

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] 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) [X] 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2017 through 03 / 31 / 2017

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

Signature of Treasurer Conway, Thomas, , Mr., [Electronically Filed] Date 04 / 20 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value=""/>	<input type="text" value="434621.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="429284.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63350.31"/>	<input type="text" value="237576.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="492635.04"/>	<input type="text" value="672197.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="343692.86"/>	<input type="text" value="523255.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="148942.18"/>	<input type="text" value="148942.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42470.59	142358.04
(ii) Unitemized	20879.72	95218.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	63350.31	237576.55
(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)	63350.31	237576.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	63350.31	237576.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63350.31	237576.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3067.86	33345.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3067.86	33345.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	340500.00	469200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	125.00	710.00
(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)).....	125.00	710.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	20000.00
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)) ..	343692.86	523255.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	343692.86	523255.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	63350.31	237576.55
34. Total Contribution Refunds (from Line 28(d))	125.00	710.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63225.31	236866.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3067.86	33345.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3067.86	33345.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Abdelmalak, Basem, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9500 Euclid Ave.
 Anesthgy E31
 City Cleveland State OH Zip Code 44195-0001
 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 ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491547
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Abenstein, John, P., , M.S.E.E.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491538
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Albrecht, Eric, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 249.99

Date of Receipt 03 / 31 / 2017
Transaction ID : C3497179
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Allred, Anna, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 McKinney St Unit 2002
 Unit 2710
 City Houston State TX Zip Code 77010-4061
 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 03 / 22 / 2017
Transaction ID : C3491632
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Anderson, Charles, K., , M.D., M.B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35751 Gateway Drive J1006
 City Palm Desert State CA Zip Code 92211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tenet Healthcare Occupation (for Individual) Anesthesiologist/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 03 / 2017
Transaction ID : C3477779
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Angus, Shane, C., , A.A.-C, M.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 1st N.E.
 LL-150, Mail 25
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Case Western Reserve University Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 14 / 2017
Transaction ID : C3487926
 Amount of Each Receipt this Period 83.37
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Arron, Brett, L., , M.D.

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

Mailing Address 52 Lake St

City Wakefield	State RI	Zip Code 02879-4116
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lifespan Physicians Group	Occupation (for Individual) Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2017

Transaction ID : C3493397

Amount of Each Receipt this Period
83.33

Memo Item

B. Ata, Sana, , , M.D.

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

Mailing Address 41 Mall Rd

City Burlington	State MA	Zip Code 01805-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lahey Hospital and Medical Center	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : C3483012

Amount of Each Receipt this Period
83.37

Memo Item

C. Atkins, Joshua, H., , M.D., Ph.D

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

Mailing Address 120 Spruce St

City Philadelphia	State PA	Zip Code 19106-4315
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ of Pennsylvania	Occupation (for Individual) Anesthesiologists
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2017

Transaction ID : C3491625

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Austin, Craig, T., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 E. Primrose, #520
 Ozark Anesthesia Associates
 City Springfield State MO Zip Code 65807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : C3473937
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Azzariti, John, V., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Beechwood Drive
 City Saddle River State NJ Zip Code 07458
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2017
Transaction ID : C3474257
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Backstrom, Rachel, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6509 Naples Dr
 City Temple State TX Zip Code 76502-3612
 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 M / D D D / Y Y Y Y Y Y
 03 / 23 / 2017
Transaction ID : C3493396
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 10 OF 131
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Banerjee, Arna, , M.B.,B.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Anesthesia & Critica
 1211 21st Avenue, South, Suite -
 City Nashville State TN Zip Code 37212-2717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Vanderbilt University Medical Center Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 29 / 2017
Transaction ID : C3495506
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Bannister, Carolyn, F., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13762 Windsor Crown Ct W
 Dept of Anes
 City Jacksonville State FL Zip Code 32225-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Nemours MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487343
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Beacham, Timothy, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 357 S Gamwyn Park Dr
 Dept of Anesthesiology
 City Greenville State MS Zip Code 38701-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Beacham Consultants Anesthesiologist and Interventional Pa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 13 / 2017
Transaction ID : C3487383
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Beeson, Timothy, N., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3715 Sapphire Dr.

City Martinez	State GA	Zip Code 30907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BDT anesthesia ass	Occupation (for Individual) Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2017

Transaction ID : C3490355

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address 3715 Sapphire Dr.

City Martinez	State GA	Zip Code 30907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BDT anesthesia ass	Occupation (for Individual) Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2017

Transaction ID : C3491416

Amount of Each Receipt this Period
249.99

Memo Item

C. Benonis, James, G., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1031 Westbury Dr

City Matthews	State NC	Zip Code 28104-6886
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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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

Transaction ID : C3497178

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bhardwaj, Anil, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Pinnacle Mountain Rd
 City Simsbury State CT Zip Code 06070-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North American Partners in Anesthesia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 12 / 2017**
Transaction ID : C3486408
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Binstock, Wendy, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 Chantilly Blvd
 City Highland Park State IL Zip Code 60035
 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 ▼ 249.99

Date of Receipt **03 / 17 / 2017**
Transaction ID : C3490832
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Bittenbinder, Timothy, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 S 31st St Dpt of Anesthes
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Scott and White Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 22 / 2017**
Transaction ID : C3491613
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Boryan, Andrew, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 250.03

Date of Receipt 03 / 08 / 2017
Transaction ID : C3483010
 Amount of Each Receipt this Period 83.37
 Memo Item

B. Boswell, Mark, V., , M.D., Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 S Jackson St Rm C2A01
 City Louisville State KY Zip Code 40202-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) university of louisville Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2017
Transaction ID : C3494572
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Boyer, Tanna, J., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8202 Taunton Road
 City Indianapolis State IN Zip Code 46260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 15 / 2017
Transaction ID : C3488195
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1166.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Brady, Mark, D., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15924 King St
 City Overland Park State KS Zip Code 66221-6943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Associates Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 13 / 2017
Transaction ID : C3487390
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Bruno, Natalie, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 356 Hudson Ave
 City Albany State NY Zip Code 12210-1804
 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 ▼ 249.99

Date of Receipt 03 / 17 / 2017
Transaction ID : C3490837
 Amount of Each Receipt this Period 83.33
 Memo Item

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

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473836
 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)	PAGE 15 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Burstrom, Ruth, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge PI NE
 City Albuquerque State NM Zip Code 87122-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491542
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Bux, Anjum, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. 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 employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493413
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Cain, Charles, , , M.D., MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 W 168th St # 46
 City New York State NY Zip Code 10032-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2017
Transaction ID : C3490991
 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)	PAGE 16 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Calimlim, Jesus Robert, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4583 Providence Rd.
 City Jamesville State NY Zip Code 13078-9581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Upstate Medical University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487386
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Campbell, Frederick, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Park Forest Dr Ste 210
 City Traverse City State MI Zip Code 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Traverse Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 05 / 2017
Transaction ID : C3480193
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Campbell, Frederick, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4100 Park Forest Dr Ste 210
 City Traverse City State MI Zip Code 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Traverse Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493875
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Medical Group	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2017

Transaction ID : C3480200

Amount of Each Receipt this Period
83.33

Memo Item

B. Cannella, Mark, E, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 Rosehill Dr W

City Tallahassee	State FL	Zip Code 32312-9010
---------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : C3494436

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 339 Consort Dr

City Ballwin	State MO	Zip Code 63011-4439
-----------------	-------------	------------------------

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 ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

Transaction ID : C3485613

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Casey, Matthew, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 339 Consort Dr
 City Ballwin State MO Zip Code 63011-4439
 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 ▼ 499.98

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491644
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Chance, Joshua, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Ecurie Ct
 City Little Rock State AR Zip Code 72223-8917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health, Little Rock Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2017
Transaction ID : C3491426
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Chapman, Niels, N., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 Eagle Ridge Pl.,N.E.
 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 ▼ 600.00

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491541
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	366.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Chung, Hyuk, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 E. North Water St
 Apt 2604
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 12 / 2017
Transaction ID : C3487359
 Amount of Each Receipt this Period 83.37
 Memo Item

B. Clanton, David, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7739 Stonewall HI
 City San Antonio State TX Zip Code 78256-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487385
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Colombo, James, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 Dempster St
 City Park Ridge State IL Zip Code 60068-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 16 / 2017
Transaction ID : C3490345
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Conley, Lisa, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8126 Deer Run St.
 City Lenexa State KS Zip Code 66220-3262
 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 ▼ 300.00

Date of Receipt **03 / 21 / 2017**
Transaction ID : C3491549
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Connolly, Lois, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N27W22185 Timberwood Ln
 City Waukesha State WI Zip Code 53186-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of WI Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 05 / 2017**
Transaction ID : C3480197
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Cooper, Raymond Lebron, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 Jefferson Ave, Chandler Buildi SUITE 600
 City Memphis State TN Zip Code 38103-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF TENNESSEE COLLEGE OF MED Occupation (for Individual) PHYSICIAN ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 23 / 2017**
Transaction ID : C3493399
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cox, Eric, Eric, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Highway, Box U-109
 UT Medical Center, Dept. of Anesth
 City Knoxville State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491630
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Craft, Robert, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy # U109
 Dept. of Anesthesiology
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists2681 Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt 03 / 23 / 2017
Transaction ID : C3491716
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Craft, Robert, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy # U109
 Dept. of Anesthesiology
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists2681 Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493374
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Craft, Robert, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy # U109
 Dept. of Anesthesiology
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists2681 Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt 03 / 27 / 2017
Transaction ID : C3494613
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Cunningham, Jay, D., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18808 Saddle River Dr
 City Edmond State OK Zip Code 73012-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Affiliated Anesthesiologist Inc Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 19 / 2017
Transaction ID : C3491405
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Curling, Patrick, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Star Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493411
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Curling, Susan, G., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493405
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Dajani, Khaled, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6911 Colbert St
 City New Orleans State LA Zip Code 70124-2333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2017
Transaction ID : C3485618
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Daniel, Robert, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2216 Terranova Ct
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bluegrass Anesthesia Services Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 30 / 2017
Transaction ID : C3495535
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Davila, Victor, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Kipling Rd
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 31 / 2017
Transaction ID : C3497177
 Amount of Each Receipt this Period 83.33
 Memo Item

B. de Lanzac, Kraig, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Tara Pl
 City Metairie State LA Zip Code 70002-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474332
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Deckert, Kjersti, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Anesthesiologist, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491593
 Amount of Each Receipt this Period 83.37
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DelCampo, Louis, Joseph, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 E. Primrose, Suite 520

City Springfield	State MO	Zip Code 65804
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Ozarks Community Hospital	Occupation (for Individual) Anesthesiologist/ Pain Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017

Transaction ID : C3480203

Amount of Each Receipt this Period
83.33

Memo Item

B. Dennen, P. Craig, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Orchard Ln

City Simsbury	State CT	Zip Code 06070-2756
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : C3488161

Amount of Each Receipt this Period
500.00

Memo Item

C. Dew, Laura, I., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3721 Robinhood Street

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

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

Name of Employer (for Individual) U.S. Anesthesia Partners/GHA	Occupation (for Individual) ANESTHESIOLOGIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2017

Transaction ID : C3480212

Amount of Each Receipt this Period
83.33

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Diez, Christian, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7915 SW 55 Avenue

City Miami	State FL	Zip Code 33143
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Miami	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : C3487338

Amount of Each Receipt this Period
83.33

Memo Item

B. Dore, James, P., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Health	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : C3494600

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address 3155 N Point Pkwy
Suite 100, Building F

City Alpharetta	State GA	Zip Code 30005-5481
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Northside Anes Consultants LLC	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2017

Transaction ID : C3490869

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dupont, Cedric, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8140 N MO Pac Expy Ste 3-210
 City Austin State TX Zip Code 78759-8862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487372
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Elmassian, Kenneth, , , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2399 Pine Hollow Dr.
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Area Anesthesia Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474330
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Epstein, Lawrence, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Gustave L Levy PI Anes. Dept. Department of Anesthesiology
 City New York State NY Zip Code 10029-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School Of Medicine @ Mt Sinai Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 07 / 2017
Transaction ID : C3482828
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Erkmann, John, J., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12520 Catalina St
 City Leawood State KS Zip Code 66209-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associate of Kansas City Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 25 / 2017**
Transaction ID : C3494606
 Amount of Each Receipt this Period 83.33
 Memo Item

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

Date of Receipt **03 / 08 / 2017**
Transaction ID : C3482832
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Fan, Gavin, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 W 50th St Apt 15P
 City New York State NY Zip Code 10019-6719
 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 ▼ 250.00

Date of Receipt **03 / 02 / 2017**
Transaction ID : C3474112
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Fant, George, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 8305
 City Gadsden State AL Zip Code 35902-8305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates P. A. Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3487340
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Fillmore, Ralph, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Ross Clark Cir., #700
 City Dothan State AL Zip Code 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACMG Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **03 / 01 / 2017**
Transaction ID : C3473969
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Fischer, Gregory, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 183 Cat Rock Rd P.O. Box 1010
 City Cos Cob State CT Zip Code 06807-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) memorial Sloan Kettering Cancer Center Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 10 / 2017**
Transaction ID : C3486373
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Flynn, Michael, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6808 Stone Mill Dr
 City Knoxville State TN Zip Code 37919-7496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 04 / 2017
Transaction ID : C3480188
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Fontenot, Jason, P., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 of Opelousas Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2017
Transaction ID : C3485619
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Frame, William, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 N Edward St
 City Decatur State IL Zip Code 62526-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associated Anesthesiologists of Decatu Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491614
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fuller, Wayne, A., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1269 E. Giles Rd.

City Muskegon	State MI	Zip Code 49445
------------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Transaction ID : C3473944

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address 12419 Mallard Bay Dr.

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

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

Name of Employer (for Individual) American Anesthesiology of TN	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : C3491429

Amount of Each Receipt this Period
100.00

Memo Item

C. Galassi, Joseph, W., , JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 193 Lilac Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2017

Transaction ID : C3494604

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Galusca, Dragos, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Henry Ford Health System
 2799 W. Grand Blvd. K4
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496237
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Gayer, Steven, I., , M.D., M.B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Alton Road #2710
 City Miami Beach State FL Zip Code 33139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Miami Occupation (for Individual) Anestheisologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491648
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Giam, Patrick, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6537 Brompton Rd.
 2411 Fountain View, Suite 200
 City Houston State TX Zip Code 77005-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Anesthesia Partners Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473955
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Giannuzzi, Rosanne, F., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 821 Bloomfield St
 City Hoboken State NJ Zip Code 07030-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montclair Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3486386
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Godboldt, Anthony, O., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2063 Wax Myrtle Court
 City Orange Park State FL Zip Code 32073-2370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North FL Anes Consultants Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 06 / 2017**
Transaction ID : C3478304
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Goodman, Mark, N., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 NW 175th St
 City Edmond State OK Zip Code 73012-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) affiliated anesthesiologists Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 18 / 2017**
Transaction ID : C3490862
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gosney, Michael, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Chase Dr
 City Muscle Shoals State AL Zip Code 35661-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Medical Consultants, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474327
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Grinberg, Francisco, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Pinnacle Dr
 City South Burlington State VT Zip Code 05403-7914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UVMMC Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491638
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Gros, Albert, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 459
 City Opelousas State LA Zip Code 70571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Opelousas Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474326
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gross, Andrew, M., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12670 Creekside Ln

City Fort Myers	State FL	Zip Code 33919-3370
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopedic Center of Florida	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : C3491599

Amount of Each Receipt this Period
100.00

Memo Item

B. Gustin, Allen, N., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Maywood	State IL	Zip Code 60153
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : C3473970

Amount of Each Receipt this Period
75.00

Memo Item

C. Gustin, Allen, N., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

City Maywood	State IL	Zip Code 60153
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : C3491657

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hagen, Douglas, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9027 W 114th St
 City Overland Park State KS Zip Code 66210-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Kansas City, Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491634
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hagen, John, P., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1547 Babler Park Drive
 City Glencoe State MO Zip Code 63038
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491645
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Hancock, Courtney, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Croswell Ave SE
 City East Grand Rapids State MI Zip Code 49506
 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 ▼ 250.02

Date of Receipt 03 / 08 / 2017
Transaction ID : C3482833
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hardacker, Doris, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Riley Hospital Dr
 Room 2820
 City Indianapolis State IN Zip Code 46202-5128
 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 ▼ 1000.00

Date of Receipt 03 / 11 / 2017
Transaction ID : C3486394
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Harline, Corbin, D., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3046 44th Avenue Dr NE
 City Hickory State NC Zip Code 28601-9762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WPA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017
Transaction ID : C3487229
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Hefner, George, G., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Briarwood Ln.
 City Lincolnshire State IL Zip Code 60069-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491604
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hein, H. A. Tillmann, , , M.D., Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 Oak Lawn Ave Ste 200
 City Dallas State TX Zip Code 75219-4265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473963
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Henslee, Christopher, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 N Central Ave Ste 1600
 City Phoenix State AZ Zip Code 85004-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Valley Anesthesiology Consultants Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 14 / 2017
Transaction ID : C3487803
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Hepner, David, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Francis St # L1 Department of Anesthesiology
 City Boston State MA Zip Code 02115-6106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493877
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Herlich, Andrew, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Haverford Cir
 City Pittsburgh State PA Zip Code 15228-2380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh School of Med Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt **03 / 25 / 2017**
Transaction ID : C3494593
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hertzberg, Linda, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6622 N. Forkner Ave.
 City Fresno State CA Zip Code 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linda B Hertzberg MD Inc Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt **03 / 01 / 2017**
Transaction ID : C3473954
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hewell, Charles, F., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Wing Ln
 City Saint Charles State IL Zip Code 60174-2339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kane Anesthesia Associates, S.C. Occupation (for Individual) Physician-Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **03 / 05 / 2017**
Transaction ID : C3477815
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hicks, James, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20287 S Lake Vista Ct
 City Oregon City State OR Zip Code 97045-7354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health and Science University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 04 / 2017
Transaction ID : C3480187
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hilton, Ebony, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 167 Ashley Ave Ste 301
 City Charleston State SC Zip Code 29425-8905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Dept of Anes Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 13 / 2017
Transaction ID : C3486429
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Hollinger, Ingrid, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Gustave L Levy Pl # 1010
 City New York State NY Zip Code 10029-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Medical Center Occupation (for Individual) physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 10 / 2017
Transaction ID : C3486372
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Houseman, Timothy, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1025
 Eastern Shore Anesthesia
 City Fairhope State AL Zip Code 36533-1025
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Eastern Shore Anesthesia Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474333
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Hughes, Hayden, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1941 21st Ave S
 City Birmingham State AL Zip Code 35209-1345
 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 249.99

Date of Receipt 03 / 13 / 2017
Transaction ID : C3487364
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Hughes, Jonathan, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Blountville Hwy Ste 207
 City Bristol State TN Zip Code 37620-1671
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Bristol Anesthesia Services Occupation (for Individual) Anesthesiologists
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt 03 / 10 / 2017
Transaction ID : C3485623
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hulin, James, Brett, , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 Balmoral Ct
 City Norman State OK Zip Code 73072-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hulin Anesthesia PLLC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 20 / 2017**
Transaction ID : C3490888
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hunter, James, M., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Anesthesiology Department 619 S. 19th Street JT926C
 City Birmingham State AL Zip Code 35249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAHSF Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3487339
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Hurley, Robert, W., , M.D., Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 959 N. Mayfair Rd
 City Wauwatosa State WI Zip Code 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 05 / 2017**
Transaction ID : C3480199
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ingoglia, Michael, T., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29-103 Waters View Circle
 Apt# 1D
 City Cohoes State NY Zip Code 12047
 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 ▼ 249.99

Date of Receipt 03 / 17 / 2017
Transaction ID : C3490836
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Jaffer, Aliraza, G., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5070 Brookdale Road
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Michigan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493402
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Jenson, Cynthia, L., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 434 Main St
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493884
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jessop, Jacob, E., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Wanderwood Way
 City Sandy State UT Zip Code 84092-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493879
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Jones, Daniel, T., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10241 Colville Ln
 City Indianapolis State IN Zip Code 46236-8507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491640
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Jones, Gary, P., , A.A.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2832 Seneca Creek Lane Suite 480
 City Marietta State GA Zip Code 30067
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491611
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kataria, Tripti, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 S Canal St Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tripti Kataria, INC Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493401
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Keller, Candace, E., , M.D., M.P.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Green Glades
 City Ridgeland State MS Zip Code 39157-8662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491647
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Khan, Talal, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3901 Rainbow Blvd Rm 2467
 City Kansas City State KS Zip Code 66160-8500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kumc Occupation (for Individual) Physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2017
Transaction ID : C3486370
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. King, Jeffrey, G., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 249.99

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496239
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Klatt, Jonathan, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 03 / 21 / 2017
Transaction ID : C3491545
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Koebert, Robert, F., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie St Unit 404
 City Milwaukee State WI Zip Code 53202-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2017
Transaction ID : C3480194
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kogan, Robert, L., , M.D., Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2106 Ari Ln
 City Los Angeles State CA Zip Code 90049-6818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RLK Anesthesia Inc Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2017
Transaction ID : C3487934
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Kooperman, Scott, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1522 Yorkshire Dr.
 City Elizabethtown State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HEARTLAND ANESTH ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2017
Transaction ID : C3488016
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Koveleskie, Joseph, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 Prytania St #435
 City New Orleans State LA Zip Code 70115-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ochsner Medical Center Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : C3482829
 Amount of Each Receipt this Period
 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Krhovsky, David, M., , M.D.

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

Mailing Address 2248 Shawnee Dr SE

City Grand Rapids	State MI	Zip Code 49506-5335
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Spectrum Health Hospital Group	Occupation (for Individual) VP, Medical Affairs
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

Transaction ID : C3487360

Amount of Each Receipt this Period
83.33

Memo Item

B. Kucik, Cory, J., , M.D.

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

Mailing Address 3750 Saddle Drive
7700 Arlington Blvd

City Carlsbad	State CA	Zip Code 92010
------------------	-------------	-------------------

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

Name of Employer (for Individual) US Navy	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2017

Transaction ID : C3473965

Amount of Each Receipt this Period
83.33

Memo Item

C. Kuhn, Catherine, M., , M.D.

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

Mailing Address 14 Kendall Drive

City Chapel Hill	State NC	Zip Code 27517-5644
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : C3491608

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lamberg, James, J., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 University Mnr E
 City Hershey State PA Zip Code 17033-2827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Lancaster Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473968
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Landau, Steven, N., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2443 Dundee Dr
 City Ann Arbor State MI Zip Code 48103-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 25 / 2017
Transaction ID : C3494605
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Leduc, Laura, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 Reserve Drive
 City Piedmont State SC Zip Code 29673
 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 ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493421
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lee, Carlos-Nicholas, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9529 Hopeland Drive
 City Austin State TX Zip Code 78749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capitol Anesthesiology Occupation (for Individual) Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 12 / 2017
Transaction ID : C3487356
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Leib, Marc, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 44527
 City Phoenix State AZ Zip Code 85064-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473958
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Leibowitz, Andrew, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Gustave L Levy Place BOX 1010
 City New York State NY Zip Code 10029-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Icahn School of Med. at Mt. Sinai Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474109
 Amount of Each Receipt this Period 300.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Levine, Adam, I., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Courtmel Rd
 City Mount Kisco State NY Zip Code 10549-3903
 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 ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474113
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lienhart, Kristen, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St Lot 515
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493410
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Lim, Alexander, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Ferndale Blvd. P.O. Box 2168
 City High Point State NC Zip Code 27261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Anesthesiology, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 25 / 2017
Transaction ID : C3494603
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt **03 / 08 / 2017**
Transaction ID : C3483013
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Lindberg, Scott, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4902 Hollowine Ln
 City Katy State TX Zip Code 77494-6651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Houston Anesthesiology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 22 / 2017**
Transaction ID : C3491631
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lobel, Gregg, P., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Donnybrook Dr
 City Demarest State NJ Zip Code 07627-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TeamHealth Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3486378
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lockhart, Asa, C., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2106 Kennebunk Ln.

City Tyler	State TX	Zip Code 75703
---------------	-------------	-------------------

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

Name of Employer (for Individual) Golden Caduceus Consultants	Occupation (for Individual) Physician advocate
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : C3491550

Amount of Each Receipt this Period

83.33

 Memo Item

B. Malik, Asif, M., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : C3491623

Amount of Each Receipt this Period

83.33

 Memo Item

c. Mandato, Philip, A., , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 607 Fairway Dr

City Telford	State PA	Zip Code 18969-2263
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Grand View Anesthesia Associates	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2017

Transaction ID : C3488015

Amount of Each Receipt this Period

500.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Marcovitz, Michael, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4483 Ford Rd.
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.51

Date of Receipt **03 / 15 / 2017**
Transaction ID : C3487949
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Marcovitz, Michael, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4483 Ford Rd.
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.51

Date of Receipt **03 / 15 / 2017**
Transaction ID : C3488196
 Amount of Each Receipt this Period 4.17
 Memo Item

C. Marcovitz, Michael, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4483 Ford Rd.
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.51

Date of Receipt **03 / 15 / 2017**
Transaction ID : C3488197
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marietta, Neesann, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 N. West Fernhill Circle
 City Tucson State AZ Zip Code 85750
 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 ▼ 249.99

Date of Receipt 03 / 31 / 2017
Transaction ID : C3497174
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Markgraf, Kurt, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3663 McKinley Ave
 City Fort Myers State FL Zip Code 33901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Anesthesia and Pain Management Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 26 / 2017
Transaction ID : C3494608
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Martin, John, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Hidden Cove Ct
 City Seneca State SC Zip Code 29672-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GHS/UMG Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487370
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Martin, Timothy, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 SW Archer Road
 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) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 27 / 2017**
Transaction ID : C3494621
 Amount of Each Receipt this Period 83.33
 Memo Item

B. May, Eric, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5620 Legler St
 City Shawnee State KS Zip Code 66217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Lukes Hospital of Kansas City Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 20 / 2017**
Transaction ID : C3491414
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Mayo, Steven, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 989 Cedar Drive
 City Burlington State WI Zip Code 53105
 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 ▼ 1000.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3486390
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Maze, Stephen, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 Boyson Rd.
 Linn County Anesthesiologists
 City Hiawatha State IA Zip Code 52233-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Linn Co. Anesthesiologists Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2017
Transaction ID : C3494843
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. McArdle, Philip, J., , M.B.,B.Ch.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3746 Dunbarton Dr
 City Mountain Brook State AL Zip Code 35223-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : C3490349
 Amount of Each Receipt this Period
 166.66
 Memo Item

C. McCord, Matthew, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 Timber Bend Dr.
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) www.a4anesthesia.com Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : C3477787
 Amount of Each Receipt this Period
 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	549.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McCredie, Michael, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 5587
 City Beaumont State TX Zip Code 77726-5587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) anesthesia associates Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 08 / 2017**
Transaction ID : C3482889
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. McKay, Lorne, D., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 E Souther Ave Ste 102
 City Tempe State AZ Zip Code 85282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Resources Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 30 / 2017**
Transaction ID : C3496244
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Merker, Sharon, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2517 Top Hill Rd.
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ONE Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 22 / 2017**
Transaction ID : C3491610
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1233.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Messenger, Brigitte, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy # U109
 City Knoxville State TN Zip Code 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473961
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Miller, James, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.
 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 ▼ 249.99

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496241
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Miller, Matthew, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5331 Bellaire Dr.
 City New Orleans State LA Zip Code 70124-1061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APMC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2017
Transaction ID : C3493899
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Miller, Michael, D., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15936 Oak Park Ct

City Westfield	State IN	Zip Code 46074-9140
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Aci, llc	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2017

Transaction ID : C3494624

Amount of Each Receipt this Period
83.33

Memo Item

B. Mirante, Brian, A., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Carol Drive

City Ivoryton	State CT	Zip Code 06442
------------------	-------------	-------------------

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

Name of Employer (for Individual) Anesthesiologists of Middletown, PC	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

Transaction ID : C3474094

Amount of Each Receipt this Period
250.00

Memo Item

C. Mishra, Pragnyadipta, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Knights Brg Apt A

City Guilderland	State NY	Zip Code 12084-9417
---------------------	-------------	------------------------

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 ▼
274.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2017

Transaction ID : C3480208

Amount of Each Receipt this Period
8.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	341.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mishra, Pragnyadipta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Knights Brg Apt A
 City Guilderland State NY Zip Code 12084-9417
 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 ▼ 274.98

Date of Receipt 03 / 06 / 2017
Transaction ID : C3480209
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mitchell, Brian, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3710 SW US Vetrn Hosp Rd
 City Portland State OR Zip Code 97239-2964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Occupation (for Individual) Staff Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491633
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Month, Richard, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 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 ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491540
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Montague, Raul, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7803 Railyard Dr SW
 City Byron Center State MI Zip Code 49315-9525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Medical Consultants, PC Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3486380
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Morris, Caroline, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138
 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 ▼ 249.99

Date of Receipt **03 / 25 / 2017**
Transaction ID : C3494618
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Morris, Jason, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138-5723
 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 ▼ 249.99

Date of Receipt **03 / 25 / 2017**
Transaction ID : C3494619
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Moss, William, E., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3142 Rock Park Dr
 City Fort Collins State CO Zip Code 80528-9483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCAP Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 06 / 2017
Transaction ID : C3480204
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Muetterties, Craig, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 238 Martins Ln
 City Media State PA Zip Code 19063-5853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EMCARE Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491615
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Musumeci, Ross, J., , M.D., M.B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 Wayne Rd
 City Needham State MA Zip Code 02494-1770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anaesthesia Associates of MA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 14 / 2017
Transaction ID : C3487931
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nagi, Peter, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4036 Old Leeds Circle
 City Mountain Brk State AL Zip Code 35213-2929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Alabama at Birmingham Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 30 / 2017**
Transaction ID : C3495536
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Nanners, Kenneth, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 Leewood Farms Rd
 City Wheeling State WV Zip Code 26003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Business Administration Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 29 / 2017**
Transaction ID : C3494864
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Naughton, Norah, N., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1H247 UH SPC 5048
 1500 East Medical Center Drive
 City Ann Arbor State MI Zip Code 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 01 / 2017**
Transaction ID : C3473943
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Nelson, Richard, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Department of Anesthesia
4400 Wornall Rd.

City Kansas City State MO Zip Code 64114-3301

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

Name of Employer (for Individual) Westport Management Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2017
Transaction ID : C3488014

Amount of Each Receipt this Period 1000.00

Memo Item

B. Norman, Edward, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1040 Skye Ln

City Palm Harbor State FL Zip Code 34683-1455

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

Name of Employer (for Individual) North Pinellas Anesthesia Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2017
Transaction ID : C3494668

Amount of Each Receipt this Period 500.00

Memo Item

C. Norman, Peter, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3922 Amherst St.

City Houston State TX Zip Code 77005

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

Name of Employer (for Individual) UT MD Anderson Cancer Center Occupation (for Individual) Physician Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496232

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1583.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nounou, Joseph, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 668 Lakeside Dock Dr
 City Kingsport State TN Zip Code 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bristol Anesthesia Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt **03 / 11 / 2017**
Transaction ID : C3487397
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Nova, Hugo, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 Heritage Acres Blvd
 City Rockledge State FL Zip Code 32955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brevard Physician Associates, PLLC Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 29 / 2017**
Transaction ID : C3494866
 Amount of Each Receipt this Period 83.34
 Memo Item

C. Ogden, Shanna, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 N Rockingham Ave
 City Nixa State MO Zip Code 65714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ozark Anesthesia Associates Occupation (for Individual) Cardiothoracic anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.01

Date of Receipt **03 / 21 / 2017**
Transaction ID : C3491516
 Amount of Each Receipt this Period 666.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Olszewski, Robert, F., , Jr., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Chestnut St Apt 2609
 City Philadelphia State PA Zip Code 19103-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Services, PA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 30 / 2017
Transaction ID : C3495537
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Orth, Oliver, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10612 Merrywing Cv
 City Austin State TX Zip Code 78730-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2017
Transaction ID : C3477832
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Page, Sam, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Windsor Terrace Ln
 City Creve Coeur State MO Zip Code 63141-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Anesthesiology Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473960
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	416.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pappas, John, L., , M.D.

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

Mailing Address 294 Barden Rd

City Bloomfield Hills	State MI	Zip Code 48304-2711
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2017

Transaction ID : C3491415

Amount of Each Receipt this Period
83.37

Memo Item

B. Pappas, John, L., , M.D.

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

Mailing Address 294 Barden Rd

City Bloomfield Hills	State MI	Zip Code 48304-2711
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : C3491619

Amount of Each Receipt this Period
83.33

Memo Item

C. Parikh, Sanjiv, , , M.D.

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

Mailing Address 905, Allwood Road, Suite 200

City Clifton	State NJ	Zip Code 07012
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Algology Associates, P.C.	Occupation (for Individual) anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : C3488218

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	666.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Roma, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Southern Nevada Healthcare System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 28 / 2017
Transaction ID : C3494858
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Patterson, Todd, H., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1439 Wedgewood Ave
 City Des Plaines State IL Zip Code 60018-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRAA Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 17 / 2017
Transaction ID : C3490831
 Amount of Each Receipt this Period 83.37
 Memo Item

C. Pauker, Kenneth, Y., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Sierra Vista
 City Laguna Niguel State CA Zip Code 92677-7952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 19 / 2017
Transaction ID : C3491403
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pentakota, Sujatha, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Cypress St Unit 210

City Brookline	State MA	Zip Code 02445-6021
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2017

Transaction ID : C3494587

Amount of Each Receipt this Period
83.33

Memo Item

B. Pentakota, Sujatha, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Cypress St Unit 210

City Brookline	State MA	Zip Code 02445-6021
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2017

Transaction ID : C3494591

Amount of Each Receipt this Period
83.33

Memo Item

C. Perry, Jeremie, J., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : C3490347

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	FOR LINE NUMBER: (check only one)	PAGE 71 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pieren, Sara, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 Spring Valley Lane
 Unit 308-S
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excela Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **03 / 01 / 2017**
Transaction ID : C3473964
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Pieren, Sara, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6925 Spring Valley Lane
 Unit 308-S
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excela Health Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **03 / 13 / 2017**
Transaction ID : C3487363
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Pieters, Benjamin, J., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8717 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAKC Occupation (for Individual) Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 16 / 2017**
Transaction ID : C3490354
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Pregler, Johnathan, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Occupation (for Individual)
 UCLA Department of Anesthesiology Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 12 / 2017
Transaction ID : C3487387
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Rahimzadeh, Nariman, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1885 Manzanita Cir Suite 555
 City Reno State NV Zip Code 89509-5260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Associated Anesthesiologists of Reno MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491543
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Raikhelkar, Jayashree, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 343 Caruso Ct
 City Sandy Springs State GA Zip Code 30350-6609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Emory University Hospital Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2017
Transaction ID : C3486424
 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)	PAGE 73 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ray, DeElla, A., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13801 Foxfield Lane

City Little Rock	State AR	Zip Code 72211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Central Arkansas Veterans Healthcare S	Occupation (for Individual) Chief, Anesthesia
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

Transaction ID : C3487920

Amount of Each Receipt this Period
500.00

Memo Item

B. Rea, Ann, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 70

City Summit	State ME	Zip Code 39666-0070
----------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

Transaction ID : C3474110

Amount of Each Receipt this Period
500.00

Memo Item

C. Richards, Paul, M., , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4665 Douglas Cir NW Ste 101

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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : C3487406

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rifici, Joseph, M., , CAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals of Cleveland Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491626
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Roberts, Laurence, Clayton, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6226 Mimosa Lane
 City Dallas State TX Zip Code 75230-5133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2017
Transaction ID : C3493887
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Roberts, Michael, W., , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Hoover St
 City Norman State OK Zip Code 73072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473942
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Rodriguez, Leopoldo, V., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1199 S Federal Hwy
Suite 392

City Boca Raton State FL Zip Code 33432

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

Name of Employer (for Individual) Sheridan Healthcare Inc Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491646

Amount of Each Receipt this Period 83.33

Memo Item

B. Rogalski, Cynthia, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 Gainsboro Rd

City Drexel Hill State PA Zip Code 19026-1302

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 ▼ 750.00

Date of Receipt 03 / 12 / 2017
Transaction ID : C3486402

Amount of Each Receipt this Period 750.00

Memo Item

C. Rossi, Michael, G., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6617 Cottingham Pl

City Memphis State TN Zip Code 38120-4370

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

Name of Employer (for Individual) St Jude Children's Research Hospital Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 19 / 2017
Transaction ID : C3491401

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 916.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rublaitus, Stephen, M., , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 E Oneida Avenue
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Valley Anesthesiologists Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493400
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sajewski, Daniel, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Port Washington Blvd
 City Roslyn State NY Zip Code 11576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY Cardiovascular Anesth Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493420
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Sawicki, Angeline, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11429 Falcon Dr
 City Temple State TX Zip Code 76502-6422
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491596
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Scarboro, Gina, M., , A.A.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Samuel Lyon Way
 City Savannah State GA Zip Code 31411-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South University Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 22 / 2017**
Transaction ID : C3491624
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Schulman, Steven, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Port Washington Blvd
 City Roslyn State NY Zip Code 11576-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY CV Anesthesiologists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 09 / 2017**
Transaction ID : C3485616
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Schwarz, Adam, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 4th St SE Apt 737
 City Washington State DC Zip Code 20003-3499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAPMG Occupation (for Individual) pain
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 17 / 2017**
Transaction ID : C3490833
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Schweissinger, Daniel, L., , BCH, MB
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 741 La Goleta Way
 City Sacramento State CA Zip Code 95864-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Permanente Medical Group Occupation (for Individual) Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : C3493929
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Selzer, Angela, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1591 2nd Avenue Apt 3
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medical College Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493394
 Amount of Each Receipt this Period 83.33
 Memo Item

c. Shannon, Connor, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Ridge Ave
 City Winnetka State IL Zip Code 60093-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Providers, LTD Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.03

Date of Receipt 03 / 04 / 2017
Transaction ID : C3480183
 Amount of Each Receipt this Period 83.37
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	416.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shapiro, Fred, E., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Brookline Ave # F-407
 Department of Anesthesiology
 City Boston State MA Zip Code 02215-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) beth israel deaconess medical center Occupation (for Individual) physiscian
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 20 / 2017
Transaction ID : C3491423
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Sharp, Christopher, D., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 Braygood Dr
 City Collierville State TN Zip Code 38017-3674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTROP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493403
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Sibert, Karen, S., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 Westwood Plaza, #3325
 Anesthesiology
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCLA Dept of Anesthesiology Occupation (for Individual) Physician anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491535
 Amount of Each Receipt this Period 166.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Simon, Michael, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Gellatly Dr
 City Wappingers Falls State NY Zip Code 12590-6452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sheridan Healthcorp Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474328
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Slonin, Jonathan, H., , M.D., M.B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5191 SW Longspur Lane
 City Palm City State FL Zip Code 34990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TeamHealth Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473957
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Small, Robert, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Professor, Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491627
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Smarinsky, Richard, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4500 S Garnett Rd Ste 300
 City Tulsa State OK Zip Code 74146-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SJAS Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 06 / 2017
Transaction ID : C3480205
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Smith, Blair, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Alabama Health Services Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 12 / 2017
Transaction ID : C3487388
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Smith, Uhuru, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10717 Rockledge View Dr
 City Riverview State FL Zip Code 33579-2365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concierge Anesthesia Associates Occupation (for Individual) Chief of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491552
 Amount of Each Receipt this Period 83.33
 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)	PAGE 82 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Smythe, Paul, R., , M.D.

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

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City Ann Arbor State MI Zip Code 48109

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

Name of Employer (for Individual) University of Michigan Medical School Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 01 / 2017**

Transaction ID : C3473946

Amount of Each Receipt this Period **100.00**

Memo Item

B. Smythe, Paul, R., , M.D.

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

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City Ann Arbor State MI Zip Code 48109

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

Name of Employer (for Individual) University of Michigan Medical School Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **03 / 15 / 2017**

Transaction ID : C3487951

Amount of Each Receipt this Period **100.00**

Memo Item

C. Soto, Roy, G., , M.D.

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

Mailing Address 3250 Chestnut Run Drive

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 03 / 2017**

Transaction ID : C3477778

Amount of Each Receipt this Period **41.67**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Soto, Roy, G., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3250 Chestnut Run Drive
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mednax Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493408
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Souter, Michael, J., , M.B.,Ch.B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 9th Ave, Box 359724 Box 359724
 City Seattle State WA Zip Code 98104-2499
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491603
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Springer, Andrew, N., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 W 10th Ave Dept of Anes N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 20 / 2017
Transaction ID : C3490999
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Srour, Habib, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1091 Clear Creek Rd
 City Nicholasville State KY Zip Code 40356-8792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 11 / 2017
Transaction ID : C3487341
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Starck, Timothy, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11583 Prestwick Rd.
 City Belvidere State IL Zip Code 61008
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491641
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Stein, Erica, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473952
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stephenson, John, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5671 Peachtree Dunwoody Road
 Suite 610
 City Atlanta State GA Zip Code 30342
 Name of Employer (for Individual) Physician Specialists in Anesthesia, P Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473953
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Stiegler, Marjorie, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10817 Round Brook Cir
 City Raleigh State NC Zip Code 27617-7759
 Name of Employer (for Individual) UNC Chapel Hill Occupation (for Individual) Assoc Prof Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2017
Transaction ID : C3494588
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stone, Kenneth, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Laurelwood Rd
 City Orange State CT Zip Code 06477-1654
 Name of Employer (for Individual) Bridgeport Anesthesia Assoc Occupation (for Individual) anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474329
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stroud, Jason, M., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8132 Deerpointe Dr

City Toledo	State OH	Zip Code 43617-1819
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : C3487393

Amount of Each Receipt this Period

83.33

 Memo Item

B. Sullivan, Erin, A., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City Pittsburgh	State PA	Zip Code 15213-2536
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2017

Transaction ID : C3487384

Amount of Each Receipt this Period

83.33

 Memo Item

C. Sundaralingam, Rohan, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 884 N. Paulina St., #3

City Chicago	State IL	Zip Code 60622-5038
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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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

Transaction ID : C3493881

Amount of Each Receipt this Period

83.33

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sutton, Frank, M., , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Town Square Blvd
411

City Asheville State NC Zip Code 28803

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

Name of Employer (for Individual) MedStream Anesthesia, PLLC Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.67

Date of Receipt 03 / 20 / 2017
Transaction ID : C3491411

Amount of Each Receipt this Period 41.67

Memo Item

B. Swanson, Cathy Jo, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3426 West Ridge Rd.

City Roanoke State VA Zip Code 24014

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 ▼ 250.00

Date of Receipt 03 / 25 / 2017
Transaction ID : C3493898

Amount of Each Receipt this Period 250.00

Memo Item

C. Sween, Steven, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 Marchand Ct NW

City Atlanta State GA Zip Code 30328-2055

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

Name of Employer (for Individual) PSA Occupation (for Individual) Physician Anesthesiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491539

Amount of Each Receipt this Period 83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Swygart, Thomas, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7014 Prestonshire Ln.
 City Dallas State TX Zip Code 75225-1742
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491637
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Teetor, Travis, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19309 Briggs St
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town National Research Hospital Occupation (for Individual) Staff Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3474057
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Thomson, Sydney, I., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6224 Hidden Meadow Ct
 City San Jose State CA Zip Code 95135-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coast Anesthesia Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491649
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thorogood, Michael, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1816 Windswept Cir
 City Dover State DE Zip Code 19901-5853
 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 ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491622
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Tongson, Sebastian, E., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2656 Meeting Pl
 City Orlando State FL Zip Code 32814-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Anesthesia Partners / JLR Medical G Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 25 / 2017
Transaction ID : C3494589
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Troianos, Christopher, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Haskell Drive
 City Bratenahl State OH Zip Code 44108
 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 ▼ 249.99

Date of Receipt 03 / 03 / 2017
Transaction ID : C3477777
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Turner, Judi, A., , M.D., Ph.D
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1002 Franklin Street
 UCLA

City Santa Monica	State CA	Zip Code 90403
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 03 / 22 / 2017

Transaction ID : C3491639

Amount of Each Receipt this Period
 83.33

Memo Item

B. Turner, Katja, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 West 10th Ave

City Columbus	State OH	Zip Code 43210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) the ohio state university	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 03 / 22 / 2017

Transaction ID : C3491643

Amount of Each Receipt this Period
 83.33

Memo Item

C. Tzeng, Gary, F., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 582 S Rex Blvd

City Elmhurst	State IL	Zip Code 60126-4259
------------------	-------------	------------------------

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

Name of Employer (for Individual) DVA	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 03 / 15 / 2017

Transaction ID : C3488199

Amount of Each Receipt this Period
 83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vance, Jennifer, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E Medical Center Dr Spc 5014
 City Ann Arbor State MI Zip Code 48109-5014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Dept of Anesthe Occupation (for Individual) Cardiothoracic Anesthesiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02

Date of Receipt **03 / 13 / 2017**
Transaction ID : C3486433
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Varlotta, David, , , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sheridan Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 24 / 2017**
Transaction ID : C3493878
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Vinta, Sandhya, Rani, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1551 Moncrey Ave
 City League City State TX Zip Code 77573-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 399.99

Date of Receipt **03 / 03 / 2017**
Transaction ID : C3477781
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 216.67
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Vinta, Sandhya, Rani, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1551 Moncrey Ave
 City League City State TX Zip Code 77573-2078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.99

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496233
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Vitale, Salvatore, G., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Mount Sinai Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 29 / 2017
Transaction ID : C3495507
 Amount of Each Receipt this Period 249.99
 Memo Item

C. Vollers, James, Michael, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 NE 13th St Suite 200
 City Oklahoma City State OK Zip Code 73126-0901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oklahoma University Medical Science Ce Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491609
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wagner, Lance, W., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 55th St
 City Brooklyn State NY Zip Code 11220-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPB Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 09 / 2017
Transaction ID : C3485617
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Wagner, Robert, , , A.A.-C
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Dockview Way Apt 1424
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nova Southeastern University Occupation (for Individual) Certified Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2017
Transaction ID : C3491628
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Wald, Samuel, H., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 Torwood Lane
 City Los Altos State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 05 / 2017
Transaction ID : C3480198
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wallace, Austin, F., , M.D.

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

Mailing Address 22 Tanglewood Dr.

City Durango	State CO	Zip Code 81301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southwest Colorado Anesthesia	Occupation (for Individual) Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : C3487394

Amount of Each Receipt this Period
150.00

Memo Item

B. Waltz, Michael, D., , M.D.

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

Mailing Address 300 Cliff Line Rd

City Golden	State CO	Zip Code 80403-1574
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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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

Transaction ID : C3490346

Amount of Each Receipt this Period
83.33

Memo Item

c. Wargo, Bradley, W., , D.O.

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

Mailing Address PO Box 66

City Huxley	State IA	Zip Code 50124-0066
----------------	-------------	------------------------

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

Name of Employer (for Individual) McFarland Clinic, PC	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2017

Transaction ID : C3493409

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	316.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Weatherford, Ralph, M., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) ACMG Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 12 / 2017
Transaction ID : C3487401
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Weiner, Ivan, Jared, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10527 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 29 / 2017
Transaction ID : C3495505
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Weiss, Alan, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 960 Royal Arms Dr
 City Girard State OH Zip Code 44420-1652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Belpark Anesthesia Associates Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 21 / 2017
Transaction ID : C3491544
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Weissend, Eric, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14733 Maple St.

City Overland Park	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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 ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2017

Transaction ID : C3491399

Amount of Each Receipt this Period
83.33

Memo Item

B. Wells, Lynda, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4098 Wood Ln

City Keswick	State VA	Zip Code 22947-2900
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Virginia Health System	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

Transaction ID : C3487380

Amount of Each Receipt this Period
83.33

Memo Item

C. Wildt, David, J., , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 Barclay Way

City Ann Arbor	State MI	Zip Code 48105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Michigan	Occupation (for Individual) Fellow Critical Care
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2017

Transaction ID : C3485610

Amount of Each Receipt this Period
83.33

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wilkerson, Danny, L., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St # 515
 Anesthesiology Department
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Arkansas Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : C3493414
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Williams, John, P., , M.D., B.S.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5004 W Grove Ln
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VAHSC Pittsburgh Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 01 / 2017
Transaction ID : C3473945
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Wlody, David, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W 107th St Apt 6C
 City New York State NY Zip Code 10025-3097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY-Downstate Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 15 / 2017
Transaction ID : C3488193
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wlody, David, J., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W 107th St Apt 6C
 City New York State NY Zip Code 10025-3097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY-Downstate Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 03 / 30 / 2017
Transaction ID : C3496231
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Work, Byron, B., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3749 Lynnfield Dr
 City Virginia Beach State VA Zip Code 23452-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Anesthesia Occupation (for Individual) Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 24 / 2017
Transaction ID : C3493873
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Wright, Crystal, C., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3032 Jarrard St.
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 13 / 2017
Transaction ID : C3487392
 Amount of Each Receipt this Period 83.33
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wright, Jonathan, P., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Creekside Park Ct.
 City Greenville State SC Zip Code 29615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health System Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : C3496255
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. York, James, K., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129-4 Hidden Creek Circle
 City Dothan State AL Zip Code 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Consultants Medical Group Occupation (for Individual) Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 20 / 2017**
Transaction ID : C3491422
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Zvara, David, A., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campus Box 7010 - N2201 UNC Hospit
 City Chapel Hill State NC Zip Code 27599-7010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **03 / 14 / 2017**
Transaction ID : C3487933
 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).....	42470.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Merchant Credit Card

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

FEC Identification Number

C

Transaction ID : D178502

Amount of Each Disbursement this Period

3067.86

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3067.86

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

3067.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barragan for Congress

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Barragan, Nanette, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: CA District: 44

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00577353

Transaction ID : D178312

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify)
State: District: 2017 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00235655

Transaction ID : D178368

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BRENDA LAWRENCE FOR CONGRESS

Mailing Address P.O. BOX 3060

City SOUTHFIELD State MI Zip Code 48037

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Lawrence, Brenda, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: MI District: 14

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00552588

Transaction ID : D178155

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRIAN FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 939

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00607416

Transaction ID : D178310

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD STE 900

City
CORAL GABLES

State
FL

Zip Code
33134-6149

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00579896

Transaction ID : D178315

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address PO BOX 70980

City
Washington

State
DC

Zip Code
20024

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
2017 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00365536

Transaction ID : D178318

Amount of Each Disbursement this Period

5000.00

Memo Item

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

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement 03 / 14 / 2017

FEC Identification Number C00000935
Transaction ID : D178218
Amount of Each Disbursement this Period 10000.00

Memo Item

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement 03 / 14 / 2017

FEC Identification Number C00000935
Transaction ID : D178219
Amount of Each Disbursement this Period 5000.00

Memo Item

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement Refund of 2/28/2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Refund of 2/28/2017

State: District:

Date of Disbursement 03 / 06 / 2017

FEC Identification Number C00000935
Transaction ID : D178201
Amount of Each Disbursement this Period -15000.00

Memo Item

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

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178204

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify)

State: District: 2017 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178205

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178206

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178207

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178208

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178209

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178210

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify)

State: District: 2017 Building Fund C

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178211

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178212

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00000935

Transaction ID : D178213

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Refund of 2/28/2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District: Refund of 2/28/2017

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2017

FEC Identification Number

C C00042366

Transaction ID : D178202

Amount of Each Disbursement this Period

-15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: 2017 Building Fund C

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00042366

Transaction ID : D178220

Amount of Each Disbursement this Period

45000.00

Memo Item

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

35000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 120 MARYLAND AVE NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C00042366
Transaction ID : D178215
Amount of Each Disbursement this Period: 15000.00

Memo Item

B. FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)
Mailing Address 2640A MITCHAM DRIVE

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement 2018 Primary Contribution

Candidate Name
Dunn, Neal, Patrick, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: FL District: 02

Date of Disbursement: 03 / 27 / 2017

FEC Identification Number: C00582304
Transaction ID : D178374
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. RAJA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 681202

City Schaumburg State IL Zip Code 60193

Purpose of Disbursement 2018 Primary Contribution

Candidate Name
Krishnamoorthi, Raja, , Mr.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: IL District: 08

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C00575092
Transaction ID : D178319
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C00528414

Transaction ID : D178168

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOSH GOTTHEIMER FOR CONGRESS

Mailing Address PO BOX 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

GOTTHEIMER, JOSH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 05

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C00573949

Transaction ID : D178313

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHLEEN RICE FOR CONGRESS

Mailing Address 410 JERICHO TURNPIKE SUITE 200

City
Jericho

State
NY

Zip Code
11753

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Rice, Kathleen, , Ms.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C00555813

Transaction ID : D178371

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LOU CORREA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 21 / 2017
Mailing Address 420 N Twin Oaks Valley Rd Unit 2229		FEC Identification Number C00578302 Transaction ID : D178311
City San Marcos	State CA	Zip Code 92079-7090
Purpose of Disbursement 2018 Primary Contribution		Category/Type 011
Candidate Name Correa, Lou, , ,		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 46	

Full Name (Last, First, Middle Initial) B. McConnell for Majority Leader Committee		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C00548651 Transaction ID : D178172
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement 2018 Primary Contribution		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 06 / 2017
Mailing Address 320 FIRST STREET SE		FEC Identification Number C00075820 Transaction ID : D178203
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Contribution		Category/Type
Candidate Name		Amount of Each Disbursement this Period -15000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	2017 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶	-8000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement 03 / 08 / 2017

FEC Identification Number C00075820

Transaction ID : D178143

Amount of Each Disbursement this Period 5000.00

Memo Item

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement 03 / 08 / 2017

FEC Identification Number C00075820

Transaction ID : D178144

Amount of Each Disbursement this Period 2500.00

Memo Item

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) 2017 Contribution

State: District:

Date of Disbursement 03 / 08 / 2017

FEC Identification Number C00075820

Transaction ID : D178145

Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) ▼
State: District: 2017 Contribution

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number
C C00075820
Transaction ID : D178146
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) ▼
State: District: 2017 Contribution

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number
C C00075820
Transaction ID : D178147
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2017 Building Fund Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) ▼
State: District: 2017 Building Fund C

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number
C C00075820
Transaction ID : D178148
Amount of Each Disbursement this Period
10000.00

Memo Item

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

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00075820

Transaction ID : D178149

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00075820

Transaction ID : D178150

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement 2017 Building Fund Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District: 2017 Building Fund C

011
Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00075820

Transaction ID : D178151

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

22500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 320 FIRST STREET SE		FEC Identification Number C00075820 Transaction ID : D178152 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Building Fund Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2017 Building Fund C	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 320 FIRST STREET SE		FEC Identification Number C00075820 Transaction ID : D178153 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Building Fund Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2017 Building Fund C	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 320 FIRST STREET SE		FEC Identification Number C00075820 Transaction ID : D178154 Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2017 Building Fund Contribution		Category/Type 011
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2017 Building Fund C	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 03 / 14 / 2017
Mailing Address 425 Second St. NE		FEC Identification Number C00027466 Transaction ID : D178216 Amount of Each Disbursement this Period 15000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2017 Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2017 Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Date of Disbursement MM / DD / YYYY 03 / 14 / 2017
Mailing Address 425 Second St. NE		FEC Identification Number C00027466 Transaction ID : D178221 Amount of Each Disbursement this Period 45000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2017 Building Fund Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2017 Building Fund C	
State:	District:	

Full Name (Last, First, Middle Initial) C. BERA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO Box 582496		FEC Identification Number C00461061 Transaction ID : D178160 Amount of Each Disbursement this Period 2500.00
City Elk Grove	State CA	Zip Code 95758-0042
Purpose of Disbursement 2018 Primary Contribution		011 Category/ Type
Candidate Name Bera, Ami, , Rep., M.D.		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 07	

SUBTOTAL of Disbursements This Page (optional).....▶	62500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

FEC Identification Number

C	C00467571
---	-----------

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Transaction ID : D178298

Amount of Each Disbursement this Period

2500.00

Candidate Name

Barr, Andy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

B. ANN WAGNER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2017

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

FEC Identification Number

C	C00495846
---	-----------

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Transaction ID : D178162

Amount of Each Disbursement this Period

5000.00

Candidate Name

Wagner, Ann, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2017

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

FEC Identification Number

C	C00258475
---	-----------

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Transaction ID : D178381

Amount of Each Disbursement this Period

1000.00

Candidate Name

Eshoo, Anna, G., Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 18

Memo Item

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

8500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AUSTIN SCOTT FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

Mailing Address PO BOX 2530

FEC Identification Number

C	C00482737
---	-----------

City
TIFTON

State
GA

Zip Code
31793

Transaction ID : D178304

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Scott, Austin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 08

Memo Item

Full Name (Last, First, Middle Initial)

B. BARBARA LEE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2017

Mailing Address 505 14TH ST, SUITE 900

FEC Identification Number

C	C00331769
---	-----------

City
OAKLAND

State
CA

Zip Code
94612

Transaction ID : D178158

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Lee, Barbara, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 13

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2017

Mailing Address PO BOX 6207

FEC Identification Number

C	C00472241
---	-----------

City
BRYAN

State
TX

Zip Code
77805

Transaction ID : D178167

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Flores, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 17

Memo Item

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

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City
Melbourne

State
FL

Zip Code
32936

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Posey, Bill, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

FEC Identification Number

C C00444968

Transaction ID : D178316

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City
SPRINGFIELD

State
MO

Zip Code
65804

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Long, Billy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2017

FEC Identification Number

C C00460063

Transaction ID : D178367

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLAINE FOR CONGRESS

Mailing Address PO Box 1025

City
Jefferson City

State
MO

Zip Code
65102

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Luetkemeyer, Blaine, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2017

FEC Identification Number

C C00458679

Transaction ID : D178169

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)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. WENSTRUP FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 512 MISSOURI AVE

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement
2018 Primary Contribution

Candidate Name
Wenstrup, Brad, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C00497818
Transaction ID : D178305
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. CHARLIE DENT FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2018 Primary Contribution

Candidate Name
Dent, Charlie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C00386847
Transaction ID : D178214
Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

Memo Item

C. FRIENDS OF CHERI BUSTOS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
2018 Primary Contribution

Candidate Name
Bustos, Cheri, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 17

Date of Disbursement: 03 / 21 / 2017

FEC Identification Number: C00498568
Transaction ID : D178317
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Schweikert, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00540617

Transaction ID : D178379

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Wasserman Schultz, Debbie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 23

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00385773

Transaction ID : D178376

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Beyer, Don, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00555888

Transaction ID : D178309

Amount of Each Disbursement this Period

2000.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City SAVANNAH State GA Zip Code 31401

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Carter, E. L., , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2017

FEC Identification Number

C C00543967

Transaction ID : D178217

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Cleaver, Emanuel, , Rep., II

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MO District: 05

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00395848

Transaction ID : D178370

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Swalwell, Eric, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 15

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00502294

Transaction ID : D178377

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Holding, George, E.B., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: NC District: 13

Date of Disbursement
MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number
C C00499236
Transaction ID : D178373
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Connolly, Gerald, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: VA District: 11

Date of Disbursement
MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number
C C00445452
Transaction ID : D178171
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT HENRY HANK JOHNSON

Mailing Address 4153 FLAT SHOALS PARKWAY

City DECATUR State GA Zip Code 30034

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Johnson, Hank, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: GA District: 04

Date of Disbursement
MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number
C C00418293
Transaction ID : D178314
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROS-LEHTINEN FOR CONGRESS

Mailing Address PO Box 522784

City
Miami

State
FL

Zip Code
33152

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Ros-Lehtinen, Ileana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C00280537

Transaction ID : D178163

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City
MISHAWAKA

State
IN

Zip Code
46546

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C00468579

Transaction ID : D178307

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City
CAPE GIRARDEAU

State
MO

Zip Code
63702

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Smith, Jason, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C00541862

Transaction ID : D178306

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM COSTA FOR CONGRESS

Mailing Address 2037 W BULLARD AVENUE

City FRESNO State CA Zip Code 93711

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Costa, Jim, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00391029

Transaction ID : D178301

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Lewis, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00202416

Transaction ID : D178297

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MOOLENAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Moolenaar, John, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2017

FEC Identification Number

C C00561530

Transaction ID : D178378

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement

/ /

FEC Identification Number

C C00513077

Transaction ID : D178365

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 26

Date of Disbursement

/ /

FEC Identification Number

C C00513077

Transaction ID : D178159

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
2018 Primary Contribution

011
Category/
Type

Candidate Name
Sinema, Kyrsten, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

/ /

FEC Identification Number

C C00508804

Transaction ID : D178164

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

Mailing Address PO Box 3750

FEC Identification Number

C	C00376939
---	-----------

City
Brentwood

State
TN

Zip Code
37024

Transaction ID : **D178156**

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Blackburn, Marsha, , Rep.,

Office Sought: House
 Senate
 President

State: TN District: 07

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2017

Mailing Address PO BOX 1148

FEC Identification Number

C	C00561001
---	-----------

City
BRIGHTON

State
MI

Zip Code
48116

Transaction ID : **D178308**

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Bishop, Mike, , Rep.,

Office Sought: House
 Senate
 President

State: MI District: 08

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. MO BROOKS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2017

Mailing Address 7610 FOXFIRE DR.

FEC Identification Number

C	C00464149
---	-----------

City
HUNTSVILLE

State
AL

Zip Code
35802

Transaction ID : **D178300**

Purpose of Disbursement
2018 Primary Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Brooks, Mo, , Rep.,

Office Sought: House
 Senate
 President

State: AL District: 05

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

5000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. DR. RAUL RUIZ FOR CONGRESS COMMITTEE			Date of Disbursement MM / DD / YYYY 03 / 08 / 2017	
Mailing Address PO BOX 3433			FEC Identification Number C00502575 Transaction ID : D178161	
City Palm Desert	State CA	Zip Code 92261	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2018 Primary Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Ruiz, Raul, , Rep., M.D.		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 36			

Full Name (Last, First, Middle Initial) B. PITTENGER FOR CONGRESS LLC			Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address PO BOX 11207			FEC Identification Number C00514513 Transaction ID : D178366	
City CHARLOTTE	State NC	Zip Code 28220	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2018 Primary Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Pittenger, Robert, , Rep.,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 09			

Full Name (Last, First, Middle Initial) C. LEVIN FOR CONGRESS			Date of Disbursement MM / DD / YYYY 03 / 21 / 2017	
Mailing Address PO Box 37			FEC Identification Number C00156612 Transaction ID : D178303	
City Roseville	State MI	Zip Code 48066	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2018 Primary Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Levin, Sander, M., Rep.,		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 12			

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. MOULTON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2013

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

City Salem State MA Zip Code 01970

FEC Identification Number

Purpose of Disbursement
2018 Primary Contribution

C	C00547240
---	-----------

Candidate Name
Moulton, Seth, , Rep.,

011
Category/ Type

Transaction ID : D178157

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 06

2500.00

Memo Item

B. STEVE COHEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 349 KENILWORTH PLACE

M M M	/	D D D	/	Y Y Y Y Y
03		21		2017

City MEMPHIS State TN Zip Code 38112

FEC Identification Number

Purpose of Disbursement
2018 Primary Contribution

C	C00422980
---	-----------

Candidate Name
Cohen, Steve, , Rep.,

011
Category/ Type

Transaction ID : D178299

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 09

1000.00

Memo Item

C. TED LIEU FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 16633 VENTURA BLVD # 1008

M M M	/	D D D	/	Y Y Y Y Y
03		27		2017

City Encino State CA Zip Code 91436

FEC Identification Number

Purpose of Disbursement
2018 Primary Contribution

C	C00556506
---	-----------

Candidate Name
Lieu, Ted, , Rep.,

011
Category/ Type

Transaction ID : D178369

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 33

1500.00

Memo Item

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

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. HOOSIERS FOR ROKITA, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 314 ARSENAL AVE.

City INDIANAPOLIS State IN Zip Code 46201

Purpose of Disbursement 2018 Primary Contribution

Candidate Name Rokita, Todd, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 04

Date of Disbursement 03 / 08 / 2017

FEC Identification Number C00476192

Transaction ID : D178170

Amount of Each Disbursement this Period 1500.00

Memo Item

B. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312

Purpose of Disbursement 2018 Primary Contribution

Candidate Name Franks, Trent, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 08

Date of Disbursement 03 / 27 / 2017

FEC Identification Number C00367110

Transaction ID : D178380

Amount of Each Disbursement this Period 1000.00

Memo Item

C. VICKY HARTZLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 531

City HARRISONVILLE State MO Zip Code 64701

Purpose of Disbursement 2018 Primary Contribution

Candidate Name Hartzler, Vicky, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 04

Date of Disbursement 03 / 21 / 2017

FEC Identification Number C00464602

Transaction ID : D178302

Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HELLER FOR SENATE

Mailing Address PO BOX 371907

City
LAS VEGAS

State
NV

Zip Code
89137

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Heller, Dean, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2017

FEC Identification Number

C C00494229

Transaction ID : D178165

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City
SALT LAKE CITY

State
UT

Zip Code
84101

Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Hatch, Orrin, G., Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: UT

District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2017

FEC Identification Number

C C00104752

Transaction ID : D178166

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

340500.00

**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

Full Name (Last, First, Middle Initial)

A. Elmassian, Georgia, , ,

Mailing Address 2399 Pine Hollow Dr.

City
East Lansing

State
MI

Zip Code
48823

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
 Refund of Contributi

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2017

FEC Identification Number

C

Transaction ID : D178623

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mesrobian, James, R., DR, M.D.

Mailing Address 827 E Birch Ave

City
Whitefish Bay

State
WI

Zip Code
53217-5360

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
 Refund of Contributi

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2017

FEC Identification Number

C

Transaction ID : D178622

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

125.00

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

125.00