# 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 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on 11 / 06 / 2018 in the State of IL

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

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

Type or Print Name of Treasurer Steininger , Lisa, , ,

Signature of Treasurer *Steininger , Lisa, , ,* ***[Electronically Filed]*** Date 12 / 05 / 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.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# 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: 10 / 18 / 2018 To: 11 / 26 / 2018

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2018 | | 925368.80 |
| (b) Cash on Hand at Beginning of Reporting Period | 788101.12 | |
| (c) Total Receipts (from Line 19) | 85667.69 | 2328019.13 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 873768.81 | 3253387.93 |
| 7. Total Disbursements (from Line 31) | 317701.88 | 2697321.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 556066.93 | 556066.93 |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

**For further information contact:**

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

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

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)



Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Report Covering the Period: From: M M 10 / D D 18 / Y Y Y Y 2018 To: M M 11 / D D 26 / Y Y Y Y 2018

| 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) | 73338.31 | 1828585.43 |
| (ii) Unitemized | 12329.38 | 420462.30 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 85667.69 | 2249047.73 |
| (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) ▶ | 85667.69 | 2249047.73 |
| 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 | 16971.40 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 10500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 51500.00 |
| 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)) ▶ | 85667.69 | 2328019.13 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 85667.69 | 2328019.13 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)



| 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 | 14701.88 | 177835.67 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 14701.88 | 177835.67 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 248000.00 | 2095500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 53000.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2228.33 |
| (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)) ▶ | 0.00 | 2228.33 |
| 29. Other Disbursements (Including Non-Federal Donations) | 55000.00 | 368757.00 |
| 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)) | 317701.88 | 2697321.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 317701.88 | 2697321.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)



| 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) | 85667.69 | 2249047.73 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2228.33 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 85667.69 | 2246819.40 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 14701.88 | 177835.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 16971.40 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶ | 14701.88 | 160864.27 |

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abdelmalak, Basem, , ,

Mailing Address 14780 Morgan Trl

City: Novelty | State: OH | Zip Code: 44072-9658

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.10

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4195891FC6FCA22DA155**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abernathy, Courtney, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 4BE2AB6D128EF32170A6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abouleish, Amr, , ,

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 ▼ 966.63

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 4FDAB3473351B659A905**

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

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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: Adanin, Simon, , ,
Mailing Address: 2516 Waukegan Rd # 353
City: Glenview | State: IL | Zip Code: 60025-1774
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): MAL LLC
Occupation (for Individual): PHYSICIAN
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 666.64
Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018
**Transaction ID : 480CAC338FA2CE31D10F**
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Afroze, Farzana, , ,
Mailing Address: 524 Sir Charles Way
City: Albany | State: NY | Zip Code: 12203-6002
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Albany Medical Center
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018
**Transaction ID : 48879F8F51948A4DC358**
Amount of Each Receipt this Period: 25.00
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Agarwal, Rita, , ,
Mailing Address: 390 Margarita Ave
City: Palo Alto | State: CA | Zip Code: 94306-2824
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Stanford
Occupation (for Individual): Anesthesiologists
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1349.98
Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018
**Transaction ID : 40388D6F198D3DD2A92E**
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 191.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Agarwal, Rita, , ,

Mailing Address 390 Margarita Ave

City: Palo Alto | State: CA | Zip Code: 94306-2824

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Stanford
Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F6F99A1E07391C0DE90**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Albert, Moses, , ,

Mailing Address 6 Christopher Way

City: Anniston | State: AL | Zip Code: 36207-6318

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EPIX HEALTHCARE
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 41788FD416FD8ED48471**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Albert, Moses, , ,

Mailing Address 6 Christopher Way

City: Anniston | State: AL | Zip Code: 36207-6318

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EPIX HEALTHCARE
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4EC188D6EC92C4FAF83A**

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

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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
Albrecht, Eric, , ,

Mailing Address 940 Jamestown Cres

City: Norfolk | State: VA | Zip Code: 23508-1433

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 716.64

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 472BA7D5947E9A21588B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 58991 290th St

City: Cambridge | State: IA | Zip Code: 50046-8510

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): McFarland Clinic

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.66

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4DC795FB7DA515569DF6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, James, , ,

Mailing Address 1923 S Utica Ave

City: Tulsa | State: OK | Zip Code: 74104-6520

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St. John Clinic

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4C718010AC6B8B3B2F05**

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

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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
Allred, Anna, , ,

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): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 421CB4444C2868840B93**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Charles, , ,

Mailing Address 275 Lone Pine Ln

City: The Dalles | State: OR | Zip Code: 97058-9724

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 ▼ 749.97

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 44CCB068EA9F3D792ABC**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Charles, , ,

Mailing Address 275 Lone Pine Ln

City: The Dalles | State: OR | Zip Code: 97058-9724

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 ▼ 749.97

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4D18A540EC18E770A8D5**

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

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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
Angelucci, Michael, , ,

Mailing Address 59 Noble Way

City: Queensbury | State: NY | Zip Code: 12804-8135

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 ▼ 479.13

Date of Receipt: 10 / 25 / 2018

**Transaction ID : 4A5CBE71F5BF857125CF**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Angelucci, Michael, , ,

Mailing Address 59 Noble Way

City: Queensbury | State: NY | Zip Code: 12804-8135

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 ▼ 479.13

Date of Receipt: 11 / 25 / 2018

**Transaction ID : 4E239F6A1522F7876E89**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Angelucci, Michael, , ,

Mailing Address 59 Noble Way

City: Queensbury | State: NY | Zip Code: 12804-8135

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 ▼ 479.13

Date of Receipt: 11 / 26 / 2018

**Transaction ID : E1A83CB7-C235-4075-**

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.66

**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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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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
Angus, Shane, , ,

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 ▼ 916.63

Date of Receipt: 11 / 08 / 2018

**Transaction ID : 42928119700CD7681193**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Applegate, Richard, , , II

Mailing Address 1810 E Citrus Ave

City: Redlands | State: CA | Zip Code: 92374-7604

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of California
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 4B40B98C71B74D05B038**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Applegate, Richard, , , II

Mailing Address 1810 E Citrus Ave

City: Redlands | State: CA | Zip Code: 92374-7604

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of California
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 44C6B81A819B9C63E844**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arron, Brett, , ,

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 ▼ 1013.31

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 428D90242F3EFA0FBDBB**

Amount of Each Receipt this Period: 5.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ashe, Jeremiah, , ,

Mailing Address 974 S Redbud Dr

City: La Porte | State: IN | Zip Code: 46350-2837

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ashe Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 417.50

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4C979B1543DADEBB9CD7**

Amount of Each Receipt this Period: 41.75

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ata, Sana, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 443D80A8D2F64C9B29B7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 130.08

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atkins, Joshua, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B7B99BAB3211E609EC0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atkins, Joshua, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E5E9B88F285CA23062C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atwater, Robert, , ,

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 ▼ 837.50

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 477990118F18A11A4965**

Amount of Each Receipt this Period: 83.75

☐ 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

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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
Azzariti, John, , , Jr

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 ▼ 916.63

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4CFA99E15E69CC9BA0F7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bacani, Christopher, , ,

Mailing Address 198 Botany Blvd

City: Santa Rosa Beach | State: FL | Zip Code: 32459-2615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Panhandle Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.64

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 44C280C94A8A3E913D9A**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahadorani, Bobby, , ,

Mailing Address 29 Barnes Rd

City: Tustin | State: CA | Zip Code: 92782-3750

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allied Anesthesia
Occupation (for Individual): Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 283.30

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4ACB9B182F083941A076**

Amount of Each Receipt this Period: 8.33

☐ 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

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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
Baker, Ryan, , ,

Mailing Address 1428 S Quincy Ave
Apt E

City: Tulsa | State: OK | Zip Code: 74120-5834

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St John Anesthesia Services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 399.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4FC28739EBA557BA98FD**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baker, Ryan, , ,

Mailing Address 1428 S Quincy Ave
Apt E

City: Tulsa | State: OK | Zip Code: 74120-5834

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St John Anesthesia Services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 399.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 48FFAE2B3847C1112B11**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bannister, Carolyn, , ,

Mailing Address 13762 Windsor Crown Ct W

City: Jacksonville | State: FL | Zip Code: 32225-2662

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Nemours
Occupation (for Individual): Physicians

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4643A8FCC172C79C32B9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.33

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

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

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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
Baratta, Jaime, , ,

Mailing Address 817 Lombard St

City: Philadelphia | State: PA | Zip Code: 19147-1316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University Hospital
Occupation (for Individual): Anesthesiolgist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 440A97837A97D969CA5D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baratta, Jaime, , ,

Mailing Address 817 Lombard St

City: Philadelphia | State: PA | Zip Code: 19147-1316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University Hospital
Occupation (for Individual): Anesthesiolgist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 49EF81B018BED265B871**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Nancy, , ,

Mailing Address 1732 N Tejon St

City: Colorado Springs | State: CO | Zip Code: 80907-7443

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UCHealth
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4878AAE071FD4888C62F**

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

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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
Bartlotti Telesz, Jennifer, , ,

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): Anesthesiology Specialists of Californ

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 941.63

Date of Receipt: 11 / 04 / 2018

Transaction ID : 4B8DAC136B9982821DBD

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bates, Scott, , ,

Mailing Address 4604 Overton Dr

City: Plano | State: TX | Zip Code: 75074-0137

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): U. S. Anesthesia Partners

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 10 / 25 / 2018

Transaction ID : 4B651B85-3060-4CCC-

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bates, Scott, , ,

Mailing Address 4604 Overton Dr

City: Plano | State: TX | Zip Code: 75074-0137

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): U. S. Anesthesia Partners

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 11 / 04 / 2018

Transaction ID : EAA7A111-1A85-4185-

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

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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
Bates, Scott, , ,

Mailing Address 4604 Overton Dr

City: Plano | State: TX | Zip Code: 75074-0137

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : EC675303-0F9E-442A-**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bauer, Colin, , ,

Mailing Address 1409 Nighthawk Dr

City: Santa Rosa | State: CA | Zip Code: 95409-7307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAMGI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 49ECB082C77764E17533**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bauer, Colin, , ,

Mailing Address 1409 Nighthawk Dr

City: Santa Rosa | State: CA | Zip Code: 95409-7307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAMGI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B3BBFAFFDF4C96B35FF**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bay, Nathan, , ,

Mailing Address 3071 Dogwood Dr S

City: Salem | State: OR | Zip Code: 97302-4070

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kaiser Permanente
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 4569A5B45B5AD3B14C30**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beeson, Timothy, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4D74A7DF1C272EC54823**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Begin, Eileen, , ,

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): MMGA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.92

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4B7CB556C8374BC68BBA**

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

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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
Bendel, Laima, , ,

Mailing Address 503 Brian Pl

City: Morgantown | State: WV | Zip Code: 26505-3371

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WVU Medicine
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 11 / 05 / 2018

**Transaction ID : 4D9CB12FC2CE0152EA1F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berkun, Rose, , ,

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): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.30

Date of Receipt: 10 / 27 / 2018

**Transaction ID : 4A679ACF31F045EC9085**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bermann, Mordechai, , ,

Mailing Address 7 Plymouth Ln

City: East Brunswick | State: NJ | Zip Code: 08816-3322

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 4127B064062CD8789BF3**

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

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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
Bertsch, Stuart, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 49CDAF02BCF77EDC2B1E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bevenour, James, , ,

Mailing Address 661 Ashley Ln

City: Saint Joseph | State: MI | Zip Code: 49085-3334

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self-employed
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A469D5BC7688D812963**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bevenour, James, , ,

Mailing Address 661 Ashley Ln

City: Saint Joseph | State: MI | Zip Code: 49085-3334

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self-employed
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4DD692FC72DDA9E286E7**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biggs, Daniel, , ,

Mailing Address 7912 NW 39th St

City: Woodlawn Park | State: OK | Zip Code: 73008-3150

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Oklahoma
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4607B55497510B75CBE1**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Billstrand, Mary, , ,

Mailing Address 4200 Chinlee Ave NE

City: Albuquerque | State: NM | Zip Code: 87110-5712

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 ▼ 500.00

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : B80BDC97-C7C6-4C15-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Binstock, Wendy, , ,

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): Pediatric Anesthesia Associates
Occupation (for Individual): Physicans

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4508BFCFEF39E2285E28**

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)
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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
Bittenbinder, Timothy, , ,

Mailing Address 2401 S 31st St

City: Temple | State: TX | Zip Code: 76508-0001

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor Scott and White
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 266.66

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4BE0BE4DC00E13E5897E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bledsoe, Amber, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4D659127C1D6747CBB8A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blum, Alfred, , ,

Mailing Address 10199 Southside Blvd
Ste 101

City: Jacksonville | State: FL | Zip Code: 32256-0757

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 ▼ 350.00

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 459C8F2E5C46AF36A6DB**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 191.66

**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

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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
Boehm, Jason, , ,

Mailing Address 4131 E White Oak Dr

City: Springfield | State: MO | Zip Code: 65809-3735

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy - Springfield

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 43DBBDD53D44EFBCE857**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boehm, Jason, , ,

Mailing Address 4131 E White Oak Dr

City: Springfield | State: MO | Zip Code: 65809-3735

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy - Springfield

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42278B0BD089FD7FFACC**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boettcher, Brent, , ,

Mailing Address N79W15382 Goldenrod Dr

City: Menomonee Fls | State: WI | Zip Code: 53051-7312

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 ▼ 266.66

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4230B20F99DED1A76815**

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

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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: Bohman, Bradford, , ,
Mailing Address: 1721 Seven Oaks Ln
City: Ogden | State: UT | Zip Code: 84403-1412
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): RMA
Occupation (for Individual): anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018
Transaction ID : 213932AF-B884-4189-
Amount of Each Receipt this Period: 500.00
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolanos, Edward, , ,
Mailing Address: 780 SW 189th Ter
City: Pembroke Pines | State: FL | Zip Code: 33029-6058
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Envision
Occupation (for Individual): Certified Anesthesiologist Assistant
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018
Transaction ID : 4D01961E677DABB9FFB2
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolanos, Edward, , ,
Mailing Address: 780 SW 189th Ter
City: Pembroke Pines | State: FL | Zip Code: 33029-6058
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Envision
Occupation (for Individual): Certified Anesthesiologist Assistant
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018
Transaction ID : 419B8BAEF67567A24744
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)
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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
Bolton, Kevin, , ,

Mailing Address 5 Sequoyah Rd

City: Colorado Springs | State: CO | Zip Code: 80906-4300

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado Health
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4B5FAD973964567C228A**

Amount of Each Receipt this Period: 30.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bonanno, Anthony, , ,

Mailing Address 13305 Bellaria Cir

City: Windermere | State: FL | Zip Code: 34786-7402

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP Florida
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.98

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 41AE8B0C885D06D2F815**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boryan, Andrew, , ,

Mailing Address 1311 Wilson Ave

City: Chambersburg | State: PA | Zip Code: 17201-1333

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Summit physician services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4FB28C523D5A1135C060**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 154.99

**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

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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
Botero, Juan, , ,

Mailing Address 2950 Cleveland Clinic Blvd
Dept of

City: Weston | State: FL | Zip Code: 33331-3609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): cleveland clinic
Occupation (for Individual): Staff anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 40C7ABEE72044BBACF32**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bottcher, Michael, , ,

Mailing Address N4898 Clifford Dr

City: Onalaska | State: WI | Zip Code: 54650-8209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gundersen Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 6A9B7331-B898-430B-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boyer, Tanna, , ,

Mailing Address 11420 Valley Meadow Dr

City: Zionsville | State: IN | Zip Code: 46077-9342

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): IU Health
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 933.28

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B37B980860F23C3ED67**

Amount of Each Receipt this Period: 66.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1108.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boyer, Tanna, , ,

Mailing Address 11420 Valley Meadow Dr

City: Zionsville | State: IN | Zip Code: 46077-9342

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): IU Health
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 933.28

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A8388FB30D26EC7CAB3**

Amount of Each Receipt this Period: 66.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boyette, Frances, , ,

Mailing Address 8225 Marsh Pointe Dr

City: Montgomery | State: AL | Zip Code: 36117-7432

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 ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4B54ACD1731E35727C4**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Briesacher, Kurt, , ,

Mailing Address 5671 Ptree Dun 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): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4F4385F3D1B5A9D0193F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1108.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Briesacher, Kurt, , ,

Mailing Address 5671 Ptree Dun 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): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 495688ED7953F64D7EBE**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

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 ▼ 916.63

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4B3EB87F8328AAB32D1A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 1 Deer Park Rd

City: Kings Point | State: NY | Zip Code: 11024-2112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mt Sinai Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4D4AB49720458BD147C3**

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brooks Peterson, Melissa, , ,

Mailing Address 95 S Bannock St

City: Denver | State: CO | Zip Code: 80223-1629

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Childrens hospital colorado

Occupation (for Individual): Physician/Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4DD8843ED0BD1A38D696**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brownrigg, Tanner, , ,

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 ▼ 1016.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4D24BB5184B8DFB3FA58**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bruno, Natalie, , ,

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 ▼ 666.64

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2018

**Transaction ID : 478FB61782480933B8EA**

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

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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
Brunson, Claude, , ,

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): University of MS Medical Center

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 44F087928B0623BAF2C8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buchholz, Andrew, , ,

Mailing Address 25000 Montane Dr W

City: Golden | State: CO | Zip Code: 80401-8506

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PAS

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.32

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 40B5B4DAE2056A484DD8**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bueno, Earl, , ,

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 PC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.66

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 42F7A87DABF6D1218A55**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burch, James, , ,

Mailing Address 1656 Central Ave

City: Memphis | State: TN | Zip Code: 38104-5034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAG
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A99984B2E064CEB77D3**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burch, James, , ,

Mailing Address 1656 Central Ave

City: Memphis | State: TN | Zip Code: 38104-5034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAG
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4D58B81DE8C0D3DCBEA2**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burke, Timothy, , ,

Mailing Address 3655 Border Creek Ct

City: Denver | State: NC | Zip Code: 28037-9155

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northstar Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4E6BBFC2FA1C283A1009**

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

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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
Burstrom, Ruth, , ,

Mailing Address 1538 Eagle Ridge Pl 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 ▼ 916.63

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 412ABA46B35FCB4119D0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bux, Anjum, , ,

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 ▼ 849.97

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 45D48EBC76D11AB1EBA5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Byland, James, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4398B8478F35838DECE3**

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

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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
Calodney, Aaron, , ,

Mailing Address PO Box 6605

City: Tyler | State: TX | Zip Code: 75711-6605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Precision Spine Care
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 40369DE571F6C904EA5C**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Brian, , ,

Mailing Address 418 Meadow Brook Ln

City: Mountain Brk | State: AL | Zip Code: 35213-3737

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAB
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 47EF987558F4B19648EB**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

Mailing Address 418 Meadow Brook Ln

City: Mountain Brk | State: AL | Zip Code: 35213-3737

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAB
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 426393489950E2D06347**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.98

**TOTAL** This Period (last page this line 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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Frederick, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4D1EAC2172FA2C0854F7**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

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

Mailing Address 48 Schooner Ridge Rd

City: Cumb Foreside | State: ME | Zip Code: 04110-1127

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Spectrum Healthcare Partners
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 44F685CF587CC56631C8**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carlson, Kenneth, , ,

Mailing Address 127 Perkins Pointe

City: Columbiana | State: AL | Zip Code: 35051

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UAB
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A03BF4B0BEF1EB0B3C0**

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)
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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
Carlson, Kenneth, , ,

Mailing Address 127 Perkins Pointe

City: Columbiana | State: AL | Zip Code: 35051

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAB
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 41AAB60CE44F8A8C44B6**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Caroli, Debra, , ,

Mailing Address 4548 Burke St

City: Orlando | State: FL | Zip Code: 32814-6017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4AFA8AF3177685AEC485**

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Caroli, Debra, , ,

Mailing Address 4548 Burke St

City: Orlando | State: FL | Zip Code: 32814-6017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4CDB931C322A408AC749**

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 458.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carollo, Dominic, , ,

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 ▼ 1170.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4DEB92326A33C0C6177F**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carollo, Dominic, , ,

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 ▼ 1170.00

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4999B90E50567FB6F5CE**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carrillo, Carol, , ,

Mailing Address 6050 Constance St

City: New Orleans | State: LA | Zip Code: 70118-5807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner new orleans
Occupation (for Individual): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 44EBB44B3A37CE97F35D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 241.66

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

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

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

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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
Carrillo, Carol, , ,

Mailing Address 6050 Constance St

City: New Orleans | State: LA | Zip Code: 70118-5807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner new orleans
Occupation (for Individual): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 4155B7335FAE1DAEAD9C**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carstensen, Christine, , ,

Mailing Address 5429 Westwood Cir

City: West Des Moines | State: IA | Zip Code: 50266-2846

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 ▼ 450.00

Date of Receipt: 11 / 08 / 2018

**Transaction ID : 49EABCC2AC813CA5B8D5**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Casey, Matthew, , ,

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 ▼ 1916.63

Date of Receipt: 10 / 18 / 2018

**Transaction ID : 41E6BDED42F26C5AAC7B**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Casey, Matthew, , ,

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 ▼ 1916.63

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 434D9318B5F03AC0E025**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castro, Peter, , ,

Mailing Address 2910 17th St

City: Boulder | State: CO | Zip Code: 80304-3110

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Boulder Valley Anesthesiilogy
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 492AAC87CB026F35F89F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chambers, Carroll, , , Jr

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 Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1791.63

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 4EB091E160A5CAED0ADA**

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

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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
Chambers, Carroll, , , Jr

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 Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1791.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 0052C80A-64D2-4E28-**

Amount of Each Receipt this Period: 916.67

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chambers, Donn, , ,

Mailing Address 5665 Peachtree Dunwoody Rd
St. Josephs Hosp., Anes. Dept.

City: Atlanta | State: GA | Zip Code: 30342-1701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists in Anesthesia, P
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 47DABC61D524C5C2E9CD**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chambers, Donn, , ,

Mailing Address 5665 Peachtree Dunwoody Rd
St. Josephs Hosp., Anes. Dept.

City: Atlanta | State: GA | Zip Code: 30342-1701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists in Anesthesia, P
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B12A3D05D64012D3009**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 999.99

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chang, Beverly, , ,
Mailing Address: 1 Maple St, Apt 1101
City: Redwood City | State: CA | Zip Code: 94063-1964
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): NYU
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 10 / 22 / 2018
Transaction ID : 45F8A89C7558B470104F
Amount of Each Receipt this Period: 50.00
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chang, Beverly, , ,
Mailing Address: 1 Maple St, Apt 1101
City: Redwood City | State: CA | Zip Code: 94063-1964
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): NYU
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 11 / 22 / 2018
Transaction ID : 4251A38DB937557EECE1
Amount of Each Receipt this Period: 50.00
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chen, Tzong-Huei, , ,
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): Cardiac anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 558.26
Date of Receipt: 11 / 06 / 2018
Transaction ID : 46839E22FE7E9786CDB4
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 141.66

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chidgey, Brooke, , ,

Mailing Address 208 Village Crossing Dr

City: Chapel Hill | State: NC | Zip Code: 27517-7558

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Carolina School of
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 42ADAC8F2718075B4316**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Childers, Adam, , ,

Mailing Address 140 43rd St

City: Pittsburgh | State: PA | Zip Code: 15201-3148

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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4AAC907EE1279247A1F6**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

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 ▼ 833.30

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 4AF1A1A01B48CAB2EC3B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 158.33

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



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

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

Mailing Address 19358 Athos Pl

City: Saratoga | State: CA | Zip Code: 95070-5139

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vituity Anesthesia Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4C6B97EE0CB4FBA10970**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chow, Harrison, , ,

Mailing Address 19358 Athos Pl

City: Saratoga | State: CA | Zip Code: 95070-5139

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vituity Anesthesia Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 44B58DC2F75289FF0377**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

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

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 ▼ 916.63

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4A718B9253ABCB1E6948**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 133.33

**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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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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
Clement, Timothy, , ,

Mailing Address 100 Dana Ave

City: Wenatchee | State: WA | Zip Code: 98801-1768

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Wenatchee Valley Medical Group
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 409E8BA8537AB847E953**

Amount of Each Receipt this Period: 16.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Codreanu, Andrei, , ,

Mailing Address 1 Oxford Rd

City: Farmington | State: CT | Zip Code: 06032-1432

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA Anesthesia CT
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 42CB99873A76053C748C**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colavita, Richard, , ,

Mailing Address 1707 Beacon Ln

City: Point Pleasant Bea | State: NJ | Zip Code: 08742-4665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NORTH AMERICAN PARTNERS IN ANESTHESIA
Occupation (for Individual): SVP CLINICAL SERVICES (PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4678A39F07330AE9A72E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.99

**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

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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
Colavita, Richard, , ,

Mailing Address 1707 Beacon Ln

City: Point Pleasant Bea | State: NJ | Zip Code: 08742-4665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NORTH AMERICAN PARTNERS IN ANESTHESIA
Occupation (for Individual): SVP CLINICAL SERVICES (PHYSICIAI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42B8890673677EFC4A3A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coleman, Matthew, , ,

Mailing Address 1236 Van Voorhis Rd
Apt B3

City: Morgantown | State: WV | Zip Code: 26505-3466

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mon Health Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 0D2A4941-39F5-436C-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colligan, Joseph, , , Jr

Mailing Address 1330 Wild Rose Ln

City: Lake Forest | State: IL | Zip Code: 60045-3658

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Merus Management Group, Ltd.387 Shuman
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4380B9CC682CCA5533AD**

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

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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
Colligan, Joseph, , , Jr

Mailing Address 1330 Wild Rose Ln

City: Lake Forest | State: IL | Zip Code: 60045-3658

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Merus Management Group, Ltd.387 Shuman

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 11 / 19 / 2018

**Transaction ID : 4846B4AB085DCE758648**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colombo, James, , ,

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 ▼ 833.30

Date of Receipt: 10 / 19 / 2018

**Transaction ID : 4AEC952BF6AB5CD234FE**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colombo, James, , ,

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 ▼ 833.30

Date of Receipt: 11 / 19 / 2018

**Transaction ID : 45D7AA5E6B30F82CCC85**

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

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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
Connolly, Lois, , ,

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 Wisconsin
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.63

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 46AC8AE662A8C6914CDC**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooper, Raymond Lebron, , ,

Mailing Address 903 Main St
Apt 3G

City: Lafayette | State: IN | Zip Code: 47901-2812

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Indiana University Arnett
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.63

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4C939D83D19843535474**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbett, William, , ,

Mailing Address 5704 Courtland Pl

City: Wilmington | State: NC | Zip Code: 28409-2338

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 98D33BD8-7431-40A3-**

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

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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
Corsino, Daniel, , ,

Mailing Address 1420 Harmony St

City: New Orleans | State: LA | Zip Code: 70115-3407

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 ▼ 516.60

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 48DCA56320B1080B8DF6**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

Mailing Address 1420 Harmony St

City: New Orleans | State: LA | Zip Code: 70115-3407

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 ▼ 516.60

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 409AA6FF5A30C695D5DD**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cox, Eric, , ,

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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4A16ABA3EA54AD790E87**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Craft, Robert, , ,

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 ▼ 1183.31

Date of Receipt: 10 / 26 / 2018
**Transaction ID : 44969BCF0C5C80BBBC07**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Craft, Robert, , ,

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 ▼ 1183.31

Date of Receipt: 11 / 26 / 2018
**Transaction ID : 464386EDC0DB7FA6A5F3**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crone, Robert, , ,

Mailing Address 124 E Cherry Dr

City: Memphis | State: TN | Zip Code: 38117-3111

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 10 / 22 / 2018
**Transaction ID : 4873885FBCD03F35CD14**

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

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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
Crone, Robert, , ,

Mailing Address 124 E Cherry Dr

City: Memphis | State: TN | Zip Code: 38117-3111

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 419FACAF771D57958881**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crosby, Kevin, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 41C7B267A5045B678DBB**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crosby, Kevin, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4BE4B12F48AB0447E0EF**

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

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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
Crow, Amanda, , ,

Mailing Address 414 Cutler St

City: Raleigh | State: NC | Zip Code: 27603-1922

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AANC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4987B011AA69BF2673C0**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Culp, Kimberley, , ,

Mailing Address W6025 Rim of the City Rd

City: La Crosse | State: WI | Zip Code: 54601-3040

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gundersen Health Systems
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 637.49

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 40EDA5429CCBF453A6E0**

Amount of Each Receipt this Period: 45.83

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Culp, Kimberley, , ,

Mailing Address W6025 Rim of the City Rd

City: La Crosse | State: WI | Zip Code: 54601-3040

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gundersen Health Systems
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 637.49

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 4BAAACF75E3DAD5A9171**

Amount of Each Receipt this Period: 45.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 191.66

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cunningham, Jay, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 48A8B29AE607319C6997**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curatolo, Christopher, , ,

Mailing Address 44 Labrador Ln

City: Dover | State: NH | Zip Code: 03820-6116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North American Partners in Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 508.31

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4ED99F37B9413C06AB5F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curatolo, Christopher, , ,

Mailing Address 44 Labrador Ln

City: Dover | State: NH | Zip Code: 03820-6116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North American Partners in Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 508.31

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 403588769D583D120687**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curling, Susan, , ,

Mailing Address 2727 Kirby Dr
Apt 11D

City: Houston | State: TX | Zip Code: 77098-1152

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 ▼ 499.98

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4A348AD76F341EDC2718**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dajani, Khaled, , ,

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 anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 966.63

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4A0091268A36C1662E73**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Daley, Sean, , ,

Mailing Address 3445 Anglin Dr

City: Sarasota | State: FL | Zip Code: 34242-1001

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sarasota Anesthesiologists, P.A.
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4A82BD99F0CCD3780D3F**

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

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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
Daley, Sean, , ,

Mailing Address 3445 Anglin Dr

City: Sarasota | State: FL | Zip Code: 34242-1001

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sarasota Anesthesiologists, P.A.

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 455091C6EF1E37DD88AD**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

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 ▼ 666.64

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2018

**Transaction ID : 4451B90188EF4E03038C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Danley, Matthew, , ,

Mailing Address 7526 Branchwood Way

City: Temple | State: TX | Zip Code: 76502-5187

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Texas A&M Scott & White

Occupation (for Individual): Anesthesiology Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 4D4E9FCEBA0086D78606**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 144.99

**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

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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
Darlington, Melissa, , ,

Mailing Address 406 Majestic Ct

City: Peachtree City | State: GA | Zip Code: 30269-4074

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of Georgia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4C78B21E69282E77FEA5**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davila, Victor, , ,

Mailing Address 4400 Kipling Ln

City: Columbus | State: OH | Zip Code: 43220-4205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): OSUMC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 498E95194BD31CF9356A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Day, Joseph, , ,

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 ▼ 958.26

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 420FA17265C3A780377D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 145.82

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

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

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

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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
De, Arup, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 4223ADAE419052E3B74F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
De Lanzac, Kraig, , ,

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 Department of Anesth
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.96

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 41AEA6F66848158C2AD5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
De Venny, Leisa, , ,

Mailing Address 3090 Yorktown Dr

City: Tuscaloosa | State: AL | Zip Code: 35406-2713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APMC
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 44358CD6176A9502085A**

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

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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
De Venny, Leisa, , ,

Mailing Address 3090 Yorktown Dr

City: Tuscaloosa | State: AL | Zip Code: 35406-2713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APMC
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4D1CB7A9B933E4193AE5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Debenham, David, , ,

Mailing Address PO Box 910369

City: Saint George | State: UT | Zip Code: 84791-0369

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mountain West Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F2C9EECE0DFF7091940**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address PO Box 910369

City: Saint George | State: UT | Zip Code: 84791-0369

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mountain West Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 471BB97F1C8D2230CDE0**

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

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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
Deckert, Kjersti, , ,

Mailing Address 2155 S 116th Cir

City: Walton | State: NE | Zip Code: 68461-2026

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 ▼ 300.00

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 4BDF955BEECFD506D09B**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Degenhart, Vincent, , ,

Mailing Address 415 Harden St

City: Columbia | State: SC | Zip Code: 29205-3149

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Camden Anesthesiology Asss
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 476990D5D1C67ADE4B72**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Degenhart, Vincent, , ,

Mailing Address 415 Harden St

City: Columbia | State: SC | Zip Code: 29205-3149

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Camden Anesthesiology Asss
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4ADB9A6DBEDFCB837087**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Delcampo, Louis, , ,

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): Anestheiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 414989FD255E346D2832**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Delcampo, Louis, , ,

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): Anestheiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 47149EBB6F90C2CD0A11**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dench, Edward, , , Jr

Mailing Address 945 Outer Dr

City: State College | State: PA | Zip Code: 16801-8236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pocono Anesthesia Associates
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4B719F444DAEED69E93C**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 241.66

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

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

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

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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
Dench, Edward, , , Jr

Mailing Address 945 Outer Dr

City: State College | State: PA | Zip Code: 16801-8236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pocono Anesthesia Associates
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 432DBE209B763AFDE035**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dennis, Amanda, , ,

Mailing Address 604 Barbara Ln

City: Sunrise Beach | State: TX | Zip Code: 78643-9311

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Louisville
Occupation (for Individual): Executive Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 40F795EB75E7C5B849AD**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Destache, Mark, , ,

Mailing Address 1590 Edgcumbe Rd

City: Saint Paul | State: MN | Zip Code: 55116-2301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAPA
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4DF980ECAE524EF79C69**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 149.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Diez, Christian, , ,
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 ▼: 416.65
Date of Receipt: 11 / 15 / 2018
Transaction ID : 4178B15FCE740A9FB8F5
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dilisio, Gary, , ,
Mailing Address: 324 Gannett Dr Ste 200
City: South Portland | State: ME | Zip Code: 04106-3266
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 374.94
Date of Receipt: 10 / 23 / 2018
Transaction ID : 4594B52B7C338C77FA43
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dilisio, Gary, , ,
Mailing Address: 324 Gannett Dr Ste 200
City: South Portland | State: ME | Zip Code: 04106-3266
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 374.94
Date of Receipt: 11 / 23 / 2018
Transaction ID : 484C87FF33B7D036A3C4
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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Diveris, Aristeidie, , ,

Mailing Address 825 N Sheridan Rd

City: Lake Forest | State: IL | Zip Code: 60045-2226

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Forerunner Anesthesia Limited

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4EE88F0834F4185A0F7A**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Diveris, Aristeidie, , ,

Mailing Address 825 N Sheridan Rd

City: Lake Forest | State: IL | Zip Code: 60045-2226

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Forerunner Anesthesia Limited

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 445295C2FF6174E10E43**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doles, Timothy, , ,

Mailing Address 1636 St Elizabeth Sq

City: Montgomery | State: AL | Zip Code: 36117-4354

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4E0EC5375AD53112686**

Amount of Each Receipt this Period: 1000.00

☐ 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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dore, James, , ,

Mailing Address PO Box 980541

City: Richmond | State: VA | Zip Code: 23298-0541

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): VCU Heath Systems

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 4D20B70EB67543964D06**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doyle, John, , ,

Mailing Address 128 Sea Hammock Way

City: Ponte Vedra Beach | State: FL | Zip Code: 32082-4408

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Envision Health Care

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: 11 / 12 / 2018

**Transaction ID : 4CE393F5E237C0388A56**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dozier, Heather, , ,

Mailing Address 547 Linwood Ave NE

City: Atlanta | State: GA | Zip Code: 30306-4424

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Northside Anesthesiology Consultants o

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 46EC9C3F24E1F2DB109E**

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

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FOR LINE NUMBER: (check only one)
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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
Drake, Michael, , ,

Mailing Address 104 Reserve Dr

City: Piedmont | State: SC | Zip Code: 29673-6733

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Greenville Hospital System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4B1BB176E1BD61CBC934**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Drees, Jeffrey, , ,

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): Northstar Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 812.46

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 498C8787D0B6ECBD47E4**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duncan, Eddy, , ,

Mailing Address 1481 N Bowman Ter

City: Hernando | State: FL | Zip Code: 34442-3324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 278CA93F-B3E7-49B1-**

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 416.66

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

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

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

FOR LINE NUMBER: (check only one)
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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
Dupont, Cedric, , ,

Mailing Address 8140 N Mopac Expy
Ste 3-210

City: Austin | State: TX | Zip Code: 78759-8862

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.99

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E2C862723391ECDE145**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dupont, Cedric, , ,

Mailing Address 8140 N Mopac Expy
Ste 3-210

City: Austin | State: TX | Zip Code: 78759-8862

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.99

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 497784D35EE996A4B399**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ebert, Thomas, , ,

Mailing Address 5000 W National Ave
Anesthesiology, 112A

City: Milwaukee | State: WI | Zip Code: 53295-0001

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): medical college of WI
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 433.32

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4B1ABD983DE828E271E4**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 241.66

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

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

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Echeverry, German, , ,
Mailing Address 446 W 44th St
Apt 1
City: New York | State: NY | Zip Code: 10036-5237
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Memorial Sloan Kettering Cancer Center
Occupation (for Individual): Attending Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 458.31
Date of Receipt: 10 / 21 / 2018
Transaction ID : 4D2E99347494E562C475
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Echeverry, German, , ,
Mailing Address 446 W 44th St
Apt 1
City: New York | State: NY | Zip Code: 10036-5237
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Memorial Sloan Kettering Cancer Center
Occupation (for Individual): Attending Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 458.31
Date of Receipt: 11 / 21 / 2018
Transaction ID : 400A94D14D8C4B4B7713
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Edelman, Anthony, , ,
Mailing Address 1309 Baldwin Ave
City: Ann Arbor | State: MI | Zip Code: 48104-3624
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University of Michigan
Occupation (for Individual): Physician Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 416.60
Date of Receipt: 11 / 02 / 2018
Transaction ID : 40DC86A986266C0B36BD
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

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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
Ehrenfeld, Jesse, , ,

Mailing Address 2223 Woodmont Blvd

City: Nashville | State: TN | Zip Code: 37215-1417

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vanderbilt University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 41899CEBC6632945A706**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ehrenfeld, Jesse, , ,

Mailing Address 2223 Woodmont Blvd

City: Nashville | State: TN | Zip Code: 37215-1417

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vanderbilt University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E1997AB4A000A016770**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ehrlich, Seth, , ,

Mailing Address 6058 Clay St

City: Norcross | State: GA | Zip Code: 30071-1924

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare
Occupation (for Individual): Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 45CC8964DAFFD30B0B61**

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

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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
Ehrlich, Seth, , ,

Mailing Address 6058 Clay St

City: Norcross | State: GA | Zip Code: 30071-1924

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare
Occupation (for Individual): Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4A20989006E1D3B353DD**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eiseman, Marc, , ,

Mailing Address 3630 W Le Mont Blvd

City: Mequon | State: WI | Zip Code: 53092-5223

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Marc S Eiseman, MD, SC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4ECBA1BCC5F37039F1BF**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Elliott, Matthew, , ,

Mailing Address 102 Arden Chase

City: Anderson | State: SC | Zip Code: 29621-1593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Services of Anderson
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 287.99

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4084893E244D0AC5C29C**

Amount of Each Receipt this Period: 18.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 184.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ellison, Brenton, , ,

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 ▼ 550.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4D34BEBD8948BD611A5A**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Elmassian, Kenneth, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4A2593F058D37DC4AA3E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Enders, Gregory, , ,

Mailing Address 10016 Fairview Church Rd

City: Seneca | State: SC | Zip Code: 29672-6932

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): GHS/Partners in Health
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 874.94

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 40C2A6F23D4F02AC048B**

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

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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
Engels, Emil, , ,

Mailing Address 3127 Windsong Dr

City: Oakton | State: VA | Zip Code: 22124-1832

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 ▼ 291.62

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 404B875215660FDBD58F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Epstein, Lawrence, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4EB998DD967511FEDDA9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Erkmann, John, , ,

Mailing Address 12520 Catalina St

City: Leawood | State: KS | Zip Code: 66209-2649

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 4577B5BB0B60F30B455B**

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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ermenc, Laura, , ,

Mailing Address 1842 Ivy Brook Ct

City: Chattanooga | State: TN | Zip Code: 37421-4819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of TN
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 624.98

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 477E9F8E67279DFB5C77**

Amount of Each Receipt this Period: 41.66

[ ] Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ermenc, Laura, , ,

Mailing Address 1842 Ivy Brook Ct

City: Chattanooga | State: TN | Zip Code: 37421-4819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of TN
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 624.98

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 43078BFA34062322FE1C**

Amount of Each Receipt this Period: 41.66

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Esparza, Luis, , ,

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 ▼ 1000.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 43598AB06D7216942CFA**

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Esparza, Luis, , ,

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 ▼ 1000.00

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 47A6B4B4CF3D244B058A**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Espinosa, Monique, , ,

Mailing Address 917 Algeria Ave

City: Coral Gables | State: FL | Zip Code: 33134-2403

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univesity of Miami
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.99

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 4C9D81EA29BD3F5953B8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Espinosa, Monique, , ,

Mailing Address 917 Algeria Ave

City: Coral Gables | State: FL | Zip Code: 33134-2403

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univesity of Miami
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.99

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 44D19ECEB49E83366744**

Amount of Each Receipt this Period: 84.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 267.33

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, Forest, , , Jr

Mailing Address PO Box 1928

City: Columbia | State: SC | Zip Code: 29202-1928

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CAROLINA ANESTHESIOLOGY ASSOCIATES

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4717886B81629CAB159D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Farmer, Joel, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4885A9EBF2B070411CB3**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Farmer, Joel, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 452C898742B58C44A36E**

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

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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
Feinstein, David, , ,

Mailing Address 15 White Pine Rd

City: Needham | State: MA | Zip Code: 02492-1438

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Harvard Medical Faculty Physicians

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 4E5AAC7168A38B60FD90**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferlita, Melvin, , ,

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 ▼ 666.64

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 430DBBFB689DCD214AB8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fevrier, Ritchie, , ,

Mailing Address 9837 Gladiolus Bulb Loop

City: Fort Myers | State: FL | Zip Code: 33908-9702

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 ▼ 499.98

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 46A592361B9A13EEE91E**

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

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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
Fevrier, Ritchie, , ,

Mailing Address 9837 Gladiolus Bulb Loop

City: Fort Myers | State: FL | Zip Code: 33908-9702

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 ▼ 499.98

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4AA79C0D9C412C2C2F41**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fier, Adam, , ,

Mailing Address 1640 N Riverside Dr

City: Indialantic | State: FL | Zip Code: 32903-4505

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BPA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 253.43

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 40BA9ADE21EE8F2B0DDA**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fier, Adam, , ,

Mailing Address 1640 N Riverside Dr

City: Indialantic | State: FL | Zip Code: 32903-4505

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BPA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 253.43

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A5B89BF8D4FFC3092F7**

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

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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
Fillmore, Ralph, , ,

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 ▼ 1016.63

Date of Receipt: 11 / 06 / 2018

**Transaction ID : 4456BB9F4CA5B46D6E4E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fischer, Gregory, , ,

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 Kettering Cancer Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: 11 / 03 / 2018

**Transaction ID : 46C4A695B421B881DD10**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flores, Roland, , , Jr

Mailing Address 2461 S Adams St

City: Denver | State: CO | Zip Code: 80210-5524

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 ▼ 291.62

Date of Receipt: 11 / 16 / 2018

**Transaction ID : 487C9AD4593C6876C018**

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

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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
Flowerdew, Richard, , ,

Mailing Address PO Box 66799

City: Falmouth | State: ME | Zip Code: 04105-6799

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual):
Occupation (for Individual): Retired

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 683.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 408C955E3BF135982DF7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flynn, Michael, , ,

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 ▼ 999.96

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4704A78F8CE4BF831421**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fontenot, Jason, , ,

Mailing Address PO Box 459

City: Opelousas | State: LA | Zip Code: 70571-0459

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4FF395FD957FEB7D1725**

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

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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
Forand, Joseph, , ,

Mailing Address 2 Fox Mdws

City: Saint Louis | State: MO | Zip Code: 63127-1401

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SCAA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4B09AC9275907854AEC3**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ford, Justin, , ,

Mailing Address 1705 Johnson Rd NE

City: Atlanta | State: GA | Zip Code: 30306-3107

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): nac
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4141B8F8C2D8D24512F8**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fouche, Heyward, , ,

Mailing Address 810 Dutch Square Blvd
Ste 219

City: Columbia | State: SC | Zip Code: 29210-7369

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolina Anesthesiology Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 482CAF47C58CAC61E55E**

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

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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
Fouche, Heyward, , ,

Mailing Address 810 Dutch Square Blvd
Ste 219

City: Columbia | State: SC | Zip Code: 29210-7369

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Carolina Anesthesiology Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4E0682947BE979464AA8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frame, Jeffrey, , ,

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 ▼ 749.97

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 45BFA97DCE17A4977BEF**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frame, Jeffrey, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 46C1A520B1E0500EB5DF**

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

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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
Frame, William, , ,

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): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4902B63A18D88211D4E9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freeman, Brenton, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 43F6ADAF015EBC98593E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freeman, Brenton, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4FB797ED678B4F6E21F4**

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

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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
Freund, Todd, , ,

Mailing Address 4806 Somerset Dr

City: Prairie Village | State: KS | Zip Code: 66207-2249

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Kansas City

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 937011D1-3935-4F7A-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Friedman, Gary, , ,

Mailing Address 73 Long Hill Rd

City: Hollis | State: NH | Zip Code: 03049-5955

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 ▼ 416.60

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 472BA19AB492AF56BBDA**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fuller, Wayne, , ,

Mailing Address 1269 E Giles Rd

City: Muskegon | State: MI | Zip Code: 49445-2629

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F348E24258A1997E62B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1124.99

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fuller, Wayne, , ,

Mailing Address 1269 E Giles Rd

City: Muskegon | State: MI | Zip Code: 49445-2629

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): American Anesthesiology

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 439E9E5DDEBD9A371832**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 1100.00

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 488CB084459FF838AE8D**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

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 ▼ 933.30

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 49948A101C4E8D93B03A**

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)
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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
Gangadharan, Meera, , ,

Mailing Address 1717 Wittner Pl

City: Corpus Christi | State: TX | Zip Code: 78418-5801

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 479.13

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4437BB6C23F6A688DC8F**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gayer, Steven, , ,

Mailing Address 90 Alton Rd
Apt 2710

City: Miami Beach | State: FL | Zip Code: 33139-6887

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Miami
Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 463F905E87C325940B52**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 916.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4F10993E530E9513C296**

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

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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
Giordano, Chris, , ,

Mailing Address PO Box 100254

City: Gainesville | State: FL | Zip Code: 32610-0254

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Florida
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 46F9B8241B96EB03DFD6**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Giordano, Chris, , ,

Mailing Address 2614 NW 23rd Ter

City: Gainesville | State: FL | Zip Code: 32605-2813

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Florida
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 480CA234DF8EBA35C483**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

Mailing Address PO Box 643

City: Salado | State: TX | Zip Code: 76571-0643

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor Scott and White
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1583.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4FABA5BBE69B37ABF80D**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Goel, Shiv, , ,

Mailing Address 516 Old Orchard Trl

City: Pittsburgh | State: PA | Zip Code: 15238-5100

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPP of UPMC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B5890174AA651E6FC5E**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goel, Shiv, , ,

Mailing Address 516 Old Orchard Trl

City: Pittsburgh | State: PA | Zip Code: 15238-5100

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPP of UPMC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4EFFABFA6DD03247C9AD**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gomez, Gary, , ,

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-Regional Medical Dir

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.60

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 41D293880F9E9F5B46AA**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 141.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Henry, , ,

Mailing Address 482 E 19th St

City: Upland | State: CA | Zip Code: 91784-8232

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 ▼ 458.30

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4D16B2D0177678E5BAD3**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Henry, , ,

Mailing Address 482 E 19th St

City: Upland | State: CA | Zip Code: 91784-8232

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 ▼ 458.30

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4F449A938410EE7781D2**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Sandra, , ,

Mailing Address 2760 SW 106th St

City: Gainesville | State: FL | Zip Code: 32608-9158

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Florida
Occupation (for Individual): Assistant Professor

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4447AA40F2D8262FB3AF**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.98

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenwald, Kimberly, , ,

Mailing Address PO Box 18623

City: Raleigh | State: NC | Zip Code: 27619-8623

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 ▼ 374.94

Date of Receipt: 10 / 18 / 2018
**Transaction ID : 418488CD2B809C54B302**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenwald, Kimberly, , ,

Mailing Address PO Box 18623

City: Raleigh | State: NC | Zip Code: 27619-8623

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 ▼ 374.94

Date of Receipt: 11 / 18 / 2018
**Transaction ID : 4B96A22509991A7803CF**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gurkowski, Mary Ann, , ,

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 ▼ 549.92

Date of Receipt: 11 / 14 / 2018
**Transaction ID : 46918956360E5FFAED48**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.98

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gustin, Allen, , ,

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 ▼ 600.00

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 47395C1A7C40B35908D**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gustin, Allen, , ,

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 ▼ 600.00

Date of Receipt: 11 / 21 / 2018

**Transaction ID : 9A0C0F2B5DCC4AE8A691**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guthrie, Melanie, , ,

Mailing Address 10416 NE 100th Ct

City: Kansas City | State: MO | Zip Code: 64157-9238

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMKC
Occupation (for Individual): Certified Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 349.96

Date of Receipt: 11 / 16 / 2018

**Transaction ID : 4F7FBCCFED87702CFF78**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 141.66

**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

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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
Gutierrez, Marc, , ,

Mailing Address 8465 Chilton Dr

City: Orlando | State: FL | Zip Code: 32836-5810

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 ▼ 469.96

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

Transaction ID : 41ECAABEE60CDFE5C7D

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guzman, Jose, , ,

Mailing Address 7548 Shawnee Rd

City: Milford | State: DE | Zip Code: 19963-3522

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bay Anesthesia Associates, LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

Transaction ID : E8266D5A-86B5-48B3-

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hackett, James, , , II

Mailing Address 7434 Drake Rd

City: Cincinnati | State: OH | Zip Code: 45243-1422

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): SHA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

Transaction ID : 4E90956267428924636F

Amount of Each Receipt this Period: 41.66

☐ 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

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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
Haddy, Steven, , ,

Mailing Address 4146 Sunnyslope Ave

City: Sherman Oaks | State: CA | Zip Code: 91423-4308

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USC
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 47F1AACCF2D2E7F3C62D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddy, Steven, , ,

Mailing Address 4146 Sunnyslope Ave

City: Sherman Oaks | State: CA | Zip Code: 91423-4308

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USC
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 349.96

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 4451B516F8BF991955E8**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hadley, Heidi, , ,

Mailing Address 7305 E Shoreward Loop

City: Tucson | State: AZ | Zip Code: 85715-3455

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 ▼ 283.30

Date of Receipt: 10 / 18 / 2018

**Transaction ID : 4A08A5F35E9C1FA126BD**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 91.65

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

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

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FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hadley, Heidi, , ,

Mailing Address 7305 E Shoreward Loop

City: Tucson | State: AZ | Zip Code: 85715-3455

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 ▼ 283.30

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4B799AEA17BD6D586BEF**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hagen, John, , ,

Mailing Address 1547 Babler Park Dr

City: Glencoe | State: MO | Zip Code: 63038-1306

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Waai
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4FDF8AD7ACC3A62B3A98**

Amount of Each Receipt this Period: 62.50

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Jeannine, , ,

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): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 749.94

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4FF6BA936DCE72206E01**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 154.16

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

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

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

FOR LINE NUMBER: (check only one)
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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
Hall, Jeannine, , ,

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): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.94

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 43FEBB1DF190AD41B384**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton, Julius, , ,

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): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 986.02

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 49E994694F602AF97620**

Amount of Each Receipt this Period: 76.34

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammond, Aaron, , ,

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 ▼ 666.64

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 415FB479153B9990DE97**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 243.00

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harding, Ralph, , ,

Mailing Address 203 Village Dr

City: Dublin | State: GA | Zip Code: 31021-2867

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): VA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 233.30

Date of Receipt: 11 / 16 / 2018

**Transaction ID : 40C2AA43FDF0E1FA013B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haring, Nancy, , ,

Mailing Address PO Box 235019

City: Montgomery | State: AL | Zip Code: 36123-5019

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Montgomery Anesthesia Associates, PC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 05 / 2018

**Transaction ID : 8600FF1F7610009DE23**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harned, Michael, , ,

Mailing Address 528 Ridgewater Ct

City: Lexington | State: KY | Zip Code: 40515-6011

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Kentucky
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 4F7FA29AE12D33F17F21**

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

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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
Harris, William, , ,

Mailing Address 3120 Legacy Trce

City: Cincinnati | State: OH | Zip Code: 45237-1724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Seven Hills Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 708.30

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4D9CB566479FCE4B5472**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harwood, Michael, , ,

Mailing Address 1100 Park Pl

City: Zionsville | State: IN | Zip Code: 46077-1058

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southeast Anesthesiologists, P.C.
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 41848BA7BFF17927D063**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hastings, James, , ,

Mailing Address 8608 N Sycamore Ave

City: Kansas City | State: MO | Zip Code: 64157-8626

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Saint Lukes Physician Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4A158784567F09174582**

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

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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
Hatton, Kevin, , ,

Mailing Address 3964 Palomar Blvd

City: Lexington | State: KY | Zip Code: 40513-1372

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Kentucky
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4BE7AEC90DD9B8CB625C**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

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

Mailing Address 16023 Rassi Rd

City: Mackinaw | State: IL | Zip Code: 61755-9062

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 ▼ 298.26

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 4D5690F2A9D684C5EBA7**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hawryschuk, Michael, , ,

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 ▼ 499.92

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4909B22BD7D46952FB5E**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 103.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haws, John, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

Transaction ID : 4CFBB3122B2AD2EE3BA2

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 416.60

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

Transaction ID : 4ADBBA87C8A9C0B44DCA

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Henry, Richard, , ,

Mailing Address 3046 Obrien Dr

City: Tallahassee | State: FL | Zip Code: 32309-2751

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates of Tallahass
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

Transaction ID : 4AD88E3950A33838DA63

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)
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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
Henry, Richard, , ,

Mailing Address 3046 Obrien Dr

City: Tallahassee | State: FL | Zip Code: 32309-2751

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates of Tallahass

Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 11 / 18 / 2018

**Transaction ID : 4E579F41855F564B336F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 1666.64

Date of Receipt: 10 / 29 / 2018

**Transaction ID : 4B118BDF03308AB1FD3A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hernandez, Ada, , ,

Mailing Address 2021 Peony St

City: Corona | State: CA | Zip Code: 92882-7336

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allied anesthesia

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1083.31

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 404A8B9E3FE84995AB3F**

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

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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
Herrold, Jeffrey, , , Jr

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): AALA
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.64

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 44BF891DBDEF9E7E30A9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hertzberg, Linda, , ,

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): Stanford University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1266.63

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4D96893DF3DDBF216932**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hicks, Michael, , ,

Mailing Address 631 Creekway Dr

City: Irving | State: TX | Zip Code: 75039-2603

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 ▼ 583.31

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 4054946D4E72CBC5B034**

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) ▶

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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
Hicks, Michael, , ,

Mailing Address 631 Creekway Dr

City: Irving | State: TX | Zip Code: 75039-2603

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 ▼ 583.31

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 43AFBF096B0713EA6986**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 457 N Cranbrook Rd

City: Bloomfield Hills | State: MI | Zip Code: 48301-2609

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 ▼ 999.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E5BB30A188BE56A4FA0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hightower, William, , ,

Mailing Address 457 N Cranbrook Rd

City: Bloomfield Hills | State: MI | Zip Code: 48301-2609

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 ▼ 999.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 47ADB1188B6999F43935**

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

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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
Higley, Thomas, , ,

Mailing Address 1755 Kirby Pkwy
Ste 330

City: Memphis | State: TN | Zip Code: 38120-4398

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4DBEA3B04781117C25D6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Higley, Thomas, , ,

Mailing Address 1755 Kirby Pkwy
Ste 330

City: Memphis | State: TN | Zip Code: 38120-4398

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4A42A02D1D914EE7221C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hof, Douglas, , ,

Mailing Address 6537 Larch Ln

City: Memphis | State: TN | Zip Code: 38119-6609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1058.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 41758F5AC6EF8D3ED179**

Amount of Each Receipt this Period: 8.33

☐ 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

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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
Holley, Glen, , ,

Mailing Address 2104 Peninsula Dr

City: Flower Mound | State: TX | Zip Code: 75022-5479

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP of Texas
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : F01E4257-9F48-431A-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hollinger, Ingrid, , ,

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): mount sinai medical center
Occupation (for Individual): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 47B889B9F2F11F8792F8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hondorp, Gregory, , ,

Mailing Address 3333 Evergreen Dr NE

City: Grand Rapids | State: MI | Zip Code: 49525-9493

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 40BFAFB2069388AA91C5**

Amount of Each Receipt this Period: 40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 623.33

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

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

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

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

Mailing Address 3333 Evergreen Dr NE

City: Grand Rapids | State: MI | Zip Code: 49525-9493

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): APC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 43138D85D2D4DE88CB88**

Amount of Each Receipt this Period: 40.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horng, Fay, , ,

Mailing Address 1 Saddle River Ct

City: North Potomac | State: MD | Zip Code: 20878-4274

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Medstar WHC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4AF0B106C5A5EC8F78C6**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Houseman, Timothy, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4026BA668691C84696AD**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 143.33

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hove, Martin, , ,

Mailing Address 4223 Cherrywood Ct

City: West Des Moines | State: IA | Zip Code: 50265-5368

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 ▼ 624.98

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 42D68F4048141DDC4C1F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hove, Martin, , ,

Mailing Address 4223 Cherrywood Ct

City: West Des Moines | State: IA | Zip Code: 50265-5368

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 ▼ 624.98

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 474F8733418C631E332F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hsieh, T. John, , ,

Mailing Address 125 Crosswinds

City: Irvine | State: CA | Zip Code: 92602-1821

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Newport harbor anesthesia

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 704.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4935B2DB0C6B6824159C**

Amount of Each Receipt this Period: 83.33

☐ 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

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FOR LINE NUMBER: (check only one)
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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
Hsieh, T. John, , ,

Mailing Address 125 Crosswinds

City: Irvine | State: CA | Zip Code: 92602-1821

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Newport harbor anesthesia

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 704.98

Date of Receipt: 11 / 22 / 2018

Transaction ID : 4E0CA42826B91171C9EF

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huang, Cecil, , ,

Mailing Address 1405 Hidden Hill Ln

City: Vienna | State: VA | Zip Code: 22182-1767

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 ▼ 450.00

Date of Receipt: 11 / 09 / 2018

Transaction ID : 4E67962F1072C9597C59

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huesers, Thomas, , ,

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 ▼ 687.47

Date of Receipt: 10 / 19 / 2018

Transaction ID : 4C0ABAFED39A4461D7B5

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 154.16

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

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

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

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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
Huesers, Thomas, , ,

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 ▼ 687.47

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4AA090AF9BACEA8C7561**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Jonathan, , ,

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): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4288A8F65B10A3E811E8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hulver, Ryan, , ,

Mailing Address 3719 S Atlanta Pl

City: Tulsa | State: OK | Zip Code: 74105-3526

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sjas
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 654.16

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 45E3A984CF140958B9B2**

Amount of Each Receipt this Period: 4.16

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 108.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hulver, Ryan, , ,

Mailing Address 3719 S Atlanta Pl

City: Tulsa | State: OK | Zip Code: 74105-3526

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sjas
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 654.16

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 4AA7AA563A3C0577B650**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Humphrey, Tara, , ,

Mailing Address 1214 Goodman Ave

City: Redondo Beach | State: CA | Zip Code: 90278-4029

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Keck Hospital of USC
Occupation (for Individual): Anesthesia

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 479.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B4B946A21DAF0D8FFF8**

Amount of Each Receipt this Period: 1.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Humphrey, Tara, , ,

Mailing Address 1214 Goodman Ave

City: Redondo Beach | State: CA | Zip Code: 90278-4029

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Keck Hospital of USC
Occupation (for Individual): Anesthesia

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 479.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 46ABAF130D39987CA82F**

Amount of Each Receipt this Period: 1.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 53.32

**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)
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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
Huntington, Jeremy, , ,

Mailing Address 6065 S 2400 E

City: Ogden | State: UT | Zip Code: 84403-5011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mountain West Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 446CABA8A495C5C9758E**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hutchinson, Joel, , ,

Mailing Address 556 S Fair Oaks Ave # 320

City: Pasadena | State: CA | Zip Code: 91105-2656

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PVMG Partnership
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 224.99

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4003A3DEA2EB77962F4B**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hutchinson, Joel, , ,

Mailing Address 556 S Fair Oaks Ave # 320

City: Pasadena | State: CA | Zip Code: 91105-2656

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PVMG Partnership
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 224.99

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 493487190ED6191F4ED1**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 58.32

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

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

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

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

Mailing Address 29103 Waters View Cir

City: Cohoes | State: NY | Zip Code: 12047-5261

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albany Medical Center
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 48DD84163EBF0DCC9033**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ingram, Kristyn, , ,

Mailing Address 321 Vista Del Rey Dr

City: El Paso | State: TX | Zip Code: 79912-4824

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Texas Tech HSC at El Paso
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4229AE150B815682CB51**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ingram, Kristyn, , ,

Mailing Address 321 Vista Del Rey Dr

City: El Paso | State: TX | Zip Code: 79912-4824

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Texas Tech HSC at El Paso
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 43E79A73678BB8727083**

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

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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
Isaak, Robert, , ,

Mailing Address 212 Keeneland Ct

City: Durham | State: NC | Zip Code: 27713-7257

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Carolina
Occupation (for Individual): Anethesiogist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 46A2BB403D8E1504A560**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jacobs, Jeffrey, , ,

Mailing Address 11041 Pine Lodge Trl

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4E4B8AC720AACC07E941**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Clyatt, , , III

Mailing Address 1221 Fairview Rd

City: Simpsonville | State: SC | Zip Code: 29680-7122

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): greenville health system
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 4881A4B6B667F8B343AC**

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

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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
Janik, Daniel, , ,

Mailing Address 8013 S Valleyhead Way

City: Aurora | State: CO | Zip Code: 80016-7335

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CUMedicine
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 47748ED4FC3BFBD0A4EE**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jarzebowski, Mary, , ,

Mailing Address 892 Allen Dr

City: Northville | State: MI | Zip Code: 48167-1131

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Henry Ford Medical Group
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 410CB3914B631618A078**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenson, Cynthia, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 478BA06226AE3A9C185E**

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

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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
Jessop, Jacob, , ,

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): Anestheisiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4BC4A7C0E3300D13A1C5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jessop, Jacob, , ,

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): Anestheisiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4D689B699ED77BFC0885**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Nathan, , ,

Mailing Address 1126 Kessler Boulevard East Dr

City: Indianapolis | State: IN | Zip Code: 46220-2688

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Anesthesia Services

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 683.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4A519894A91C4A2E3141**

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Collette, , ,

Mailing Address 3418 W 103rd St N

City: Sperry | State: OK | Zip Code: 74073-4220

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St. John anesthesia services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 44EEB7C7D6EDC7B2ED1D**

Amount of Each Receipt this Period: 150.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, D. Kurt, , ,

Mailing Address 2043 Alaqua Lakes Blvd

City: Longwood | State: FL | Zip Code: 32779-3196

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 ▼ 374.94

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4EC9BE627ED765F41C1D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Gary, , ,

Mailing Address 2220 Rosemoore Walk

City: Marietta | State: GA | Zip Code: 30062-8624

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 ▼ 833.30

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4AB891B95E55E54392EA**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 274.99

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kacha, Aalok, , ,

Mailing Address 1160 S Michigan Ave
Apt 2507

City: Chicago | State: IL | Zip Code: 60605-3046

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 ▼ 583.31

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 46959C04FF657525A9F8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kacha, Aalok, , ,

Mailing Address 1160 S Michigan Ave
Apt 2507

City: Chicago | State: IL | Zip Code: 60605-3046

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 ▼ 583.31

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4B74A2B3196B261B1C96**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaminski, Anna, , ,

Mailing Address 26 Sunrise Hl

City: Pittsford | State: NY | Zip Code: 14534-9778

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Rochester
Occupation (for Individual): Assistant professor of anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 49F7930BC4A218EFE037**

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

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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
Kaminski, Anna, , ,

Mailing Address 26 Sunrise Hl

City: Pittsford | State: NY | Zip Code: 14534-9778

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Rochester
Occupation (for Individual): Assistant professor of anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 11 / 22 / 2018
**Transaction ID : 4DD78D40B001343F7DC0**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kantor, Harris, , ,

Mailing Address 128 Blue Hills Trl

City: Glastonbury | State: CT | Zip Code: 06033-2854

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 ▼ 275.00

Date of Receipt: 11 / 15 / 2018
**Transaction ID : 4031A20E39E2F45B9CFB**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karamchandani, Kunal, , ,

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 ▼ 458.26

Date of Receipt: 11 / 14 / 2018
**Transaction ID : 4B50B683704807E60A35**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 108.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kataria, Tripti, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4875B1A9400F436B3B56**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaufmann, Marc, , ,

Mailing Address 601 Pine St

City: Melbourne Beach | State: FL | Zip Code: 32951-2242

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 ▼ 291.62

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 49E19052186FFC523C1D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Christopher, , ,

Mailing Address 2440 Jordan Trl

City: West Des Moines | State: IA | Zip Code: 50265-5548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated anesthesiologists
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4AA5AF77EA6A752AE004**

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)
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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
Kelley, Christopher, , ,

Mailing Address 2440 Jordan Trl

City: West Des Moines | State: IA | Zip Code: 50265-5548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 11 / 22 / 2018

Transaction ID : 4473A45CB1CFD25DC329

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kercheville, Scott, , ,

Mailing Address 14 Eton Green Cir

City: San Antonio | State: TX | Zip Code: 78257-1633

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tejas Anesthesia, PA

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: 11 / 07 / 2018

Transaction ID : 424294CA1D037434C5CF

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kerr, James, , , III

Mailing Address 3214 Riverside Ave

City: Jacksonville | State: FL | Zip Code: 32205-8628

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Inc.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 966.63

Date of Receipt: 11 / 06 / 2018

Transaction ID : 4268A2F57E4DDEDB0AEA

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

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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
Kesner, Rubin, , ,

Mailing Address 12 Bridlewood Loop

City: Rexford | State: NY | Zip Code: 12148-1703

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Group of Albany
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : C7D699F0-9180-4E7B-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khan, Talal, , ,

Mailing Address 15400 Carter Rd

City: Overland Park | State: KS | Zip Code: 66221-9681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): KUMC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 40B1AC590DB859B0968B**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khan, Talal, , ,

Mailing Address 15400 Carter Rd

City: Overland Park | State: KS | Zip Code: 66221-9681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): KUMC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 464C8BCF5A7C62E7613F**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1200.00

**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

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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
Kidwell, Matthew, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 47DC981AD0251154E16D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
King, Jeffrey, , ,

Mailing Address 2763 Meeting Pl

City: Orlando | State: FL | Zip Code: 32814-6136

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 ▼ 333.32

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4BF78E85959B3A6ED17E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klatt, Jonathan, , ,

Mailing Address 1845 Whitewater Cir

City: Manitowoc | State: WI | Zip Code: 54220-9436

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Holy Family Memorial Medical Center

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 43D6AAAAE2FE3E13933D**

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

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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
Knoblauch, Laura, , ,

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): USAP CO
Occupation (for Individual): CAA

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 883.30

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 41C88AF0C916A436DB6B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koebert, Robert, , ,

Mailing Address 541 E Erie St
Unit 404

City: Milwaukee | State: WI | Zip Code: 53202-6237

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Healthcare Medica Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 44A6A068C377EF4BDEF9**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koebert, Robert, , ,

Mailing Address 541 E Erie St
Unit 404

City: Milwaukee | State: WI | Zip Code: 53202-6237

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Healthcare Medica Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4E39BB994F4F5443FC62**

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

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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
Kogan, Robert, , ,

Mailing Address 9616 Lockford St

City: Los Angeles | State: CA | Zip Code: 90035-2921

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): RLK Anesthesia, Inc
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42389252D6482AFAC735**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kolle, Bracken, , ,

Mailing Address 2303 Legend Woods Ct

City: Sugar Land | State: TX | Zip Code: 77479-5474

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 ▼ 966.63

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 4DA1BCADC458AED2D09A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koveleskie, Joseph, , ,

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 ▼ 933.30

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4FEBBA3F1C0F52A8E6A5**

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

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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
Kreher, Susan, , ,

Mailing Address 7719 Wynlakes Blvd

City: Montgomery | State: AL | Zip Code: 36117-5162

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 ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 840925C39ED64F20E68**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Krhovsky, David, , ,

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 Hospital Group
Occupation (for Individual): Vice President, Medical Affairs-Region

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.97

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 437AB73DC838C6CD9F64**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laborde Hogan, Meredith, , ,

Mailing Address 733 E William David Pkwy

City: Metairie | State: LA | Zip Code: 70005-2115

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 45FEBB06AEC48CCB2929**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1124.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laborde Hogan, Meredith, , ,

Mailing Address 733 E William David Pkwy

City: Metairie | State: LA | Zip Code: 70005-2115

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4BA2AAA58F0E580DD0C9**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lagorio, John, , ,

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
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1116.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4810B0001CBD74BA8355**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lai, Yan, , ,

Mailing Address 66 W 38th St
Apt 36A

City: New York | State: NY | Zip Code: 10018-6361

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mount Sinai West & St. Luke's Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 4E38BCF91A5AEEEF2C4C**

Amount of Each Receipt this Period: 10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 134.99

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laliberte, Bryan, , ,

Mailing Address 13 Cosgrave Ct

City: Silver Spring | State: MD | Zip Code: 20902-1569

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Army
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 3DA81E93-4116-4A4E-**

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lam, Jack, , ,

Mailing Address PO Box 19007

City: Raleigh | State: NC | Zip Code: 27619-9007

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 273.69

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 47B7A14B5FA48D050A66**

Amount of Each Receipt this Period: 30.41

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lam, Jack, , ,

Mailing Address PO Box 19007

City: Raleigh | State: NC | Zip Code: 27619-9007

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 273.69

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B0C9A80B9D53BF3A043**

Amount of Each Receipt this Period: 30.41

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 310.82

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lamberg, James, , ,

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 ▼ 916.63

Date of Receipt: 11 / 03 / 2018

Transaction ID : 4C6E97FD85577C12D1B7

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, Christopher, , ,

Mailing Address 1446 Berkshire Ave

City: Winter Park | State: FL | Zip Code: 32789-5502

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): United States Anesthesia Providers

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 10 / 23 / 2018

Transaction ID : 4CD7902DE978E09AD85B

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, Christopher, , ,

Mailing Address 1446 Berkshire Ave

City: Winter Park | State: FL | Zip Code: 32789-5502

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): United States Anesthesia Providers

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 11 / 23 / 2018

Transaction ID : 40369739B0FF177F8429

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

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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
Landau, Steven, , ,

Mailing Address 2443 Dundee Dr

City: Ann Arbor | State: MI | Zip Code: 48103-6022

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Ann Arbor, PL
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 44DA9A9402AD4730E934**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, John, , ,

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 ▼ 833.30

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4104B135E0F55FF48980**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leavitt, Kathleen, , ,

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 Lukes Physicisn Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 45B2BFAC9204587357E2**

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

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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
Lee, Jeffrey, , ,

Mailing Address 6650 Pasturelands Pl

City: Winter Garden | State: FL | Zip Code: 34787-6229

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 45058D21E028A943F9DD**

Amount of Each Receipt this Period: 62.50

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Jeffrey, , ,

Mailing Address 6650 Pasturelands Pl

City: Winter Garden | State: FL | Zip Code: 34787-6229

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 415EBB6648D4D3307E1D**

Amount of Each Receipt this Period: 62.50

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Jeffrey, , ,

Mailing Address 1606 Bellewood Dr

City: Waunakee | State: WI | Zip Code: 53597-2362

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Wisconsin
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 927E5318-BC45-4941-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 625.00

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

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

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

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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
Lee, Maxine, , ,

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
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4184997E1E9FB35B6AB0**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leib, Marc, , ,

Mailing Address PO Box 44527

City: Phoenix | State: AZ | Zip Code: 85064-4527

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4FF5AD0DD488E00ADC4E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lemons, Jason, , ,

Mailing Address 4650 Grandview Pkwy

City: Flowery Branch | State: GA | Zip Code: 30542-3590

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Gainesville
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4BD985AB34B02FFED9AA**

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

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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
Lemons, Jason, , ,

Mailing Address 4650 Grandview Pkwy

City: Flowery Branch | State: GA | Zip Code: 30542-3590

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Gainesville

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4A36BEB8E94EA9534FB0**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Levi, Marc, , ,

Mailing Address 803 Clausun Dr

City: Durham | State: NC | Zip Code: 27713-7276

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Carolina

Occupation (for Individual): Anesthesologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4901B0BE11BF7DF28E44**

Amount of Each Receipt this Period: 30.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Michael, , ,

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 ▼ 1100.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 42ED98397DDD76AB3EA4**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 154.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lienhart, Kristen, , ,

Mailing Address 20 Bella Rosa Ct

City: Little Rock | State: AR | Zip Code: 72223-4548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAMS
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 879.12

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 48E18352F609273D487C**

Amount of Each Receipt this Period: 104.16

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lim, Louis, , ,

Mailing Address 101 E Valencia Mesa Dr
Anesthesia dept

City: Fullerton | State: CA | Zip Code: 92835-3809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAMGI
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 43AE826787ABBE07A5E6**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lima, Suzanne, , ,

Mailing Address 10913 Cusseta Ln

City: Austin | State: TX | Zip Code: 78739-2074

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Austin Anesthesiology Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4E82B8FC742F1F199D27**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 187.48

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lin, Cindy, , ,
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 ▼ 458.26
Date of Receipt: 10 / 23 / 2018
Transaction ID : 4F4FB0024DF28BA73108
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lin, Cindy, , ,
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 ▼ 458.26
Date of Receipt: 11 / 23 / 2018
Transaction ID : 4918A8BA7A9BCECE8EC7
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lindauer, Steven, , ,
Mailing Address 7687 E Wing Shadow Rd
City: Scottsdale | State: AZ | Zip Code: 85255-4780
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 ▼ 749.97
Date of Receipt: 11 / 12 / 2018
Transaction ID : 4D8886010ACCCAFED9EA
Amount of Each Receipt this Period: 83.33
☐ 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

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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
Linden, Samantha, , ,

Mailing Address PO Box 235019

City: Montgomery | State: AL | Zip Code: 36123-5019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : DD3CDF2F5CAADBA3C66**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lingaraju, Rajiv, , ,

Mailing Address 2929 Walnut St
Apt 4422

City: Philadelphia | State: PA | Zip Code: 19104-5096

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): West Jersey Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2018

**Transaction ID : 4A32B98F83952515CE37**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lipman, Steven, , ,

Mailing Address 622 Willowglen Rd

City: Santa Barbara | State: CA | Zip Code: 93105-2438

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Group of Santa Barb
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 46D395AF7EE7C3E352BA**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1124.99

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

# SCHEDULE A (FEC Form 3X)
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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
Lipps, Jonathan, , ,

Mailing Address 827 S 5th St

City: Columbus | State: OH | Zip Code: 43206-2609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The Ohio State Unviersity
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 624.98

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4691AF3092F3E4ED5798**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Liu, Charles, , ,

Mailing Address 6789 S Walker Mill Dr

City: Cottonwood Heights | State: UT | Zip Code: 84121-3585

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Anesthesiologists, Inc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4007A6CFBE358E5E3A97**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Liu, Charles, , ,

Mailing Address 6789 S Walker Mill Dr

City: Cottonwood Heights | State: UT | Zip Code: 84121-3585

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Anesthesiologists, Inc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 433AAFC61BDDA5BF9CB4**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 141.66

**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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Llera, Rene, , , Jr

Mailing Address PO Box 235019

City: Montgomery | State: AL | Zip Code: 36123-5019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 112F735F7FA7B6ABF05**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lockhart, Asa, , ,

Mailing Address 2106 Kennebunk Ln

City: Tyler | State: TX | Zip Code: 75703-0301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Golden Caduceus Consultants
Occupation (for Individual): Consultant

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4D9B989FC6C2B03BF366**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loghmanpour, Susan, , ,

Mailing Address 601 22nd St

City: Huntington Beach | State: CA | Zip Code: 92648-3310

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self Employed
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : FDDDC8B6-A24B-415C-**

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lok, Jason, , ,

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 Spine & Wellness Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt: 11 / 13 / 2018

**Transaction ID : 490786C4E3D132D2C80E**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lomonaco, Anthony, , ,

Mailing Address 690 Bay Rd

City: South Hamilton | State: MA | Zip Code: 01982-1012

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 ▼ 916.63

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 4CC8A0A71E6DCB487BA2**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Long, Michael, , ,

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 ▼ 916.63

Date of Receipt: 11 / 06 / 2018

**Transaction ID : 4C6D98E69F1B1E92E910**

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

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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
Looke, Thomas, , ,

Mailing Address 4609 Jetty St

City: Orlando | State: FL | Zip Code: 32817-3182

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP Florida
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 482C90D82A4E84BDEA8A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lorenz, Jessica, , ,

Mailing Address 3511 150th St

City: Urbandale | State: IA | Zip Code: 50323-1624

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Center Anesthesiologists, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4D309F813EDB78607825**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lorenz, Jessica, , ,

Mailing Address 3511 150th St

City: Urbandale | State: IA | Zip Code: 50323-1624

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Center Anesthesiologists, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 41868E8DC40546261BBB**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.33

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

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

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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
Lovich-Sapola, Jessica, , ,

Mailing Address 295 Finestera Ln

City: Avon Lake | State: OH | Zip Code: 44012-1974

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MetroHealth Medical System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 14 / 2018

**Transaction ID : 9F108772-318E-4726-**

Amount of Each Receipt this Period: 200.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loyd, Gary, , ,

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 ▼ 416.60

Date of Receipt: 10 / 28 / 2018

**Transaction ID : 47C6968C687BD39CC39F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lumbley, Joshua, , ,

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 ▼ 749.97

Date of Receipt: 11 / 12 / 2018

**Transaction ID : 41F58EE63EF284CD3512**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 324.99

**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)
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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
Lund, Kierstin, , ,

Mailing Address 201 Oats Dr

City: Lafayette | State: LA | Zip Code: 70508-7369

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 ▼ 1149.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 44D09061D681BFD46D61**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lund, Kierstin, , ,

Mailing Address 201 Oats Dr

City: Lafayette | State: LA | Zip Code: 70508-7369

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 ▼ 1149.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 460FBE152F600FD2AC10**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madsen, Karin, , ,

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 ▼ 499.92

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4246AA82C4E0016188DE**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 58.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madsen, Karin, , ,

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 ▼ 499.92

Date of Receipt: 11 / 26 / 2018

**Transaction ID : 4CB99FA542750CE0F669**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malik, Asif, , ,

Mailing Address 2758 Charnwood Dr

City: Troy | State: MI | Zip Code: 48098-2184

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Henry Ford Health System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 10 / 27 / 2018

**Transaction ID : 42FEB9E845AF5527D46F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mandabach, Mark, , ,

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 Anethesiology and Pe
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: 10 / 21 / 2018

**Transaction ID : 4349A1E3C40174CEFCB0**

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

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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
Mandabach, Mark, , ,

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 Anethesiology and Pe

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 41E19E7E79FDC375C03F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Michael, , ,

Mailing Address 989 Innswood Ct

City: Longwood | State: FL | Zip Code: 32779-2807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP FLORIDA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4C67A707E493DE660B9F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markgraf, Kurt, , ,

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): USAP

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 766.64

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4ADAB1CC7A390EAE1BAD**

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

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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
Marks-Strauss, Thomas, , ,

Mailing Address 8731 Admirals Woods Cir

City: Indianapolis | State: IN | Zip Code: 46236-8295

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ACI, LLC
Occupation (for Individual): MD Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4869B54AEBCD0362F67F**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marks-Strauss, Thomas, , ,

Mailing Address 8731 Admirals Woods Cir

City: Indianapolis | State: IN | Zip Code: 46236-8295

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ACI, LLC
Occupation (for Individual): MD Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 47899816364226BA953C**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marsh, Gregory, , ,

Mailing Address 1931 26th Ave E

City: Seattle | State: WA | Zip Code: 98112-3015

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): usap
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : BB863EE8-7E2B-449B-**

Amount of Each Receipt this Period: 250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 300.00

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martello, Alfred, , ,

Mailing Address 4665 Douglas Cir NW

City: Canton | State: OH | Zip Code: 44718-3673

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ohio Anesthesia group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 421F886DD5251FF48540**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martello, Alfred, , ,

Mailing Address 4665 Douglas Cir NW

City: Canton | State: OH | Zip Code: 44718-3673

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ohio Anesthesia group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 464983DE9A55C18CD820**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 933.30

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4F92A5CF485D135CFFD3**

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

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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
Martin, John, , ,

Mailing Address 120 Riverpoint Dr

City: Clemson | State: SC | Zip Code: 29631-1049

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Greenville Hospital System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 47F0B9356D877EE7C377**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martinelli, Susan, , ,

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): UNC Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 524.92

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 495BBE4742B7231521E9**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martinelli, Susan, , ,

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): UNC Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 524.92

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4D6A9BA3E42706CD6447**

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matlin, Fredric, , ,

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 ▼ 1100.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4868A1C61DA3D487B00F**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matthews, Kayla, , ,

Mailing Address 13608 Huron Ave

City: Lubbock | State: TX | Zip Code: 79424-3950

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 ▼ 800.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 8F2BF310-714F-4EAB-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matuszczak, Maria, , ,

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): University of Texas Health Science Cen
Occupation (for Individual): Pediatric anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.66

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 4177AF3F5FAE689456A1**

Amount of Each Receipt this Period: 83.33

☐ 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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
May, Eric, , ,

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
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1416.63

Date of Receipt: 11 / 17 / 2018

**Transaction ID : 4F3FB2E56A6156EE61B2**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCartney, Michael, , ,

Mailing Address 15001 Linden St

City: Leawood | State: KS | Zip Code: 66224-3656

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Kansas Physicians
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 4DA4959FBFB1C7C84982**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCartney, Michael, , ,

Mailing Address 15001 Linden St

City: Leawood | State: KS | Zip Code: 66224-3656

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Kansas Physicians
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 462A8A8C4A80974F9854**

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

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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
McCord, Matthew, , ,

Mailing Address 4065 Homestead Dr

City: Howell | State: MI | Zip Code: 48843-7427

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ANESTHESIA ASSOCIATES OF ANN ARBOR, PL
Occupation (for Individual): Physician-Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4D6B8F4D725F59AA2DF2**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCord, Matthew, , ,

Mailing Address 4065 Homestead Dr

City: Howell | State: MI | Zip Code: 48843-7427

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ANESTHESIA ASSOCIATES OF ANN ARBOR, PL
Occupation (for Individual): Physician-Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4F75BAAA32E8A947266D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDade, William, , ,

Mailing Address 4616 N Turnbull Dr

City: Metairie | State: LA | Zip Code: 70002-1445

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Health System
Occupation (for Individual): Chief Academic Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 599.98

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 49019A0126D994DB4B3A**

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

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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
McDonell, Anne, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 49BEA3EEE306B95A0175**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McHorse, Paul, , ,

Mailing Address 3602 Crowncrest Dr

City: Austin | State: TX | Zip Code: 78759-8710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Baylor Scott and White Health

Occupation (for Individual): Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4B518674A9E7428A4A09**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McKenzie, Christine, , ,

Mailing Address 4504 Environ Way

City: Chapel Hill | State: NC | Zip Code: 27517-4455

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of North Carolina

Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 471B90F2D501AC365190**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 133.33

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McKeown, Jason, , ,

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 ▼ 883.31

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 4D0CB0B00B27CE0CAF93**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLanahan, Gregory, , ,

Mailing Address 3785 Overlook Dr

City: Tallahassee | State: FL | Zip Code: 32311-7871

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 40D1AB2A320A9028BFA5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNelley, Matthew, , ,

Mailing Address 1333 S Wabash Ave
Unit 2109

City: Chicago | State: IL | Zip Code: 60605-2630

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Wichita Center for Graduate Medical Ed

Occupation (for Individual): Resident Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 45D2BD830F57C6BD1E59**

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

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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
McQuilkin, Scott, , ,

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 ▼ 833.30

Date of Receipt: 11 / 07 / 2018

Transaction ID : 4E728A141790E3909555

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Menor, Christina, , ,

Mailing Address 552 W Elk Ave
Unit 213

City: Glendale | State: CA | Zip Code: 91204-1406

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Indigodoc, Inc

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 599.96

Date of Receipt: 10 / 22 / 2018

Transaction ID : 4FC597FBD43AD594F01D

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

Mailing Address 552 W Elk Ave
Unit 213

City: Glendale | State: CA | Zip Code: 91204-1406

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Indigodoc, Inc

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 599.96

Date of Receipt: 11 / 22 / 2018

Transaction ID : 42D39E8ED536E08C6C2A

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)
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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
Mesrobian, James, , ,

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 ▼ 1499.96

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4436AE45AB72CA470F25**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Messenger, Brigitte, , ,

Mailing Address 7424 Kentfield Dr

City: Knoxville | State: TN | Zip Code: 37919-8191

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 ▼ 1166.64

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018

**Transaction ID : 4D39AAC9047EAE20CE69**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Messenger, Brigitte, , ,

Mailing Address 7424 Kentfield Dr

City: Knoxville | State: TN | Zip Code: 37919-8191

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 ▼ 1166.64

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 41C793C16FE5DF1CE741**

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mets, Berend, , ,

Mailing Address 500 University Dr
Rm C2840

City: Hershey | State: PA | Zip Code: 17033-2360

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Penn State Health
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 45E8A92A88D94057A3D7**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Michaels, Robert, , , III

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 ▼ 916.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4B6CAB9086FD97EF1DA9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Christopher, , ,

Mailing Address 150 E Robinson St
Unit 1611

City: Orlando | State: FL | Zip Code: 32801-1990

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Us anesthesia partners
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4DCD82299A7AFA61FDCB**

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

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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
Miller, Christopher, , ,

Mailing Address 150 E Robinson St
Unit 1611

City: Orlando | State: FL | Zip Code: 32801-1990

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Us anesthesia partners
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4213BEDFD2C1D4A098B5**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

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): ACI, LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.63

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 476992DC68EEB32A0C25**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mimeles, Derek, , ,

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 ▼ 666.64

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 454F954611413244A581**

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)
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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
Minana, Mitchell, , ,

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 ▼ 550.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 43388F95DD9ECC577265**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mintz, Paul, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4E91AE7A2D7998F19850**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

Mailing Address 1725 Pine St

City: Montgomery | State: AL | Zip Code: 36106-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 87A7878B421F45EF9673**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1091.66

**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

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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
Mitchell, Brian, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 429E80638AEF049E26ED**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Karen, , ,

Mailing Address 827 Old Oyster Trl

City: Sugar Land | State: TX | Zip Code: 77478-4509

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.98

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 473D831FA841FF81D1D8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 458.26

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4E69A55517E664FAFF67**

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

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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
Mohacsi, Tibor, , ,

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 ▼ 849.97

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4093BFC6D92BD9DC6CB6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mondesir, Legia, , ,

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 ▼ 550.00

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 42D583B5C49FA9A1C879**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Month, Richard, , ,

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 ▼ 1000.00

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 41B1A26A03484D8088EB**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 216.66

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

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Montiague, Raul, , ,

Mailing Address 7803 Railyard Dr SW

City: Byron Center | State: MI | Zip Code: 49315-9525

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Practice Consultants, PC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 430E84EA181BC2094DA6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moody, Barry, , ,

Mailing Address 216 Marengo St
Ste F

City: Florence | State: AL | Zip Code: 35630-6034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bary J. Moody, DMD,MD,PC

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 498C8089F8BA6A6646D3**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moody, Barry, , ,

Mailing Address 216 Marengo St
Ste F

City: Florence | State: AL | Zip Code: 35630-6034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bary J. Moody, DMD,MD,PC

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42B3A54F8792C67BEE2E**

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

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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
Moore, James, , ,

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 Health
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 799.98

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4A1BBA8175D5F39220FD**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, James, , ,

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 Health
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 799.98

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 40D5A1C9770F2784C332**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moorjani, Arun, , ,

Mailing Address 1041 Lake Davis Dr

City: Orlando | State: FL | Zip Code: 32806-1367

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 ▼ 1249.99

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4A6C852B0985C5875F07**

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

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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
Moorjani, Arun, , ,

Mailing Address 1041 Lake Davis Dr

City: Orlando | State: FL | Zip Code: 32806-1367

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 ▼ 1249.99

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 419C8044C4E11644150C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moran, Kenneth, , ,

Mailing Address 4029 Hidden Hill Ct

City: Powell | State: OH | Zip Code: 43065-7112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The Ohio State University Wexner Medic
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 42A3BABEC236A54B1E37**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morneault, Kevin, , ,

Mailing Address 35 Pine Hill Rd

City: Monmouth | State: ME | Zip Code: 04259-7519

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 ▼ 291.62

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4693A39F48469405AE74**

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

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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
Morris, Caroline, , ,

Mailing Address 2797 Fox Creek Dr

City: Germantown | State: TN | Zip Code: 38138-6277

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): mag
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 465ABFEC86D303EC8956**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Caroline, , ,

Mailing Address 2797 Fox Creek Dr

City: Germantown | State: TN | Zip Code: 38138-6277

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): mag
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 45E983A89CA1D90BDB24**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Gregory, , ,

Mailing Address 9818 E Kemper Way

City: Scottsdale | State: AZ | Zip Code: 85255-6274

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley anesthesiology Consultants
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.60

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4937A495B0B8F17D2491**

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)
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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
Morris, Gregory, , ,

Mailing Address 9818 E Kemper Way

City: Scottsdale | State: AZ | Zip Code: 85255-6274

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley anesthesiology Consultants

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4EF493CA7312005A253F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Jason, , ,

Mailing Address 2797 Fox Creek Dr

City: Germantown | State: TN | Zip Code: 38138-6277

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): mag

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 413BB135AA9328978F55**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Jason, , ,

Mailing Address 2797 Fox Creek Dr

City: Germantown | State: TN | Zip Code: 38138-6277

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): mag

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 47269101497562A625DC**

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

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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
Morrison, Robert, , ,

Mailing Address 16105 NW 124th St

City: Platte City | State: MO | Zip Code: 64079-8349

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 ▼ 916.63

Date of Receipt: 11 / 06 / 2018

**Transaction ID : 40DB8E3C24BF8488451B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morrow, Scott, , ,

Mailing Address 1619 Holts Grove Cir

City: Winter Park | State: FL | Zip Code: 32789-5116

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 ▼ 249.96

Date of Receipt: 11 / 12 / 2018

**Transaction ID : 45B08A6D8CEB4C691740**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nanners, Kenneth, , ,

Mailing Address 170 Leewood Farms Rd

City: Wheeling | State: WV | Zip Code: 26003-9104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MPA Inc.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 40FD8C9A285C1C0885BC**

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

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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
Nanners, Kenneth, , ,

Mailing Address 170 Leewood Farms Rd

City: Wheeling | State: WV | Zip Code: 26003-9104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MPA Inc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F95AF0D8D1C0B1EC118**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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
Occupation (for Individual): Chairman of Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2016.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 465D9496524D0927E392**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neirink, Donald, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 47F780D390EA0CD6D283**

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

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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
Nester, Kyle, , ,

Mailing Address 1624 W Common St

City: Lake Charles | State: LA | Zip Code: 70601-6142

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 699.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4301917B3A5A4D8DF56A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nester, Kyle, , ,

Mailing Address 1624 W Common St

City: Lake Charles | State: LA | Zip Code: 70601-6142

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 699.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4DB0960926607C91E9CB**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nguyen, Andy, , ,

Mailing Address 3004 NW 168th Ct

City: Edmond | State: OK | Zip Code: 73012-6787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NGUYEN ANESTHESIA CONSULTANTS PLLC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4FB18E92EBCA01A09AB9**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nguyen, Ethan, , ,

Mailing Address 4709 Latour Ln

City: Colleyville | State: TX | Zip Code: 76034-1388

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): United States Anesthesia Partners
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 45938E9C9BA529A2C495**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nguyen, Tuyet Ha, , ,

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 ▼ 900.00

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4ED785CB36610A42A113**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Michael, , ,

Mailing Address 2580 Hillandale Cir

City: Cumming | State: GA | Zip Code: 30041-6320

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Healthcare
Occupation (for Individual): AA

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4C4FB5BD3C34CF2666ED**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Nick, Michael, , ,

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 ▼ 558.26

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 45CB84DF6C8DFBD7ADC7**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nickless, Alexandria, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4A56B4734DE20A08129D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nigam, Mukesh, , ,

Mailing Address 6915 Northbury Ln
Apt 917

City: Charlotte | State: NC | Zip Code: 28226-8716

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): sheridan
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4E09853C336486F89471**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 145.82

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nikolaidis, Melissa, , ,

Mailing Address 2230 McClendon St

City: Houston | State: TX | Zip Code: 77030-2020

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor College of Medicine
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4745AC0CF73B131DFDD5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nikolaidis, Melissa, , ,

Mailing Address 2230 McClendon St

City: Houston | State: TX | Zip Code: 77030-2020

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor College of Medicine
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4759A0D7A97BE911CE19**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nixon, Heather, , ,

Mailing Address 1740 W Taylor St
Ste 3200

City: Chicago | State: IL | Zip Code: 60612-7232

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Illinois
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 444089C76DAB8A55D9F8**

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

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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
Noboa, Jesse, , ,

Mailing Address 299 Saddlebrook Ln

City: Naples | State: FL | Zip Code: 34110-1350

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Team health
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 47D1ABEA700ED1D1913E**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norrell, Stacy, , ,

Mailing Address 10831 Holly Springs Dr

City: Houston | State: TX | Zip Code: 77042-1308

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTHealth
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.22

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4BB7B1FF3BFDFFC213CF**

Amount of Each Receipt this Period: 83.41

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norris, Frederick, , ,

Mailing Address 5234 Piper Ln

City: Sanford | State: FL | Zip Code: 32771-5464

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 ▼ 916.99

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4E46870C4C31EB7ED84C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 187.57

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Northern, Theresa, , ,

Mailing Address 200 W Jackson St

City: Pensacola | State: FL | Zip Code: 32501-3917

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Panhandle Anesthesiology Associates

Occupation (for Individual): Physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 07 / 2018

**Transaction ID : 466996EC9441ACEA9698**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nova, Hugo, , ,

Mailing Address 1201 Heritage Acres Blvd

City: Rockledge | State: FL | Zip Code: 32955-4420

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brevard Physician Associates PLLC

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 503.46

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 4AD687BD8A495F6C0C89**

Amount of Each Receipt this Period: 83.91

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nova, Hugo, , ,

Mailing Address 1201 Heritage Acres Blvd

City: Rockledge | State: FL | Zip Code: 32955-4420

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brevard Physician Associates PLLC

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 503.46

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 4D2F8D9A010519F9D482**

Amount of Each Receipt this Period: 83.91

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 187.82

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Flynn, Richard, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 44A4A794CF5440CABC20**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Flynn, Richard, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 418D988C33CE5E9E09D2**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Leary, Kathleen, , ,

Mailing Address 81 Lexington Ave

City: Buffalo | State: NY | Zip Code: 14222-1807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Roswell Park Cancer Institute

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 40CA89D2D96E7F87B079**

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

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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
O'Leary, Kathleen, , ,

Mailing Address 81 Lexington Ave

City: Buffalo | State: NY | Zip Code: 14222-1807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Roswell Park Cancer Institute
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4067A02A0790617386A7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oladipupo, Oluwatosin, , ,

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 ▼ 1874.97

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4E0681321C9E9F4F0B1C**

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oladipupo, Oluwatosin, , ,

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 ▼ 1874.97

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4BA1A244826B31AEEE49**

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 499.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olin, Douglas, , ,

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 ▼ 999.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 45C5AB94304F45D71D7A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olin, Douglas, , ,

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 ▼ 999.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4C438FFB6D95A81253A9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oliva, Anthony, , ,

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 ▼ 416.60

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 401DAAEF5FA16064CB3D**

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

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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
Olszewski, Robert, , , Jr

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): ASPA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2140.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4C508FE6517FB76D6D96**

Amount of Each Receipt this Period: 75.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ondecko Ligda, Kristin, , ,

Mailing Address 118 Heritage Creek Dr

City: Mars | State: PA | Zip Code: 16046-2378

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Pittsburgh
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 366.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4423BB781A4FD9A3478A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ortiz, Jaime, , ,

Mailing Address 3606 Durness Way

City: Houston | State: TX | Zip Code: 77025-2518

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor College of Medicine
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4A81AEEF6543B3C30DC4**

Amount of Each Receipt this Period: 41.66

☐ 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

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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
Ossa Concha, Jose, , ,

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 ▼ 416.60

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 47CE8520A4E223FF85E9**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pace, Kevin, , ,

Mailing Address 6276 Thach Rd

City: Montgomery | State: AL | Zip Code: 36117-5221

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Montgomery Anesthesia Assoc.

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 0BB85472A9033669AB1**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Padakandla, Bhaskar, , ,

Mailing Address 4449 Young Dr

City: Carrollton | State: TX | Zip Code: 75010-1145

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 ▼ 499.98

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 486495A26B9EAA04308E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1124.99

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Padmanabhan, Asha, , ,

Mailing Address 6097 NW 32nd Ct

City: Boca Raton | State: FL | Zip Code: 33496-3371

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Healthcare
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 274.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4EFF85386178171794BB**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Padova, Paul, , ,

Mailing Address 3191 Claremore Ave

City: Long Beach | State: CA | Zip Code: 90808-4421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allied Anesthesia Medical Group
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 783.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4094B6135E122BFF6A6C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Page, Sam, , ,

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
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1416.63

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4C63ADFAAAABB1DA23D9**

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

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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
Pandya, Parag, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4D8FBB6183E6E4BFCC7D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pappas, John, , ,

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 ▼ 1249.97

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4C10BB6AA552C0D70B9B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 2771 Upper Park Rd

City: Orlando | State: FL | Zip Code: 32814-6148

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP Florida - Orlando
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 4B75955FB7E3AFF2E189**

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parkhill, Scott, , ,
Mailing Address 5180 Belsera Ct
City: Reno | State: NV | Zip Code: 89519-6158
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 ▼ 2000.00
Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018
Transaction ID : 317E60B2-E98A-4AB9-
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Patel, Roma, , ,
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 ▼ 916.63
Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018
Transaction ID : 4B2D8DD44DC661949187
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Paulsen, Scott, , ,
Mailing Address 3103 153rd St
City: Urbandale | State: IA | Zip Code: 50323-2424
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 ▼ 300.00
Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018
Transaction ID : 43B98A4360FBD40BEFDA
Amount of Each Receipt this Period: 50.00
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1133.33

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Paulsen, Scott, , ,

Mailing Address 3103 153rd St

City: Urbandale | State: IA | Zip Code: 50323-2424

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 ▼ 300.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 494C9F7DF1BBF79403F9**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearson, Don, , , Jr

Mailing Address 4326 Beechwood Rd

City: Knoxville | State: TN | Zip Code: 37920-6014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 491CB47A304B35F90E08**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearson, Don, , , Jr

Mailing Address 4326 Beechwood Rd

City: Knoxville | State: TN | Zip Code: 37920-6014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4FD2BC1614D6DF4DA1B8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 216.66

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

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

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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
Penate, Oscar, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 4A50A9746E7740C0D79E**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perry, Jeremie, , ,

Mailing Address 2410 Whispering Oaks Ct

City: Abilene | State: TX | Zip Code: 79606-4366

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Hendrick Anesthesia Network
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42D79A33A168F72B555B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perry, Jeremie, , ,

Mailing Address 2410 Whispering Oaks Ct

City: Abilene | State: TX | Zip Code: 79606-4366

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Hendrick Anesthesia Network
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 466A89A02C7F831AF4A9**

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

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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
Perryman, Kathy, , ,

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 KC, PC

Occupation (for Individual): physician pediatric anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.30

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 47EA8C9B544090498755**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phadke, Aparna, , ,

Mailing Address 516 Old Orchard Trl

City: Pittsburgh | State: PA | Zip Code: 15238-5100

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPP of UPMC

Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4853AEE74FD8568691EF**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phadke, Aparna, , ,

Mailing Address 516 Old Orchard Trl

City: Pittsburgh | State: PA | Zip Code: 15238-5100

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPP of UPMC

Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 474D9C8CA948DA9BCBDF**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.33

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

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

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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
Phelps, Janey, , ,

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 ▼ 791.62

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 45029F6CB65B53FF6163**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Mark, , ,

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
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4F1BACC95FEA1877F030**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Thomas, , , Jr

Mailing Address 531 Otis Blvd

City: Spartanburg | State: SC | Zip Code: 29302-2605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Foothills Anesthesia Consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4CDB9A6D6701E693A93B**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Phung, Philippe, , ,

Mailing Address 6238 Heather Glen Way

City: Clarksville | State: MD | Zip Code: 21029-1175

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MedStar Medical Group Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : E1CB6129-62F2-4D0A-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pieters, Benjamin, , ,

Mailing Address 3018 W 82nd Ter

City: Leawood | State: KS | Zip Code: 66206-1116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 40F38B341B0BCF1218BE**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pieters, Benjamin, , ,

Mailing Address 3018 W 82nd Ter

City: Leawood | State: KS | Zip Code: 66206-1116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 4323A0F537B62AD84566**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 666.66

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

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

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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
Pinault, Laura, , ,

Mailing Address 5723 Bourke-White Dr SE

City: Albuquerque | State: NM | Zip Code: 87106-9604

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 ▼ 712.50

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 492EAB51F340C1C64798**

Amount of Each Receipt this Period: 6.25

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinosky, Mark, , ,

Mailing Address 296 N Hobcaw Dr

City: Mount Pleasant | State: SC | Zip Code: 29464-2562

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northstar Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : CEC01FC7-0443-4FE0-**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plagenhoef, Jeffrey, , ,

Mailing Address 3463 Howell St

City: Dallas | State: TX | Zip Code: 75204-2803

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual):
Occupation (for Individual): Unemployed

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 766.64

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 42E294A44481B4BBFFB5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 589.58

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

# SCHEDULE A (FEC Form 3X)
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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
Poage, Jeffrey, , ,

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): Medical Anesthesia Consultants

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2266.65

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4637AB3C2B558D47CE3C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polce, Dean, , ,

Mailing Address 3092 Red Arrow Dr

City: Las Vegas | State: NV | Zip Code: 89135-1624

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Anesthesia Partners

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4BE7A07F53EA076CF2ED**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porteous, Grete, , ,

Mailing Address 7435 W Mercer Way

City: Mercer Island | State: WA | Zip Code: 98040-5536

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Virginia Mason Medical Center

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 262.49

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 444BAF230652D6E1D12C**

Amount of Each Receipt this Period: 20.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 204.16

**TOTAL** This Period (last page this line 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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Jason, , ,

Mailing Address 3412 Oakbrook Dr

City: Lexington | State: KY | Zip Code: 40515-1316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Commonwealth Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F719FD7C1D1F6DD49E7**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Jason, , ,

Mailing Address 3412 Oakbrook Dr

City: Lexington | State: KY | Zip Code: 40515-1316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Commonwealth Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 400D9CD2187B4B1230A7**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Steven, , ,

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 ▼ 394.94

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4D97B7A5F96CED4FF34F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 241.66

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

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

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

FOR LINE NUMBER: (check only one)
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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
Portnoy, Joseph, , ,

Mailing Address 1201 W Ducasse Dr

City: Phoenix | State: AZ | Zip Code: 85013-1391

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual):
Occupation (for Individual): Retired

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 42C6B00E9DFF05CF38A5**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pregler, Johnathan, , ,

Mailing Address 10556 Dunleer Dr

City: Los Angeles | State: CA | Zip Code: 90064-4318

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of California
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1316.66

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 4872AF6570AEAB17B580**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Price, Matthew, , ,

Mailing Address 50791 Chesapeake Dr

City: Novi | State: MI | Zip Code: 48374-2552

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 ▼ 1166.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 43AE8BB0303712BA044F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 186.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Priepot, James, , ,

Mailing Address 3803 W Hearthwood Dr

City: Dunlap | State: IL | Zip Code: 61525-9340

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists SC

Occupation (for Individual): Physician Owner - President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 44BD9A8B5F2CED962A0D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Primm, Aaron, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 400C9D744594F086DC26**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Prokott, Wayne, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4B84840EE06DC2A90592**

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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quilligan, Theodore, , ,

Mailing Address 627 8th St

City: Huntington Beach | State: CA | Zip Code: 92648-4632

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allied Anesthesia Medical Group
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.31

Date of Receipt: 11 / 17 / 2018

**Transaction ID : 49369644849BEB9F36F2**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rahimzadeh, Nariman, , ,

Mailing Address 1885 Manzanita Cir

City: Reno | State: NV | Zip Code: 89509-5260

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists of Reno
Occupation (for Individual): MD Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 666.66

Date of Receipt: 11 / 14 / 2018

**Transaction ID : 487E85D7F54EA76CB242**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rainey, Jeremy, , ,

Mailing Address 113 Cowles Creek Rd

City: Clinton | State: MS | Zip Code: 39056-6244

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Fellow, Critical Care Medicine (Anesth

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 01 / 2018

**Transaction ID : 664CD2AC-A9A9-417D-**

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

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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
Rangi, Navdip, , ,

Mailing Address 105 Wickliff Creek Cir W

City: Eads | State: TN | Zip Code: 38028-3316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4D229E4912DD151E8529**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rangi, Navdip, , ,

Mailing Address 105 Wickliff Creek Cir W

City: Eads | State: TN | Zip Code: 38028-3316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4BF8A92B72A8B3DE674A**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rapan, Roxanne, , ,

Mailing Address 12 Sienna Way

City: San Rafael | State: CA | Zip Code: 94901-1356

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The Permanente Medical Group
Occupation (for Individual): Senior Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 48ABB188394DD5010371**

Amount of Each Receipt this Period: 50.00

☐ 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

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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
Ravikant, Neeju, , ,

Mailing Address 875 W Glengarry Cir

City: Bloomfield Hills | State: MI | Zip Code: 48301-2219

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 ▼ 249.99

Date of Receipt: 11 / 13 / 2018

**Transaction ID : 4C9EA21741C967DF6B5B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ravulapati, Janakiram, , ,

Mailing Address 6724 Palaver Ln

City: Cary | State: NC | Zip Code: 27519-9011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AANC

Occupation (for Individual): anestheisiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: 10 / 20 / 2018

**Transaction ID : 4E43A164FD48A3867752**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ravulapati, Janakiram, , ,

Mailing Address 6724 Palaver Ln

City: Cary | State: NC | Zip Code: 27519-9011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AANC

Occupation (for Individual): anestheisiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: 11 / 20 / 2018

**Transaction ID : 4D13859D02B6843D03B6**

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

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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
Rea, Jeanne, , ,

Mailing Address PO Box 9008

City: Columbus | State: MS | Zip Code: 39705-0015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Jeanne Ann Rea, MD PA

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 6CD52BBB-40B1-4563-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Regen, Edwin, , ,

Mailing Address 9100 Grey Pointe Dr

City: Knoxville | State: TN | Zip Code: 37922-8534

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 ▼ 245.00

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4D368BF6B01C77D25A52**

Amount of Each Receipt this Period: 20.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Richards, Paul, , ,

Mailing Address 2771 Chalford Cir NW

City: North Canton | State: OH | Zip Code: 44720-8223

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ohio Anesthesia Group

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4421BC90ADC86B237215**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1120.00

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

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

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FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivard, John, , ,

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 ▼ 500.00

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : E7810CC9E749FB5E079**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberson, Charles, , ,

Mailing Address 125 Sunset Ln

City: Temple | State: TX | Zip Code: 76502-6885

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor Scott and White
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 4D309561FD38B1CB3D04**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberts, Brandon, , ,

Mailing Address 10127 Meadow Woods Ln

City: Dayton | State: OH | Zip Code: 45458-9713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Dayton Children's Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 433993F9A237BCB76EAA**

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

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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
Roberts, Kevin, , ,

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 ▼ 666.64

Date of Receipt: 10 / 27 / 2018

**Transaction ID : 47D6A2417A3F415545DB**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberts, Michael, , , II

Mailing Address 800 Hoover St

City: Norman | State: OK | Zip Code: 73072-6151

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 ▼ 249.99

Date of Receipt: 10 / 29 / 2018

**Transaction ID : 4E3F8905CBCA622D08E7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Robertson, Robert, , ,

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 ▼ 833.30

Date of Receipt: 11 / 17 / 2018

**Transaction ID : 4A0BAE377C1A2C774424**

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

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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
Rodriguez, Leopoldo, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 4050A74813D88E0D6C9D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rodriguez-Alfonzo, Luis, , ,

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): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 466.60

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2018

**Transaction ID : 4DE8A9D9442BF60DB425**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogoski, John, , ,

Mailing Address PO Box 303

City: Powell | State: OH | Zip Code: 43065-0303

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ohio State Univerisyt Wexner Medical C
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4CAFBBCA07614CC4C10B**

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rolfe, Jason, , ,

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 ▼ 833.30

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 4CBDA8A438E2E1A21E51**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Root, Jennifer, , ,

Mailing Address 107 Blackhawk Ct

City: West Columbia | State: SC | Zip Code: 29169-3712

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 ▼ 516.62

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 48A3BA1BE327EA6966F7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Sarah, , ,

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 ▼ 458.26

Date of Receipt: M M 10 / D D 25 / Y Y Y Y 2018

**Transaction ID : 4B4A8E0330A175819410**

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

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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
Ross, Sarah, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 40ACBDE4CB4AE13A79B9**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rossi, Michael, , ,

Mailing Address 260 Danny Thomas Pl
St. Jude Children's Research Hospi

City: Memphis | State: TN | Zip Code: 38105-3678

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ST JUDE CHILDREN'S RESEARCH HOSPITAL
Occupation (for Individual): Director Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 400398DF82E4097E4993**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rossi, Michael, , ,

Mailing Address 260 Danny Thomas Pl
St. Jude Children's Research Hospi

City: Memphis | State: TN | Zip Code: 38105-3678

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ST JUDE CHILDREN'S RESEARCH HOSPITAL
Occupation (for Individual): Director Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 499B8A9E05D2E8C8C061**

Amount of Each Receipt this Period: 8.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 58.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, Ram, , ,

Mailing Address 401 E 89th St
Apt 18B

City: New York | State: NY | Zip Code: 10128-6725

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mount Sinai School of Medicine
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 26 / 2018

**Transaction ID : 4AAA88C94087D056724D**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, Ram, , ,

Mailing Address 401 E 89th St
Apt 18B

City: New York | State: NY | Zip Code: 10128-6725

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mount Sinai School of Medicine
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 26 / 2018

**Transaction ID : 42F7BBF8EEA14CCE4176**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

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

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 ▼ 499.92

Date of Receipt: 10 / 21 / 2018

**Transaction ID : 45D6B94C6553E0CF9C55**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 91.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rothman, Brian, , ,

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 ▼ 499.92

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4A3AB18C7D06C3869546**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowberry, Ryan, , ,

Mailing Address 2113 S Copper Crest Trl

City: Sioux Falls | State: SD | Zip Code: 57110-6801

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APL
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 436E9B14BAAEFC54FC80**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowberry, Ryan, , ,

Mailing Address 2113 S Copper Crest Trl

City: Sioux Falls | State: SD | Zip Code: 57110-6801

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APL
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4C84861D97A6458EC99F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.98

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roy, Lawrence, , ,

Mailing Address 2420 Freeman Manor Dr

City: Jones | State: OK | Zip Code: 73049-8747

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): U S Anesthesia Partners
Occupation (for Individual): Medical Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 11 / 26 / 2018

**Transaction ID : 4C339DE8CF59DAAC261D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Royster, Robert, , ,

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 ▼ 833.30

Date of Receipt: 10 / 24 / 2018

**Transaction ID : 48AC8D29721569D46739**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Royster, Robert, , ,

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 ▼ 833.30

Date of Receipt: 11 / 24 / 2018

**Transaction ID : 4DB1A2235D627F073DAE**

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

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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
Satterly, Matthew, , ,

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): WAAI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.97

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 48418987176CAEB56585**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scarboro, Gina, , ,

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): Program Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4D3784440C3865B8F747**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schaller, Kent, , ,

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1099.97

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4371BE125F31F07A561B**

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

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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
Schantz, Roger, , ,

Mailing Address 1096 Red Bird Rd

City: Loveland | State: OH | Zip Code: 45140-7163

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Seven Hills Anesthesia
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 42F4B6E21AD142491D93**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schantz, Roger, , ,

Mailing Address 1096 Red Bird Rd

City: Loveland | State: OH | Zip Code: 45140-7163

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Seven Hills Anesthesia
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018

**Transaction ID : 47E5A9301F8E1EC1AA4F**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scharf, Andrew, , ,

Mailing Address 53 Forest Ln

City: Greenville | State: SC | Zip Code: 29605-1916

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Greenville Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 257B50FF-61AF-4E4C-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1050.00

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Catherine, , ,

Mailing Address 117 Sunset Rim

City: Cody | State: WY | Zip Code: 82414-9635

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WY Perioperative Anesthesia Consultant
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 426D8F53A1F9AC9ADD84**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Catherine, , ,

Mailing Address 117 Sunset Rim

City: Cody | State: WY | Zip Code: 82414-9635

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WY Perioperative Anesthesia Consultant
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 40E796FD82AEA1ED7813**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmitz, Michael, , ,

Mailing Address 8500 Barrett Rd

City: Roland | State: AR | Zip Code: 72135-9282

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Arkansas for Medical Sci
Occupation (for Individual): Pediatric Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 492C9F0ACDBE0563620D**

Amount of Each Receipt this Period: 50.00

☐ 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)
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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
Schroeder, Greg, , ,

Mailing Address 3280 Lake Shore Dr

City: Orlando | State: FL | Zip Code: 32803-1123

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP/JLR
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 481B97B7CB9065EB1BDD**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schroeder, Greg, , ,

Mailing Address 3280 Lake Shore Dr

City: Orlando | State: FL | Zip Code: 32803-1123

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP/JLR
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 421C9B39AE038AEB1B1D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schulman, Steven, , ,

Mailing Address 33 Ryan St

City: Syosset | State: NY | Zip Code: 11791-2129

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NY CV Anesthesiologists
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4227B05D80517C34738A**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Schwartz, Robin, , ,

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 ▼ 666.60

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4C5AAF7BAD3FD4D0620F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Seacat, Brian, , ,

Mailing Address 4400 NE 92nd St

City: Oklahoma City | State: OK | Zip Code: 73131-8210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Powercat Anesthesiology, PLLC

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4E0BA6A5DE8C7CD8BAA**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Segeleon, Patrick, , ,

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): Anesthesia Consultants of Indianapolis

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 4AAE9181CD1517BF3F83**

Amount of Each Receipt this Period: 50.00

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Selzer, Angela, , ,

Mailing Address 12401 E 17th Ave
Fl 7

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CU Medicine
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 48C9A6932ADE1D766102**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Settle, Tana, , ,

Mailing Address 1002 Chesterfield Forest Dr

City: Wildwood | State: MO | Zip Code: 63005-4216

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eye Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 47DBA91B1CCBE43183A9**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shafer, Robert, , ,

Mailing Address 6516 Fairway View Trl

City: Roanoke | State: VA | Zip Code: 24018-7470

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 ▼ 333.28

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 423D86F70AAFFAA24F21**

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)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shah, Pranav, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4CB98C658ECC91501440**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shapiro, Fred, , ,

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 D
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2018

**Transaction ID : 41049FC371522F619668**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sharp, Christopher, , ,

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 Services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 683.31

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 43A3BB4C82FC503F51FE**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Sherman, Harry, , , Jr
Mailing Address: 67 Creekside Park Ct
City: Greenville | State: SC | Zip Code: 29615-4810
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Greenville Health System
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 749.96
Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018
**Transaction ID : 467AABEA66494AAEA1A1**
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Sherman, Harry, , , Jr
Mailing Address: 67 Creekside Park Ct
City: Greenville | State: SC | Zip Code: 29615-4810
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Greenville Health System
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 749.96
Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018
**Transaction ID : 436CBC1380E6F2F97656**
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shindell, Marina, , ,
Mailing Address: 4270 E Perry Pkwy
City: Greenwood Village | State: CO | Zip Code: 80121-2194
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University of Colorado Hospital
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018
**Transaction ID : 4B3E8689C8A628C2922D**
Amount of Each Receipt this Period: 100.00
☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

**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

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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
Shindell, Marina, , ,

Mailing Address 4270 E Perry Pkwy

City: Greenwood Village | State: CO | Zip Code: 80121-2194

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018

**Transaction ID : 427BBCBD477624ADB242**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shulkosky, Mark, , ,

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): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 558.26

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 4E6BB6D36AB4F40F5B33**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simanonok, Kirsten, , ,

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): Kirsten J Simanonok, MDSC
Occupation (for Individual): physician/ anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4353B60EF6D7160C28CB**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 191.66

**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

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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
Simon, Michael, , ,

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): ENVISION HEALTHCARE
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4024AA605DC37360512D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singh, Saket, , ,

Mailing Address 1218 Alta Vista Way

City: Seven Valleys | State: PA | Zip Code: 17360-9404

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PhyMed Healthcare Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 45A087AB21138524B83F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singleton, Mark, , ,

Mailing Address 7106 Marlborough Ter

City: Berkeley | State: CA | Zip Code: 94705-1737

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Stanford University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 799.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4EF9B8F041EE2450E101**

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

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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
Singleton, Mark, , ,

Mailing Address 7106 Marlborough Ter

City: Berkeley | State: CA | Zip Code: 94705-1737

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Stanford University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 799.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 41B0A7CD97F0EDD14C20**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sivils, Steven, , ,

Mailing Address 6130 Country Lane Cir

City: Anchorage | State: AK | Zip Code: 99504-3800

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Providence Anchorage Anesthesia Medica
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4F8AB6A9F5E468FF7F08**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sivils, Steven, , ,

Mailing Address 6130 Country Lane Cir

City: Anchorage | State: AK | Zip Code: 99504-3800

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Providence Anchorage Anesthesia Medica
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4580883D8EC211D28477**

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

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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
Skaff, Paul, , ,

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 ▼ 1099.97

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 4E8D9572E5FC9E1306E0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slade, Travis, , ,

Mailing Address 763 Church St

City: Layton | State: UT | Zip Code: 84041-2568

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 ▼ 491.62

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 49AEA9D6AE449CD991DD**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Small, Robert, , ,

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): Professir and Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 460A8387F9098B600A67**

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

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FOR LINE NUMBER: (check only one)
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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
Smith, Andrew, , ,

Mailing Address 20 Lost Run Ln

City: Zionsville | State: IN | Zip Code: 46077-8197

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Anesthesia Consultants of Indianapolis

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E14B6BD9C667641DC7F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Andrew, , ,

Mailing Address 20 Lost Run Ln

City: Zionsville | State: IN | Zip Code: 46077-8197

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Anesthesia Consultants of Indianapolis

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4047B680B9339D4B7407**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Blair, , ,

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): UAB

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4CE9AA7BF56BD609789E**

Amount of Each Receipt this Period: 83.33

☐ 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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Clayton, , ,

Mailing Address 2810 Briarwood Ct SE

City: Olympia | State: WA | Zip Code: 98501-6612

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Olympia Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 45E49742EC87787A4214**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, David, , ,

Mailing Address 315 E 11th Ave

City: Salt Lake City | State: UT | Zip Code: 84103-2802

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 ▼ 374.94

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 46D88264CE2547D10F43**

Amount of Each Receipt this Period: 41.66

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Stephen, , ,

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 ▼ 1666.64

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 47EFB4E54A1D9D39EA4D**

Amount of Each Receipt this Period: 208.33

[ ] 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)
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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
Smith, William, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4F26B059723DBB3AC449**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 916.63

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4A31BD6870D0F5836639**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Mark, , ,

Mailing Address 8045 Springtime Rd

City: Missoula | State: MT | Zip Code: 59803-9740

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Missoula Anesthesiology, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 849.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B48B0B366CBB9378184**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Mark, , ,

Mailing Address 8045 Springtime Rd

City: Missoula | State: MT | Zip Code: 59803-9740

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Missoula Anesthesiology, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 47BEA7EE2A4308AF852C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Soi, Tejinder, , ,

Mailing Address 11441 Durango Dr

City: Zionsville | State: IN | Zip Code: 46077-3620

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Indiana University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2018

**Transaction ID : 41FFBE513FFDB3B4EB7B**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Soi, Tejinder, , ,

Mailing Address 11441 Durango Dr

City: Zionsville | State: IN | Zip Code: 46077-3620

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Indiana University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 20 / Y Y Y Y 2018

**Transaction ID : 494C89E1636E748F1465**

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

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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
Solomon, Lisa, , ,

Mailing Address 2617 Carrington Dr

City: West Dundee | State: IL | Zip Code: 60118-1705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rockford Anesthesiologists Associated,

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4E8F8E76EF2DE3138360**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sorah, Shannon, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 439BACAE1225E451022D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Souter, Michael, , ,

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 ▼ 1499.96

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4A65BBAB925CA3BD8AF0**

Amount of Each Receipt this Period: 83.33

☐ 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

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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: Spanakis, Spiro, , ,
Mailing Address: 48 Old Mill Rd
City: Shrewsbury | State: MA | Zip Code: 01545-2230
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): UMASS Memorial Healthcare
Occupation (for Individual): Doctor
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 333.28
Date of Receipt: 11 / 17 / 2018
Transaction ID : 45528C2BCB2E01883EB2
Amount of Each Receipt this Period: 41.66
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Specthrie, Leon, , ,
Mailing Address: 53 Green Hill Rd
City: Kinnelon | State: NJ | Zip Code: 07405-2142
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 ▼: 400.00
Date of Receipt: 11 / 14 / 2018
Transaction ID : 4B09B76D308310EA7E05
Amount of Each Receipt this Period: 100.00
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Spence, Brian, , ,
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 ▼: 833.30
Date of Receipt: 10 / 27 / 2018
Transaction ID : 4285B82103BDC5092C7B
Amount of Each Receipt this Period: 83.33
☐ 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

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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
Spofford, Christina, , ,

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 ▼ 749.97

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 480F98F30F575F065431**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spofford, Christina, , ,

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 ▼ 749.97

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 406B96C872E53374572F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stamps, Myra, , ,

Mailing Address 4436 Jett Rd NW

City: Atlanta | State: GA | Zip Code: 30327-3565

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Perimeter Anesthesia, LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2018

**Transaction ID : 4C57BE82079B49EC4B09**

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

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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
Stangl, James, , ,

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 ▼ 666.64

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4ED791EE484834366C73**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 958.26

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 4DCAFD380472467D9AFA**

Amount of Each Receipt this Period: 500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanley, Daniel, , ,

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 ▼ 958.26

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 469EB9AF986CAF435098**

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

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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
Stapleton, David, , ,

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 ▼ 749.97

Date of Receipt: 11 / 14 / 2018

**Transaction ID : 4AC99D7BD75392577E6A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Starck, Timothy, , ,

Mailing Address 11583 Prestwick Rd

City: Belvidere | State: IL | Zip Code: 61008-8156

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rockford Anesthesiologists Associated,

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 10 / 25 / 2018

**Transaction ID : 4E88B605D30ABA7E13C1**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Starck, Timothy, , ,

Mailing Address 11583 Prestwick Rd

City: Belvidere | State: IL | Zip Code: 61008-8156

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rockford Anesthesiologists Associated,

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 11 / 25 / 2018

**Transaction ID : 4877AC311A82E42828C5**

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)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stein, Erica, , ,

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 ▼ 666.64

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4547AC56A00989C71171**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stephenson, John, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 41CA86428DE8A2A04FF1**

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stever, Jennifer, , ,

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 University
Occupation (for Individual): certified anesthesiologist assistant

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 916.60

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 4DEA9FEECED332A193E5**

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

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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
Stewart, Douglas, , ,

Mailing Address 5356 Penway Dr

City: Orlando | State: FL | Zip Code: 32814-6714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 46B58E65E0331A7C85FE**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stewart, Douglas, , ,

Mailing Address 5356 Penway Dr

City: Orlando | State: FL | Zip Code: 32814-6714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 408D999760EAE4FED2F3**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stone, Kenneth, , ,

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): Bridgeoprt Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 916.63

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4663B3AE2DCC462C30B0**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Stopa, Craig, , ,

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): Atlanta Anesthesia, Inc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 45ED985C8174A0399E6A**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 483.26

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 426B823AA4BF8BF5D833**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 PS
Occupation (for Individual): Physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.61

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 48F99881E5DD1881395D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

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

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

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 PS

Occupation (for Individual): Physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.61

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4DFA88937E9AA65CFB41**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stroud, Jason, , ,

Mailing Address 3000 Arlington Ave

City: Toledo | State: OH | Zip Code: 43614-2595

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Toledo

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4C9F97ECE9FABD6001B2**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, Erin, , ,

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 ▼ 1216.63

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 441BA3E8DEB9B5D3FB91**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sunku, Shanthan, , ,

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 ▼ 666.64

Date of Receipt: 10 / 28 / 2018

**Transaction ID : 4DE8BBFB2F36C78A799D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutton, Frank, , , Jr

Mailing Address 3455 Blue Ridge Rd

City: Raleigh | State: NC | Zip Code: 27612-8014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Regional Anesthesia, PLLC

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 994.98

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 44D68E0649BA20FFC498**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutton, Frank, , , Jr

Mailing Address 3455 Blue Ridge Rd

City: Raleigh | State: NC | Zip Code: 27612-8014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Regional Anesthesia, PLLC

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 994.98

Date of Receipt: 11 / 22 / 2018

**Transaction ID : 40F0ADA9A0BC23026DC0**

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)
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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
Suyderhoud, Johan, , ,

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
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4D7D8F2DD90FA950B72E**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swade, Jonathan, , ,

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 KC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 849.97

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4D63A4237E44680EC828**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sween, Steven, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4E6694C064B3DF64E0F8**

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

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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
Sweeney, Dawn, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 44A89A63373EFD6D0E9A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Takhtehchian, Kurosh, , ,

Mailing Address 822 E Glenwood Rd

City: Glenview | State: IL | Zip Code: 60025-3304

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 ▼ 333.28

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4FD78A4E6E6F4563C548**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tanaka, Vivian, , ,

Mailing Address 56 Hawking

City: Irvine | State: CA | Zip Code: 92618-1779

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allied Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 949.96

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 439EBE1E3248E3499FC4**

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

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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
Teetor, Travis, , ,

Mailing Address 19309 Briggs St

City: Omaha | State: NE | Zip Code: 68130-3028

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Boys Town National Research Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 11 / 15 / 2018

**Transaction ID : 4F42A0A38D7C1E2C80E4**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thal, Gary, , ,

Mailing Address 111 E Chestnut St
Apt 49A

City: Chicago | State: IL | Zip Code: 60611-6027

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 ▼ 1000.00

Date of Receipt: 11 / 16 / 2018

**Transaction ID : DE686491-38B2-4212-**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thompson, Greg, , ,

Mailing Address 710 Davis Pt

City: Oxford | State: MS | Zip Code: 38655-5954

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): LifeLinc Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 22 / 2018

**Transaction ID : 4006B8F7F75B7EAC21C3**

Amount of Each Receipt this Period: 125.00

☐ 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

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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
Thompson, Greg, , ,

Mailing Address 710 Davis Pt

City: Oxford | State: MS | Zip Code: 38655-5954

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): LifeLinc Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 40F58700BF4B1843C3F6**

Amount of Each Receipt this Period: 125.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomson, Sydney, , ,

Mailing Address 6224 Hidden Meadow Ct

City: San Jose | State: CA | Zip Code: 95135-1613

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vituity
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 874.98

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 46DABE8345D0C45DE8D6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomson, Sydney, , ,

Mailing Address 6224 Hidden Meadow Ct

City: San Jose | State: CA | Zip Code: 95135-1613

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vituity
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 874.98

Date of Receipt: M M 11 / D D 18 / Y Y Y Y 2018

**Transaction ID : 400DAF479214592D2A32**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.66

**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

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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
Tibbals, Benjamin, , ,

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): Marix Anesthesia, PS

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 958.26

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 48A3845273ACA557BE33**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tomecka, Magdalena, , ,

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 ▼ 916.63

Date of Receipt: M M 10 / D D 25 / Y Y Y Y 2018

**Transaction ID : 41738BB364EC33B839C7**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tomecka, Magdalena, , ,

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 ▼ 916.63

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 41C6960326CD8EAAD276**

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

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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
Tongson, Sebastian, , ,

Mailing Address 1703 Barcelona Way

City: Winter Park | State: FL | Zip Code: 32789-5616

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 490EA94DF71B379373B1**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tongson, Sebastian, , ,

Mailing Address 1703 Barcelona Way

City: Winter Park | State: FL | Zip Code: 32789-5616

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 412F9CB4206C3BABDB5D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Torline, Ronald, , ,

Mailing Address 14109 Kessler St

City: Overland Park | State: KS | Zip Code: 66221-2123

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ukp
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 624.98

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4E6297103B0175440BB1**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 124.98

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

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

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

FOR LINE NUMBER: (check only one)
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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
Touney, Thomas, , ,

Mailing Address 5625 Vista Dr

City: West Des Moines | State: IA | Zip Code: 50266-7580

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Center Anesthesiologists
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 259.96

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 44C4AC3BB1D12947A806**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tountas, Melissa, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 4D9091E837A4E62DC72D**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trohkimoinen, Jeffrey, , ,

Mailing Address 207 Country Club Ct

City: La Crosse | State: WI | Zip Code: 54601-3908

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gundersen Health System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 46949F9DC19E94F17770**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 108.32

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Troianos, Christopher, , ,

Mailing Address 2 Haskell Dr

City: Bratenahl | State: OH | Zip Code: 44108-1166

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 4EFB8A5CC4AD6593269A**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tsai, Tony, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 43D9B010FBD4CDBF0E79**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Turner, Christopher, , ,

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 ▼ 416.60

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4C58A1895EEA90742567**

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

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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
Turner, Katja, , ,

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): Wexner medical center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4A0789762E0A204E52C6**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tzeng, Gary, , ,

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 ▼ 1016.63

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4391AB63FAADFBF32AA5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Underhill, Jenni, , ,

Mailing Address 2441 76th Ave SE
Apt 529

City: Mercer Island | State: WA | Zip Code: 98040-3781

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 ▼ 974.99

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2018

**Transaction ID : 4EB4AFA856F1E1C791F1**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Underhill, Jenni, , ,

Mailing Address 6940 SE Allen St

City: Mercer Island | State: WA | Zip Code: 98040-3345

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 ▼ 974.99

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 458881DDB610A44BCFBB**

Amount of Each Receipt this Period: 208.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Urban, John Thomas, , ,

Mailing Address 18955 Alta Vista Dr

City: Brookfield | State: WI | Zip Code: 53045-4882

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4880B4CBB074B9F6737F**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Urban, John Thomas, , ,

Mailing Address 18955 Alta Vista Dr

City: Brookfield | State: WI | Zip Code: 53045-4882

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4796B2D930E3EFD32DCC**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 291.65

**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

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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
Urman, Richard, , ,

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 ▼ 541.60

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 465895C0C4F3CD888817**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

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 ▼ 541.60

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4779A39DC43D43525A42**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vacula, Benjamin, , ,

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 ▼ 841.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 46D8AFD9CD2CAE3D6009**

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

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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
Vaneyk, Scott, , ,

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 ▼ 1508.26

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 491B8B29D00C6982D9DA**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vangura, Karin, , ,

Mailing Address 62 Jefferson Ave

City: Ponte Vedra Beach | State: FL | Zip Code: 32082-2809

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 ▼ 275.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 454890E9F8FE7DD73EDD**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vanmatre, Reed, , ,

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 ▼ 550.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 4A3BB285D3F0F2E4C7AA**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 116.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Varlotta, David, , ,

Mailing Address 1303 Bayshore Blvd

City: Tampa | State: FL | Zip Code: 33606-2911

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 4459976C2BC9AA0CA11F**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vasudevan, Murari, , ,

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 ▼ 833.30

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4AC6891868F559ECF1FE**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vender, Sally, , ,

Mailing Address 13109 Desert Moon Pl NE

City: Albuquerque | State: NM | Zip Code: 87111-7123

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of New Mexico School of Med
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4A50A6BE234066020174**

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

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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
Verdone, Thomas, , ,

Mailing Address 27 Crystal Ridge Rd

City: South Glastonbury | State: CT | Zip Code: 06073-3545

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): envision
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4B5EAB08C1F74396EFE5**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Villani, Juan, , ,

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 ▼ 1000.00

Date of Receipt: M M 10 / D D 25 / Y Y Y Y 2018

**Transaction ID : 47F688BE919F94295AA4**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Villani, Juan, , ,

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 ▼ 1000.00

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 4131A2442C5DE5B69BF3**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 241.66

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

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

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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
Vinta, Sandhya, , ,

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 Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 4E169298D7CA4755BCFF**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vitale, Salvatore, , ,

Mailing Address 26 Ramblewood Ct

City: Niskayuna | State: NY | Zip Code: 12309-2520

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 ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 467A9FCE05CEEF95E6F4**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vitale, Salvatore, , ,

Mailing Address 26 Ramblewood Ct

City: Niskayuna | State: NY | Zip Code: 12309-2520

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 ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B82AF9C78F278859BF1**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 183.32

**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

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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
Vizena, Annette, , ,

Mailing Address 1236 E Elizabeth St
Ste 1

City: Fort Collins | State: CO | Zip Code: 80524-4000

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northern Colorado Anesthesia Professio
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 6C5BC0E6011B46EDB23C**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vlassakov, Kamen, , ,

Mailing Address 53 Drabbington Way

City: Weston | State: MA | Zip Code: 02493-2106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BWHPO
Occupation (for Individual): Anesthesiologist, MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4EF6885662191E941C36**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vlassakov, Kamen, , ,

Mailing Address 53 Drabbington Way

City: Weston | State: MA | Zip Code: 02493-2106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BWHPO
Occupation (for Individual): Anesthesiologist, MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 42B39E7AABFCD94A5672**

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

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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
Vosicher, Oleg, , ,

Mailing Address 2001 Hercules Dr

City: Los Angeles | State: CA | Zip Code: 90046-2014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oleg Vosicher
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 11 / D D 19 / Y Y Y Y 2018

**Transaction ID : 49A0BC1FDAACECA75AA**

Amount of Each Receipt this Period: 90.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Robert, , ,

Mailing Address 700 Dockview Way
Apt 1424

City: Tampa | State: FL | Zip Code: 33602-6734

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Nova Southeastern University
Occupation (for Individual): CAA

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 216.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4D3DB96239763624A221**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wald, Samuel, , ,

Mailing Address 518 Torwood Ln

City: Los Altos | State: CA | Zip Code: 94022-2159

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Stanford University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 949.98

Date of Receipt: M M 11 / D D 02 / Y Y Y Y 2018

**Transaction ID : 4FD58BA40A8F490C50E0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 256.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wallace, Brian, , ,

Mailing Address 5326 Hyada Blvd NE

City: Tacoma | State: WA | Zip Code: 98422-1618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rainier Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 453E87C11850493140AA**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wallace, Brian, , ,

Mailing Address 5326 Hyada Blvd NE

City: Tacoma | State: WA | Zip Code: 98422-1618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rainier Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 449484A1FC268E293B7F**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wallace, Terence, , ,

Mailing Address 630 Federal St
Apt 304

City: Philadelphia | State: PA | Zip Code: 19147-4855

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services, PA
Occupation (for Individual): Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2018

**Transaction ID : 4BCF92152D6F6EAE8280**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 141.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walters, Walter, , ,

Mailing Address 6012 W Howard Ct

City: Visalia | State: CA | Zip Code: 93277-8681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self-Employed
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 699.98

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4B39BFD0AE4FF3DA0CC0**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wang, Matthew, , ,

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 ▼ 1100.00

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2018

**Transaction ID : 4BA783012E98C0E313D4**

Amount of Each Receipt this Period: 100.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wargo, Bradley, , ,

Mailing Address PO Box 249

City: Collierville | State: TN | Zip Code: 38027-0249

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Midsouth Pain Treatment Center, LLC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2018

**Transaction ID : 47B8A65E82D56BED25E1**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warner, Travis, , ,

Mailing Address 4777 S Fln Rnch Blvd
Unit 1136

City: Chandler | State: AZ | Zip Code: 85248-5045

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 ▼ 458.26

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4ACB99916F40C79FD92C**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

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

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 ▼ 666.64

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2018

**Transaction ID : 4E87BAE85EB46D1A23F5**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warrier, Smitha, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 44D9B833CE52E5E003CF**

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

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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
Washington, Erikka, , ,

Mailing Address 6431 Fannin St

City: Houston | State: TX | Zip Code: 77030-1501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UT Houston, Medical School
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4B10A8420222D865B0F8**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Washington, Erikka, , ,

Mailing Address 6431 Fannin St

City: Houston | State: TX | Zip Code: 77030-1501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UT Houston, Medical School
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4E3BBF5115FFD73A8BE6**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weatherford, Ralph, , ,

Mailing Address 218 Morning Glory Ln

City: Dothan | State: AL | Zip Code: 36305-5818

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Anesthesia Comsultants Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 4C97876309F6EC5AA8D7**

Amount of Each Receipt this Period: 83.33

☐ 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

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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
Weed, Jonathan, , ,

Mailing Address 428 Lowerline St

City: New Orleans | State: LA | Zip Code: 70118-3710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Tulane University
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 11 / D D 06 / Y Y Y Y 2018

**Transaction ID : 4E08BA4C33CF05A11467**

Amount of Each Receipt this Period: 25.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weiner, I. Jared, , ,

Mailing Address 9251 Kilgore Rd

City: Orlando | State: FL | Zip Code: 32836-5505

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): US Anethesia Partners
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 936.63

Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2018

**Transaction ID : 48DA8AAE9666C804924D**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weiss, Alan, , ,

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 Anes. Assoc. Inc.
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 4A6BA560F029B506BE9C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 191.66

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weissend, Eric, , ,

Mailing Address 8717 W 110th St
Ste 600

City: Overland Park | State: KS | Zip Code: 66210-2126

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1349.98

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2018

**Transaction ID : 4193A71C8ED70DB00330**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weller, James, , ,

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 ▼ 458.26

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2018

**Transaction ID : 492682F78F7722FB9638**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wells, Lynda, , ,

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 ▼ 949.98

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2018

**Transaction ID : 46358D69FF4C263DD7B1**

Amount of Each Receipt this Period: 90.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 214.99

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wenzel, John, , ,

Mailing Address 777 S Broad St
Apt 211

City: Philadelphia | State: PA | Zip Code: 19147-2506

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University & Hospital

Occupation (for Individual): Anesthesiologist, Clinical Asst. Profe

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2018

**Transaction ID : 45CCA0911900410EDEC8**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wenzel, John, , ,

Mailing Address 777 S Broad St
Apt 211

City: Philadelphia | State: PA | Zip Code: 19147-2506

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University & Hospital

Occupation (for Individual): Anesthesiologist, Clinical Asst. Profe

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2018

**Transaction ID : 4751864A27E464E39123**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weyand, Anna, , ,

Mailing Address 2461 S Adams St

City: Denver | State: CO | Zip Code: 80210-5524

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 ▼ 291.62

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 409BB39B00C2F3E94241**

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

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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
Whitman, Frances, , ,

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 ▼ 850.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2018

**Transaction ID : 42FAA3DF4E9A6C688CEC**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wild, David, , ,

Mailing Address 3408 W 92nd St

City: Leawood | State: KS | Zip Code: 66206-1766

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The University Of Kansas Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2018

**Transaction ID : 4523AC511369E0AB8C72**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 3408 W 92nd St

City: Leawood | State: KS | Zip Code: 66206-1766

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The University Of Kansas Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M 11 / D D 22 / Y Y Y Y 2018

**Transaction ID : 447FB67844878F0F877C**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 216.66

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

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

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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
Wildt, David, , ,

Mailing Address 19751 S Mitkof Loop

City: Eagle River | State: AK | Zip Code: 99577-8687

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Air Force
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2018

**Transaction ID : 45C3BF774C60CABE9023**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilhite, Anne, , ,

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 ▼ 416.60

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2018

**Transaction ID : 4CC88F15DEE251671C84**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilkerson, Danny, , ,

Mailing Address 14216 Orleans Dr

City: Little Rock | State: AR | Zip Code: 72211-5548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AR
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1416.66

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 428EAC8B37DD843A2089**

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

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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
Williams, Dana, , ,

Mailing Address 1725 Pine St

City: Montgomery | State: AL | Zip Code: 36106-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : C8C643430470942EF2F**

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, James, , ,

Mailing Address 132 Ironwoods Dr

City: Chapel Hill | State: NC | Zip Code: 27516-8717

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Carolina Hospitals
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2018

**Transaction ID : 4BA78C43D17F9350B269**

Amount of Each Receipt this Period: 40.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winham, Robert, , ,

Mailing Address 4915 Chatham Walk

City: Gainesville | State: GA | Zip Code: 30504-5146

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual):
Occupation (for Individual): Retired

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2018

**Transaction ID : 4253B5A89D616266E419**

Amount of Each Receipt this Period: 50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 1090.00

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winthrop, Brett, , ,

Mailing Address 3825 Boulder Patch

City: Reno | State: NV | Zip Code: 89511-3261

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAR
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt: 11 / 15 / 2018
**Transaction ID : 468AB0AF4958D1823612**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wlody, David, , ,

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 Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.63

Date of Receipt: 10 / 28 / 2018
**Transaction ID : 43A18D47ECB16B7FE1B3**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wojciechowski, Paul, , ,

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 Physicians
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 679.13

Date of Receipt: 10 / 25 / 2018
**Transaction ID : 447890B8263ABC5098C4**

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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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
Wojciechowski, Paul, , ,

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 Physicians
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 679.13

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2018

**Transaction ID : 471C8E31617A2412A626**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Crystal, , ,

Mailing Address 3032 Jarrard St

City: Houston | State: TX | Zip Code: 77005-3012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MD Anderson Cancer
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2018

**Transaction ID : 46059B1250D5806A24E4**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ye, Irving, , ,

Mailing Address 11100 Rock Bend Way

City: Louisville | State: KY | Zip Code: 40241-1456

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 ▼ 1500.00

Date of Receipt: M M 10 / D D 18 / Y Y Y Y 2018

**Transaction ID : 4C64EF9E-2FF6-4524-**

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yockelson, Shaun, , ,

Mailing Address 725 General Pershing St

City: New Orleans | State: LA | Zip Code: 70115-1448

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Clinic Foundation
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 449.96

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2018

**Transaction ID : 4E66B80E9C1FF30F6227**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yockelson, Shaun, , ,

Mailing Address 725 General Pershing St

City: New Orleans | State: LA | Zip Code: 70115-1448

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Clinic Foundation
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 449.96

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2018

**Transaction ID : 441F9A58CF5EB48E3BA5**

Amount of Each Receipt this Period: 41.66

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
York, James, , ,

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 ▼ 833.30

Date of Receipt: M M 11 / D D 05 / Y Y Y Y 2018

**Transaction ID : 4FB38950F4E571BD1870**

Amount of Each Receipt this Period: 83.33

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zaafran, Sherif, , ,

Mailing Address 1225 Turnbury Oak St

City: Houston | State: TX | Zip Code: 77055-7016

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 ▼ 583.31

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2018

**Transaction ID : 4D3B9EACE00C9D80676B**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zerwas, John, , ,

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 ▼ 1873.65

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2018

**Transaction ID : 494E81B5B29187CCFE14**

Amount of Each Receipt this Period: 416.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zhong, John, , ,

Mailing Address 1935 Medical District Dr
Ste D2070

City: Dallas | State: TX | Zip Code: 75235-7701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTSW
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 516.65

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2018

**Transaction ID : 4B30A9F607D7C980EC81**

Amount of Each Receipt this Period: 83.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional) ▶ 582.66

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



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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zhong, John, , ,
Mailing Address: 1935 Medical District Dr, Ste D2070
City: Dallas | State: TX | Zip Code: 75235-7701
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): UTSW
Occupation (for Individual): Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 516.65
Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2018
**Transaction ID : 4F86ADAD959642A83927**
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zura, Andrew, , ,
Mailing Address: 8185 Thackeray Ct
City: Broadview Heights | State: OH | Zip Code: 44147-1392
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1333.32
Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2018
**Transaction ID : 4B9FAAB4683F3B1317CF**
Amount of Each Receipt this Period: 83.33
☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zura, Andrew, , ,
Mailing Address: 8185 Thackeray Ct
City: Broadview Heights | State: OH | Zip Code: 44147-1392
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Cleveland Clinic
Occupation (for Individual): Anesthesiologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1333.32
Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2018
**Transaction ID : 4115BE476A7ECC4C3372**
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) ▶ 73338.31

# 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)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b



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

**A.**
Full Name (Last, First, Middle Initial): First Data
Mailing Address: P.O. Box 6600
City: Hagerstown | State: MD | Zip Code: 21741
Purpose of Disbursement: Merchant Credit Card Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 02 / 2018
FEC Identification Number: C
**Transaction ID : VFBD44B866**
Amount of Each Disbursement this Period: 10485.53
[ ] Memo Item

**B.**
Full Name (Last, First, Middle Initial): First Data
Mailing Address: P.O. Box 6600
City: Hagerstown | State: MD | Zip Code: 21741
Purpose of Disbursement: Merchant Credit Card Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 05 / 2018
FEC Identification Number: C
**Transaction ID : V87F47304B0**
Amount of Each Disbursement this Period: 4216.35
[ ] Memo Item

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 14701.88

**TOTAL** This Period (last page this line number only) ▶ 14701.88

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): Alan Lowenthal For Congress
Mailing Address: 16633 Ventura Blvd # 1008
City: Encino | State: CA | Zip Code: 91436
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Lowenthal, Alan, Stuart, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 47
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00498212
Transaction ID : E15E4027DF
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Alex Mooney For Congress
Mailing Address: PO Box 1863
City: Martinsburg | State: WV | Zip Code: 25402
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Mooney, Alexander, X., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WV District: 02
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00629949
Transaction ID : AD47A1075F
Amount of Each Disbursement this Period: 4000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Alma Adams For Congress
Mailing Address: P.O. Box 31473
City: Charlotte | State: NC | Zip Code: 28231
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Adams, Alma, Shealey, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 12
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00546358
Transaction ID : 5699B62A36
Amount of Each Disbursement this Period: 2000.00
☐ 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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): Andre Carson For Congress
Mailing Address: P.O. Box 1863
City: Indianapolis | State: IN | Zip Code: 46206
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Carson, Andre, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 07
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00442921
Transaction ID : FDDBF1DF43
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Bilirakis For Congress
Mailing Address: PO Box 606
City: Tarpon Springs | State: FL | Zip Code: 34688-0606
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Bilirakis, Gus, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 12
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00408534
Transaction ID : 3C2E5CD802
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Brian Higgins For Congress
Mailing Address: P.O. Box 28
City: Buffalo | State: NY | Zip Code: 14220
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Higgins, Brian, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 26
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00401034
Transaction ID : 59E06560751
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 7500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): Cartwright For Congress
Mailing Address: PO Box 414
City: Scranton | State: PA | Zip Code: 18501
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Cartwright, Matthew, A., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00509968
Transaction ID : C504782F775
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Castor For Congress
Mailing Address: 301 W Platt Street, #385
City: Tampa | State: FL | Zip Code: 33606
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Castor, Katherine, Anne, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 31 / 2018
FEC Identification Number: C C00410761
Transaction ID : E12399C00E4
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Charlie Crist For Congress
Mailing Address: PO Box 1547
City: St. Petersburg | State: FL | Zip Code: 33731
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Crist, Charlie, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 13
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00590067
Transaction ID : 0FB4A86719
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 7500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial): Committee To Re-Elect Linda Sanchez
Mailing Address: PO Box 15320
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Sanchez, Linda, T., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 38
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00384057
Transaction ID : 5033B04FBF(
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Congressional Leadership Fund
Mailing Address: 1747 Pennsylvania Avenue, NW 5Th Floor
City: Washington | State: DC | Zip Code: 20006
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Congressional Leadership Fund
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 18 / 2018
FEC Identification Number: C C00504530
Transaction ID : B4AC4F6EAC
Amount of Each Disbursement this Period: 55000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Deciding Critical Races PAC (DCR PAC)
Mailing Address: PO Box 377
City: Wake Forest | State: NC | Zip Code: 27588
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Deciding Critical Races PAC (DCR PAC)
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 30 / 2018
FEC Identification Number: C C00577288
Transaction ID : 665F6E9B7D
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 60500.00

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): Doing Right - Results Action Unity Leadership PAC Dr Raul PAC
Mailing Address: PO Box 3433
City: Palm Desert | State: CA | Zip Code: 92261
Purpose of Disbursement: 2018 Contribution
Candidate Name: Doing Right - Results Action Unity Leadership PAC Dr Raul PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 01 / 2018
FEC Identification Number: C C00569871
Transaction ID : 3A44A39335E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Dr John Joyce For Congress
Mailing Address: 1002 Logan Blvd Ste 114 #237
City: Altoona | State: PA | Zip Code: 16602
Purpose of Disbursement: 2018 General
Candidate Name: Joyce, John, , ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 13
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00674259
Transaction ID : C9EBA87CB9
Amount of Each Disbursement this Period: 3500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Equality PAC
Mailing Address: PO Box 15337
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 Contribution
Candidate Name: Equality PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 14 / 2018
FEC Identification Number: C C00550970
Transaction ID : A36ECF7A1E
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 11000.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): French Hill For Arkansas
Mailing Address: PO Box 7841
City: Little Rock | State: AR | Zip Code: 72217
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Hill, J. French, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: AR District: 02
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 30 / 2018
FEC Identification Number: C C00551275
**Transaction ID : 4AA5B02FE3**
Amount of Each Disbursement this Period: 4000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Friends Of Dan Feehan
Mailing Address: PO Box 1844
City: North Mankato | State: MN | Zip Code: 56002
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Feehan, Daniel, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 01
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00649327
**Transaction ID : 3C21A794700**
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Friends Of Jim Clyburn
Mailing Address: Post Office Box 12567
City: Columbia | State: SC | Zip Code: 29211
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Clyburn, James, E., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 06
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00255562
**Transaction ID : 18E8DFF0DE**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 9500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): Friends Of Mazie Hirono
Mailing Address: PO Box 677
City: Honolulu | State: HI | Zip Code: 96809
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Hirono, Mazie, Keiko, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: HI District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00420760
Transaction ID : 927119C1959
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Gary Palmer For Congress
Mailing Address: 1919 Oxmoor Rd #235
City: Homewood | State: AL | Zip Code: 35209
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Palmer, Gary, James, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 06
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00551374
Transaction ID : 5EAB5C88E7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Harley Rouda For Congress
Mailing Address: 120 Newport Center Dr #28
City: Newport Beach | State: CA | Zip Code: 92660
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Rouda, Harley, E., , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 48
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 30 / 2018
FEC Identification Number: C C00633982
Transaction ID : 0E4304C570
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

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

**A.** Full Name (Last, First, Middle Initial): House Majority PAC
Mailing Address: 700 13Th Street, NW, Suite 600
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: House Majority PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00495028
Transaction ID : 81C81F0F19C
Amount of Each Disbursement this Period: 10000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Jamie Raskin For Congress
Mailing Address: P.O. Box 5418
City: Takoma Park | State: MD | Zip Code: 20913
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Raskin, Jamie, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00575126
Transaction ID : 6BBAF16E2F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Jeff Duncan For Congress
Mailing Address: PO Box 845
City: Laurens | State: SC | Zip Code: 29360
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Duncan, Jeffrey, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 03
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00460550
Transaction ID : 4E283A78A1
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 13500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial): Jim Costa For Congress
Mailing Address: 2037 W Bullard Ave # 355
City: Fresno | State: CA | Zip Code: 93711-1200
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Costa, James, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 16
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00391029
**Transaction ID : 24F99951420**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Katie Arrington For Congress
Mailing Address: PO Box 80177
City: Charleston | State: SC | Zip Code: 29416
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Arrington, Katherine, E., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 01
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00653204
**Transaction ID : 6748FC67577**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Kenny Marchant For Congress
Mailing Address: PO Box 110187
City: Carrollton | State: TX | Zip Code: 75011-0187
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Marchant, Kenny, Ewell, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 24
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00393348
**Transaction ID : AF07771537**
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 7500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial): Let Texans Run Texas PAC
Mailing Address: P.O. Box 41964
City: Houston | State: TX | Zip Code: 77241
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Let Texans Run Texas PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 10 / D D 25 / Y Y Y Y 2018
FEC Identification Number: C C00588749
Transaction ID : 7EF883BD23
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Loudermilk For Congress
Mailing Address: PO Box 447
City: Cassville | State: GA | Zip Code: 30123
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Loudermilk, Barry, Dean, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 11
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 26 / Y Y Y Y 2018
FEC Identification Number: C C00543892
Transaction ID : 7C69CB11BF
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): McKinley For Congress
Mailing Address: PO Box 642
City: Morgantown | State: WV | Zip Code: 26507
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: McKinley, David, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WV District: 01
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: M M 10 / D D 26 / Y Y Y Y 2018
FEC Identification Number: C C00473132
Transaction ID : 98EE715566
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 8500.00

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

# SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): Meadows For Congress
Mailing Address: PO Box 811
City: Hendersonville | State: NC | Zip Code: 28793
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Meadows, Mark, Randall, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 11
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00503094
Transaction ID : 2E9D1C43D7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Mike Braun For Indiana
Mailing Address: PO Box 159
City: Zionsville | State: IN | Zip Code: 46077
Purpose of Disbursement: 2018 General Debt Retirement
Category/Type: 011
Candidate Name: Braun, Michael, K., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: IN District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 14 / 2018
FEC Identification Number: C C00653147
Transaction ID : 56618979E59
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Mike Braun For Indiana
Mailing Address: PO Box 159
City: Zionsville | State: IN | Zip Code: 46077
Purpose of Disbursement: 2018 Primary Debt Retirement
Category/Type: 011
Candidate Name: Braun, Michael, K., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: IN District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 14 / 2018
FEC Identification Number: C C00653147
Transaction ID : 7BA07EEEFE
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 12500.00

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

# SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): MoBrooksForCongress.Com
Mailing Address: 7610 Foxfire Dr.
City: Huntsville | State: AL | Zip Code: 35802
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Brooks, Morris, Jackson, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 05
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00464149
Transaction ID : 83F64968928
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Moolenaar For Congress
Mailing Address: 5915 Eastman Avenue Suite 100
City: Midland | State: MI | Zip Code: 48640-6824
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Moolenaar, John, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 04
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00561530
Transaction ID : 5D074C3BF6(
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Moulton For Congress
Mailing Address: PO Box 2013
City: Salem | State: MA | Zip Code: 01970
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Moulton, Seth, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 06
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00547240
Transaction ID : 0CDD671D17
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 7000.00

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

# SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): New Democrat Coalition PAC
Mailing Address: 700 13Th Street, NW, Suite 600
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: New Democrat Coalition PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 14 / 2018
FEC Identification Number: C C00409730
Transaction ID : 78E37CDE12
Amount of Each Disbursement this Period: 4000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): One Voice
Mailing Address: PO Box 65322
City: Washington | State: DC | Zip Code: 20035
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: One Voice
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00403071
Transaction ID : 2B32FDB5D7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Pascrell For Congress
Mailing Address: Pob 100
City: Teaneck | State: NJ | Zip Code: 07666
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Pascrell, William, James, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 09
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00313510
Transaction ID : C9936EEA5E
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)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee (ASA PAC)

**A.** Full Name (Last, First, Middle Initial): Peters For Congress
Mailing Address: PO Box 2202
City: Iowa City | State: IA | Zip Code: 52244
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Peters, Christopher, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IA District: 02
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00662395
Transaction ID : B2E98FB275(
Amount of Each Disbursement this Period: 3500.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Ralph Abraham For Congress
Mailing Address: P.O. Box 14062
City: Monroe | State: LA | Zip Code: 71207-4062
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Abraham, Ralph, Lee, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 05
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00563940
Transaction ID : 619EFDAEB6
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Rick Scott For Florida
Mailing Address: PO Box 3791
City: Tallahassee | State: FL | Zip Code: 32315
Purpose of Disbursement: Void contribution 08-15-2018, 2018 Primary
Category/Type: 011
Candidate Name: Scott, Richard, Lynn, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 30 / 2018
FEC Identification Number: C C00676965
Transaction ID : 18924137353
Amount of Each Disbursement this Period: – 5000.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 1000.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial): Rob Woodall For Congress
Mailing Address: Post Office Box 1871
City: Lawrenceville | State: GA | Zip Code: 30046-1871
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Woodall, Robert, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 07
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00482307
Transaction ID : 4B39E7A508
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Ron Estes For Congress
Mailing Address: PO Box 782952
City: Wichita | State: KS | Zip Code: 67278-2952
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Estes, Ron, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 04
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2018
FEC Identification Number: C C00632067
Transaction ID : 87B75CF360F
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Ross Spano For Congress
Mailing Address: 10101 Bloomingdale Avenue Suite 201
City: Riverview | State: FL | Zip Code: 33578
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Spano, Ross, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 15
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00676668
Transaction ID : 71A7B6A3F8
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 7000.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial): Senate Leadership Fund
Mailing Address: 45 North Hill Drive Ste 100
City: Warrenton | State: VA | Zip Code: 20186
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Senate Leadership Fund
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00571703
Transaction ID : F568B6C57B
Amount of Each Disbursement this Period: 50000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Serve America PAC
Mailing Address: PO Box 2013
City: Salem | State: MA | Zip Code: 01970
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Serve America PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00571174
Transaction ID : 5D7D83AAC7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Thom Tillis Committee
Mailing Address: PO Box 97396
City: Raleigh | State: NC | Zip Code: 27624
Purpose of Disbursement: 2020 Primary
Category/Type: 011
Candidate Name: Tillis, Thomas, Roland, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 31 / 2018
FEC Identification Number: C C00545772
Transaction ID : 5497F16DF7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 55000.00

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

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

**A.** Full Name (Last, First, Middle Initial): Together Holding Our Majority PAC
Mailing Address: PO Box 97275
City: Raleigh | State: NC | Zip Code: 27624
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Together Holding Our Majority PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00571323
Transaction ID : FFCEADBBF
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.** Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 10847
City: Rochester | State: NY | Zip Code: 14610-0847
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Reed, Thomas, W., , II.
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 26 / 2018
FEC Identification Number: C C00464032
Transaction ID : 10B8B5E0C3
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

**C.** Full Name (Last, First, Middle Initial): Vermont Democratic Party
Mailing Address: PO Box 1220
City: Montpelier | State: VT | Zip Code: 05601
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Vermont Democratic Party
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 25 / 2018
FEC Identification Number: C C00024679
Transaction ID : 86BAD104CE
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 9500.00

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**
Full Name (Last, First, Middle Initial): Wolf Pack
Mailing Address: 1800 Massachusetts Avenue, NW, Suite 300
City: Washington | State: DC | Zip Code: 20036
Purpose of Disbursement: 2018 Contribution
Category/Type: 011
Candidate Name: Wolf Pack
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2018 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 10 / D D 26 / Y Y Y Y 2018
FEC Identification Number: C C00599092
Transaction ID : 60C375477F3
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

**B.**
Full Name (Last, First, Middle Initial):
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: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

**C.**
Full Name (Last, First, Middle Initial):
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: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 5000.00

**TOTAL** This Period (last page this line number only) ▶ 248000.00

# 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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial)
Democratic Governors' Association

Mailing Address 430 S Capitol Street Southeast
Southeast

City: Washington | State: DC | Zip Code: 20003-4024

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : 10521181610

Amount of Each Disbursement this Period: 25000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)
KEN PAXTON CAMPAIGN

Mailing Address 1005 Congress Ave. Ste. 430

City: Austin | State: TX | Zip Code: 78701

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 30 / 2018

FEC Identification Number: C

Transaction ID : D4D31182476

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)
Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW

City: Washington | State: DC | Zip Code: 20006

Purpose of Disbursement: Nonfederal Contribution

Candidate Name

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 11 / 01 / 2018

FEC Identification Number: C

Transaction ID : 753394F2668

Amount of Each Disbursement this Period: 25000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ▶ 55000.00

**TOTAL** This Period (last page this line number only) ▶ 55000.00