc
1346 The Alameda, Ste. 7-380

City
San Jose

State
CA

Zip Code
95126

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Lofgren, Zoe, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 19

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B55B097E847

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152-0485

Purpose of Disbursement
2018 Contribution

Category/
Type

Candidate Name

Making America Prosperous PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9F77059E255

Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. McCaul For Congress, Inc

Mailing Address 815-A Brazos St
Pmb 230

City
Austin

State
TX

Zip Code
78701-2514

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

McCaul, Michael, Thomas, , Sr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C C00392688

Transaction ID : 177822B5A8e

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. McKinley For Congress

Mailing Address PO Box 642

City
Morgantown

State
WV

Zip Code
26507

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

McKinley, David, B., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number

C C00473132

Transaction ID : DAC0736921f

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Meadows For Congress

Mailing Address PO Box 811

City
Hendersonville

State
NC

Zip Code
28793

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Meadows, Mark, Randall, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number

C C00503094

Transaction ID : 87332E3CA9

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 700 13Th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name
Pelosi, Nancy, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A008CF05EE
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496-6381

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name
Olson, Peter, Graham, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: TX District: 22

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8F62E560143
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Cook For Congress

Mailing Address PO Box 365

City Yucca Valley State CA Zip Code 92286-0365

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name
Cook, Paul, Joseph, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 048D67B7A2
Amount of Each Disbursement this Period

Memo Item

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Tonko, Paul, David, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 20

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number

C C00450049
Transaction ID : DB09094BD8
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Progress United PAC

Mailing Address 2308 Mt Vernon Avenue Suite 222

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Progress United PAC

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

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2018

FEC Identification Number

C C00616730
Transaction ID : F3A61769C79
Amount of Each Disbursement this Period
50000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Progress United PAC

Mailing Address 2308 Mt Vernon Avenue Suite 222

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Progress United PAC

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

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2018

FEC Identification Number

C C00616730
Transaction ID : 596FC887DA
Amount of Each Disbursement this Period
25000.00

Memo Item

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

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

76000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Ralph Abraham For Congress

Mailing Address P.O. Box 14062

City
Monroe

State
LA

Zip Code
71207-4062

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Abraham, Ralph, Lee, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2018

FEC Identification Number

C C00563940

Transaction ID : 86E906F821F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ralph Abraham For Congress

Mailing Address P.O. Box 14062

City
Monroe

State
LA

Zip Code
71207-4062

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Abraham, Ralph, Lee, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2018

FEC Identification Number

C C00563940

Transaction ID : F626735B70B

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Party Of Kentucky

Mailing Address PO Box 1068

City
Frankfort

State
KY

Zip Code
40602

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Republican Party Of Kentucky

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2018

FEC Identification Number

C C00156810

Transaction ID : 9D0877D889

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Reviving American Jobs Again PAC

Mailing Address PO Box 68412

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Reviving American Jobs Again PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	8

FEC Identification Number

C00649772

Transaction ID : CFAD93D40E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address P. O. Box 713

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Roskam, Peter, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	8

FEC Identification Number

C00410969

Transaction ID : A22503ABDD

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ryan Costello For Congress

Mailing Address PO Box 3154

City
West Chester

State
PA

Zip Code
19381-3154

Purpose of Disbursement
Void 02-21-2018 Contribution, 2018 General

011

Category/
Type

Candidate Name

Costello, Ryan, A., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	8

FEC Identification Number

C00554899

Transaction ID : EB7679F8A9

Amount of Each Disbursement this Period

- 2500.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Smucker For Congress

Mailing Address 548 Steel Way
PO Box 7066

City Lancaster State PA Zip Code 17604

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Smucker, Lloyd, K., ,

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

State: PA District: 11

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number

C C00599464
Transaction ID : A74C21CC02
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Davis For Congress

Mailing Address P.O. Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Davis, Susan, A., ,

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

State: CA District: 53

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C C00344671
Transaction ID : AC7F7259FDI
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Tenn Political Action Committee Inc (TENN PAC)

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00388421
Transaction ID : B12974582B
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Tj Cox For Congress

Mailing Address PO Box 804

City Selma State CA Zip Code 93662

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name

Cox, T.J., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2018

FEC Identification Number

C C00648956

Transaction ID : 125D500F106

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name

Upton, Frederick, Stephen, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2018

FEC Identification Number

C C00200584

Transaction ID : 2FA70F541F7

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Walters For Congress

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement 2018 General

011
Category/
Type

Candidate Name

Walters, Mimi, K., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2018

FEC Identification Number

C C00546853

Transaction ID : 933725E628E

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name

Zeldin, Lee, M., ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D36B881A17
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name

Zeldin, Lee, M., ,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : C42D32DA511
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Larry Hogan for Governor

Mailing Address 69 Franklin Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 3513DA6676C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NC Citizens for Patient Safety

Mailing Address 8510 Six Forks Road Suite 102

City Raleigh State NC Zip Code 27615

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 254A61EEC0I
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans for a Stronger Economy

Mailing Address 310 Morton St. #99

City Richmond State TX Zip Code 77469

Purpose of Disbursement Nonfederal Contribution

011
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : DB481C91A6C
Amount of Each Disbursement this Period

Memo Item

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

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