

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Anesthesiologists Political Action Committee (ASA PAC)

ADDRESS (number and street)

1061 American Lane

Check if different
than previously
reported. (ACC)

Schaumburg

IL

60173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Rizzo, Dennis, Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Rizzo, Dennis, Mr.,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		434621.36
(b) Cash on Hand at Beginning of Reporting Period.....	790533.07	
(c) Total Receipts (from Line 19)	306041.88	1681951.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1096574.95	2116572.63
7. Total Disbursements (from Line 31).....	234060.67	1254058.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	862514.28	862514.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	7		

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).....	249867.44	1295680.42
(ii) Unitemized	56174.44	358020.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	306041.88	1653701.27
(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)	306041.88	1653701.27
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	28250.00
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))	306041.88	1681951.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	306041.88	1681951.27

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16980.67	73389.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16980.67	73389.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	140500.00	923900.00
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	1580.00	11768.63
(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)).....	1580.00	11768.63
29. Other Disbursements (Including Non-Federal Donations).....	75000.00	245000.00
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)) ..	234060.67	1254058.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	234060.67	1254058.35

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)	306041.88	1653701.27
34. Total Contribution Refunds (from Line 28(d))	1580.00	11768.63
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	304461.88	1641932.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	16980.67	73389.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	16980.67	73389.72

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

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

FOR LINE NUMBER: PAGE 6 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Abdelmalak, Basem, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594073

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Abenstein, John, , ,

Mailing Address 10978 11th Ave NW

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594064

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Abouleish, Amr, , ,

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTMB

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

738.65

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3592757

Amount of Each Receipt this Period

322.00

☐ Memo Item

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

488.74

TOTAL This Period (last page this line 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 7 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Adams, Ben, , ,

Mailing Address 210 Ouiski Bayou Dr

City
HoumaState
LAZip Code
70360-7966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589150

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Adams, Brian, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106City
BirminghamState
ALZip Code
35216-7251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of BirminghamOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587949

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Adams, Melissa, , ,

Mailing Address 335 Cherry St

City
Mountain BrkState
ALZip Code
35213-3747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of BirminghamOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587950

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2083.33

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 8 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Adawadkar, Satish, , ,

Mailing Address 935 Greentree Dr

City
CharlotteState
NCZip Code
28211-2733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Anesthesia and Pain SpecialiOccupation (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
09 / 21 / 2017

Transaction ID : 3593062

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Adkins, Michael, , ,

Mailing Address 1850 N Central Ave
Ste 1600City
PhoenixState
AZZip Code
85004-4633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesia Consultants, Ltd.Occupation (for Individual)
Physician

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
09 / 24 / 2017

Transaction ID : 3595217

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Adolay, Christopher, , ,

Mailing Address 8717 Santana Ln

City
IndianapolisState
INZip Code
46278-2207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthesia consultants of indianapolisOccupation (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
09 / 28 / 2017

Transaction ID : 3596746

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Aebly, Melissa, , ,

Mailing Address 2264 Hidden Cove Ln

City
MosineeState
WIZip Code
54455-9504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AscensionOccupation (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
09	21	2017

Transaction ID : 3594049

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Agne, Daniel, , ,Mailing Address 3607 W 47th Pl
Dept of

City

Roeland Park

State
KSZip Code
66205-1512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Kansas CityOccupation (for Individual)
pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	30	2017

Transaction ID : 3600160

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Aiken, Timothy, , ,

Mailing Address 3217 Brookwood Rd

City

Mountain Brk

State
ALZip Code
35223-2018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiologists Assoc., P.C.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
09	22	2017

Transaction ID : 3594942

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1000.00

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Albert, Moses, , ,

Mailing Address 6 Christopher Way

City
Anniston

State
AL

Zip Code
36207-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIX HEALTHCARE

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591372

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Allaire, Patrick, , ,

Mailing Address 58991 290th St

City
Cambridge

State
IA

Zip Code
50046-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McFarland Clinic

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588030

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Allred, Anna, , ,

Mailing Address 1400 McKinney St
Unit 2710, Unit 2002

City
Houston

State
TX

Zip Code
77010-4056

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595108

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

166.67

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

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

FOR LINE NUMBER: PAGE 11 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ambardekar, Aditee, , ,

Mailing Address 5724 Cavender Dr

City
PlanoState
TXZip Code
75093-5965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT SouthwesternOccupation (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
09 / 23 / 2017

Transaction ID : 3595133

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Ambekar, Sucheta, , ,

Mailing Address 4098 Breakwater Dr

City
OkemosState
MIZip Code
48864-4410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia, PCOccupation (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
09 / 29 / 2017

Transaction ID : 3599982

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Anderson, Charles, , ,

Mailing Address 35751 Gateway Dr
Unit J1006City
Palm DesertState
CAZip Code
92211-6096FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tenet HealthcareOccupation (for Individual)
Anesthesiologist/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID : 3583903

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

583.37

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

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

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

FOR LINE NUMBER: PAGE 12 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Anderson, David, , ,

Mailing Address 1218 Stratford Rd

City
Kansas CityState
MOZip Code
64113-1326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (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
09 / 29 / 2017

Transaction ID : 3599833

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Anderson, Gregory, , ,

Mailing Address 3200 Troup Hwy
Ste 200City
TylerState
TXZip Code
75701-8342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594024

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Andes, Leslie, , ,

Mailing Address 1850 N Central Ave
Ste 1600City
PhoenixState
AZZip Code
85004-4633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision HealthcareOccupation (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
09 / 23 / 2017

Transaction ID : 3595151

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1750.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Applegate, Gregory, , ,

Mailing Address 5950 N Pointe Dr

City

Pepper Pike

State

OH

Zip Code

44124-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Hospitals Cleveland Medical

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

09 / 23 / 2017

Transaction ID : 3595515

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

B. Armstrong, Aileen, , ,

Mailing Address 18 Forest Dr

City

Morristown

State

NJ

Zip Code

07960-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia associates of Morristown

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599843

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Armstrong, Patrick, , ,

Mailing Address 18 Forest Dr

City

Morristown

State

NJ

Zip Code

07960-6224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia associates of morristowns

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599842

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

641.63

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Artuso, James, , ,

Mailing Address 1844 Windsong Ln

City
Lancaster

State
PA

Zip Code
17602-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Lancaster

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589109

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Aschenbrener, Scott, , ,

Mailing Address 10016 55th Ave

City
Pleasant Prairie

State
WI

Zip Code
53158-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585876

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Ashe, Jeremiah, , ,

Mailing Address 974 S Redbud Dr

City
La Porte

State
IN

Zip Code
46350-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashe Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3591357

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

1291.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Atkins, Joshua, , ,

Mailing Address 120 Spruce St

City
Philadelphia

State
PA

Zip Code
19106-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595101

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Atwater, Robert, , ,

Mailing Address 988 Rosebay Ct

City
Tallahassee

State
FL

Zip Code
32312-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision Healthcare

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600653

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Atwood, Benjamin, , ,

Mailing Address 7860 E 29th Ave

City
Denver

State
CO

Zip Code
80238-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CPMG

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588022

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

666.70

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Austin, Rachel, , ,

Mailing Address 984455 Nebraska Medical Ctr

Dept of

City

Omaha

State

NE

Zip Code

68198-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Nebraska

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2017

Transaction ID : 3587933

Amount of Each Receipt this Period

83.33

☐

Memo Item

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

B. Baetzel, Anne, , ,

Mailing Address 1206 Orkney Dr

City

Ann Arbor

State

MI

Zip Code

48103-2965

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : 3585470

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

C. Bagot, James, , ,

Mailing Address 100 Womans Way

City

Baton Rouge

State

LA

Zip Code

70817-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Louisiana anesthesiology group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : 3600077

Amount of Each Receipt this Period

500.01

☐

Memo Item

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

1083.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bailey, J. Suzanne, , ,

Mailing Address 600 N Robbins Rd
Ste 400

City
Boise

State
ID

Zip Code
83702-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Intermountain Ambulatory Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2017

Transaction ID : 3585820

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bailey, Todd, , ,

Mailing Address 7921 Teasdale Ave

City

Saint Louis

State
MO

Zip Code
63130-3816

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 ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 24 / 2017

Transaction ID : 3595194

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Baird, Kelly, , ,

Mailing Address 375 Coventry Park Ln

City

Winston Salem

State
NC

Zip Code
27104-3677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Davidson Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2017

Transaction ID : 3593032

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Balfanz, Greg, , ,

Mailing Address 1040 Hortons Creek Rd

City
CaryState
NCZip Code
27519-7403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNCOccupation (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
09 / 12 / 2017

Transaction ID : 3586041

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Baratta, Jaime, , ,Mailing Address 111 S 11th St
Ste 8290

City

Philadelphia

State
PAZip Code
19107-4824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson UniversityOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595111

Amount of Each Receipt this Period

54.13

☐ Memo Item

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

C. Barker, Nancy, , ,

Mailing Address 321 Worth Ave

City

Lafayette

State
LAZip Code
70508-6636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Management ConsultantsOccupation (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
09 / 25 / 2017

Transaction ID : 3595562

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

637.46

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Barlow, Michael, , ,

Mailing Address 3504 Cold Harbor Ln

City

Mountain Brk

State

AL

Zip Code

35223-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Services of Birmingham

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3597895

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Barnwell, Patrick, , ,

Mailing Address PO Box 9309

City

Phoenix

State

AZ

Zip Code

85068-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597930

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Barrett, Laurie, , ,

Mailing Address 2228 Chamblee Ln

City

Lexington

State

KY

Zip Code

40513-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates, PSCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597948

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bartkowski, Richard, , ,

Mailing Address 408 Rogers Ln

City
Wallingford

State
PA

Zip Code
19086-6029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson U Physicians

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2017

Transaction ID : 3589418

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bartok, Amanda, , ,

Mailing Address 840 Columbia St

City
Houston

State
TX

Zip Code
77007-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metrowest Anesthesia

Occupation (for Individual)
Anesthesiologist Assistant Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

09 / 19 / 2017

Transaction ID : 3592287

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Barton, Andrew, , ,

Mailing Address 2520 Independence Blvd
Ste 200

City
Wilmington

State
NC

Zip Code
28412-2482

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 ▼

250.00

Date of Receipt

09 / 27 / 2017

Transaction ID : 3596082

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

791.63

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bassi, Richard, , ,

Mailing Address 11549 Montoya Dr
Apt I

City
Zionsville

State
IN

Zip Code
46077-9823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University School of Medicine

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595527

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Bauchat, Jeanette, , ,

Mailing Address 1910 W Berwyn Ave

City
Chicago

State
IL

Zip Code
60640-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595890

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Bayba, Jonathan, , ,

Mailing Address 3307 N 4th Ave

City
Wausau

State
WI

Zip Code
54401-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3592299

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1083.34

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

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

FOR LINE NUMBER: PAGE 22 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Beacham, Timothy, , ,

Mailing Address 357 S Gamwyn Park Dr

Dept of

City

Greenville

State

MS

Zip Code

38701-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Beacham Consultants

Occupation (for Individual)

Anesthesiologist and Interventional Pa

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3586015

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Beck, Michael, , ,

Mailing Address 1705 E Fort Douglas Cir

City

Salt Lake City

State

UT

Zip Code

84103-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mountain West Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591346

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Beck, Steven, , ,

Mailing Address 4412 E Horseshoe Rd

City

Phoenix

State

AZ

Zip Code

85028-6138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Valley Anesthesiology Consultants

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3592317

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Beddingfield, Richard, , ,

Mailing Address 7509 Terrace Ave

City
MiddletonState
WIZip Code
53562-3156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSMOccupation (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
09 / 07 / 2017

Transaction ID : 3585704

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Beebe, Johnathan, , ,

Mailing Address 169 Gilliland Rd

City
West MonroeState
LAZip Code
71291-8559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600137

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Beerle, Brion, , ,

Mailing Address PO Box 212289

City
AnchorageState
AKZip Code
99521-2289FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chugach Anesthesia LLCOccupation (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
09 / 15 / 2017

Transaction ID : 3589157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1083.34

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Beers, Richard, , ,

Mailing Address 7758 Salt Springs Rd

City
FayettevilleState
NYZip Code
13066-2246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SUNY Upstate Medical Univ, Syracuse, N

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585957

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

B. Beeson, Timothy, , ,

Mailing Address 3715 Sapphire Dr

City
MartinezState
GAZip Code
30907-9570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BDT Anesthesia Ass.

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586024

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Begin, Eileen, , ,

Mailing Address 110 Irving St NW

G-226

City
WashingtonState
DCZip Code
20010-3017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medstar Washington Hospital Center

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.49

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585806

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

474.96

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Begin, Eileen, , ,

Mailing Address 110 Irving St NW
G-226

City
Washington

State
DC

Zip Code
20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Washington Hospital Center

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.49

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595096

Amount of Each Receipt this Period

4.13

☐ Memo Item

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

B. Belani, Mahesh, , ,

Mailing Address N30W29487 Hillcrest Dr

City

Pewaukee

State

WI

Zip Code

53072-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
mcw

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 3585834

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bell, Douglas, , ,

Mailing Address 3568 S Spencer Blvd

City

Sioux Falls

State

SD

Zip Code

57103-4653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Physicians Ltd

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595911

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

754.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 295
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bell, Elizabeth, , ,

Mailing Address 903 Greenwood Rd

City
Chapel HillState
NCZip Code
27514-3911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAOccupation (for Individual)
Chief of 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
09		25		2017

Transaction ID : 3595474

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Berkun, Rose, , ,

Mailing Address 55 Galileo Dr

City
WilliamsvilleState
NYZip Code
14221-2776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Ambulatory Anesthesia PLLCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2017

Transaction ID : 3595556

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Berman, Gregory, , ,

Mailing Address 9 Cherrymoor Dr

City
EnglewoodState
COZip Code
80113-6031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CPMGOccupation (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
09		14		2017

Transaction ID : 3589118

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1041.67

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

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

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

FOR LINE NUMBER: PAGE 27 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bermann, Mordechai, , ,

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Medicine & Dentistry of New

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595083

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

B. Bevis, Kevin, , ,

Mailing Address 7134 Old Overton Club Dr

City

Vestavia

State

AL

Zip Code

35242-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587952

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Biggs, John, , ,

Mailing Address 2174 Grandin Rd

City

Cincinnati

State

OH

Zip Code

45208-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills Anesthesia

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589356

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1091.63

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bigham, Josh, , ,

Mailing Address 8 Canosa Ct

City
Simpsonville

State
SC

Zip Code
29681-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2017

Transaction ID : 3583879

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bittenbinder, Timothy, , ,

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)
Scott & White Texas

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595089

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Blake, Jocelyn, , ,

Mailing Address N7924 Smith Rd

City
Brooklyn

State
WI

Zip Code
53521-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Wisconsin Madison

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 3585861

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1083.37

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Block, Elizabeth, , ,

Mailing Address 12631 E 17th Ave
Ste 2115City
AuroraState
COZip Code
80045-2527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Colorado

Occupation (for Individual)

Certified Anesthesiologist Assistant

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
09 / 01 / 2017

Transaction ID : 3583844

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Boettcher, Brent, , ,

Mailing Address N79W15382 Goldenrod Dr

City

Menomonee FIs

State
WIZip Code
53051-7312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595105

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Boggs, Steven, , ,

Mailing Address 916 Toscana Park Ct
3G

City

Memphis

State
TNZip Code
38117-4603FEC 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 ▼

466.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583994

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

166.63

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bolles, Thomas, , ,

Mailing Address 3 Homer Sands Dr

City
Scarborough

State
ME

Zip Code
04074-7644

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600129

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Bollimpalli, SRinivas, , ,

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 Anesthesia Consultants

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3589442

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bonilla, Manuel, , ,

Mailing Address 1501 M St NW
Ste 300

City
Washington

State
DC

Zip Code
20005-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASA

Occupation (for Individual)
Association Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595462

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Borrego, John, , ,

Mailing Address 5518 E Rockridge Rd

City
Phoenix

State
AZ

Zip Code
85018-1924

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594053

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bowen, James, , ,

Mailing Address 2712 Shire Ln

City

Rocky Mount

State
NC

Zip Code
27804-2326

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593368

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Boyd, Gwendolyn, , ,

Mailing Address 619 19th St S

Anesthesiology Department, # JT945

City

Birmingham

State
AL

Zip Code
35233-1900

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596562

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bozeman, Peter, , ,

Mailing Address 4306 Potts Dr

City
Dexter

State
MI

Zip Code
48130-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Ann Arbor

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600083

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Brady, Jill, , ,

Mailing Address 9403 W 146th PI

City

Overland Park

State

KS

Zip Code

66221-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Valley School District

Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594072

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Brady, Mark, , ,

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 ▼

2500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588029

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Brady, Mark, , ,

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 ▼

2500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589367

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Brady, Mark, , ,

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 ▼

2500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3589907

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

C. Brady, Mark, , ,

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 ▼

2500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595475

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Branham, Richard, , ,

Mailing Address 2761 Tabitha Ln

City
Concord

State
NC

Zip Code
28025-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthEast Anesthesia and Pain

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2017

Transaction ID : 3585906

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Bredar, Daniel, , ,

Mailing Address 2222 S Adams St

City
Denver

State
CO

Zip Code
80210-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Anesthesia Services, PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2017

Transaction ID : 3595934

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Briggs, Daniel, , ,

Mailing Address 8301 Cottsbroke Dr

City
Huntersville

State
NC

Zip Code
28078-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Anesthesiology Associates,

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.67

Date of Receipt

09 / 14 / 2017

Transaction ID : 3589116

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Briggs, Daniel, , ,

Mailing Address 8301 Cottsbroke Dr

City
Huntsville

State
NC

Zip Code
28078-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Anesthesiology Associates,

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

MM / DD / YYYY
09 / 14 / 2017

Transaction ID : 3589117

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Brinkley, Peter, , ,

Mailing Address 400 McLeod Ave

City
Missoula

State
MT

Zip Code
59801-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Missoula Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2017

Transaction ID : 3594026

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Brooks, Brandon, , ,

Mailing Address 619 19th St S

Department of Anesthesiology Jt 80

City
Birmingham

State
AL

Zip Code
35233-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB Dept of Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
09 / 03 / 2017

Transaction ID : 3583921

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Brooks Peterson, Melissa, , ,

Mailing Address 13123 E 16th Ave

Dept of Anes, # B090

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
childrens hospital colorado / universi

Occupation (for Individual)

physician - pediatric anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

09 / 16 / 2017

Transaction ID : 3591343

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Brown, Jeanelle, , ,

Mailing Address 2 Oceans West Blvd

Apt 2000

City

Daytona Beach Shor

State

FL

Zip Code

32118-7945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR/USAP

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600637

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Brown, Matthew, , ,

Mailing Address 9472 E 105th St S

City

Tulsa

State

OK

Zip Code

74133-6367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John Health System

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2017

Transaction ID : 3595920

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Brown, Melinda, , ,

Mailing Address 5209 W 124th Ter

City
LeawoodState
KSZip Code
66209-3197FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Kansas CityOccupation (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
09 / 25 / 2017

Transaction ID : 3595484

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Brownrigg, Tanner, , ,

Mailing Address 9604 NE 89th St

City
Kansas CityState
MOZip Code
64157-8660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ad Vivum AnesthesiologyOccupation (for Individual)
Anesthesiologist

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
09 / 27 / 2017

Transaction ID : 3596105

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Brunschwig, Ari, , ,

Mailing Address 12008 E Ida Cir

City
EnglewoodState
COZip Code
80111-4126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Permanente Medical GroupOccupation (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
09 / 15 / 2017

Transaction ID : 3589311

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1383.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bryan, Joseph, , ,

Mailing Address 607 E June St

City
Alpine

State
TX

Zip Code
79830-2113

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595305

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Budhrani, Gaurav, , ,

Mailing Address 207 13th St NE
Apt 2311

City
Atlanta

State
GA

Zip Code
30309-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589151

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Bullington, John, , , III

Mailing Address 2151 Old Rocky Ridge Rd
Anes. Serv. of Birmingham PC, Ste

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587953

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1141.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Burberry, Keith, , ,

Mailing Address 823 Cindy Blair Way

City
Lexington

State
KY

Zip Code
40503-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates, P.S.C.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597954

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Burfeind, Rebecca, , ,

Mailing Address 8338 Fontana St

City
Prairie Village

State
KS

Zip Code
66207-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Burgess, Frederick, , ,

Mailing Address 569 Fruit Hill Ave

City
North Providence

State
RI

Zip Code
02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
veterans health administration

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594080

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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2041.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Burstrom, Ruth, , ,

Mailing Address 1538 Eagle Ridge PI NE

City
Albuquerque

State
NM

Zip Code
87122-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594068

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Butkiewicz, Kyle, , ,

Mailing Address 8307 N Merion Way

City
Paradise Valley

State
AZ

Zip Code
85253-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metro Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595919

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Butler, Alan, , ,

Mailing Address 27 Woodland Rd

City
Roslyn

State
NY

Zip Code
11576-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591351

Amount of Each Receipt this Period

416.67

☐ Memo Item

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

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

1000.04

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Bux, Anjum, , ,

Mailing Address PO Box 264

City
Danville

State
KY

Zip Code
40423-0264

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595516

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Calimlim, Jesus Robert, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585949

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Campbell, Frederick, , ,

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 ▼

1550.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3588301

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

466.74

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Campbell, Frederick, , ,

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 ▼

1550.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595537

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Campos, Daniel, , , III

Mailing Address 48 Schooner Ridge Rd

City

Cumb Foreside

State

ME

Zip Code

04110-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583983

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Cao, Xiqing, , ,

Mailing Address 9116 Golden Angel Ct

City

Boonsboro

State

MD

Zip Code

21713-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Washington Hospital Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

474.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591336

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

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

208.37

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Capell, Gail, , ,

Mailing Address 84 Stockman Rd

City
Prosperity

State
SC

Zip Code
29127-7848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599809

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Carithers, Mark, , ,

Mailing Address 67 Creekside Park Ct

City
Greenville

State
SC

Zip Code
29615-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587981

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Carlsen, James, , ,

Mailing Address 1519 Lake Baldwin Ln
Apt A

City
Orlando

State
FL

Zip Code
32814-6693

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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595129

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

1541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Carnes, Kevin, , ,

Mailing Address 875 Saint James Ct

City
Fairview

State
TX

Zip Code
75069-8775

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Partners of Dallas

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600038

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Carollo, Dominic, , ,

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.32

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595559

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Carpenter, Timothy, , ,

Mailing Address 795 S Peralta Hills Dr

City

Anaheim

State

CA

Zip Code

92807-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NHAC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585821

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

833.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Carrillo, Carol, , ,

Mailing Address 6050 Constance St

City
New Orleans

State
LA

Zip Code
70118-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Clinic Foundation

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

09 / 18 / 2017

Transaction ID : 3591377

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Carstensen, Christine, , ,

Mailing Address 411 Laurel St
Ste 3170

City
Des Moines

State
IA

Zip Code
50314-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.97

Date of Receipt

09 / 20 / 2017

Transaction ID : 3592361

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Cary, Christopher, , ,

Mailing Address 4 Alexander Dr

City
Cape Elizabeth

State
ME

Zip Code
04107-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maine Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599862

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1125.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Casey, Matthew, , ,

Mailing Address 339 Consort Dr

City
BallwinState
MOZip Code
63011-4439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAAIOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595118

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Chambers, Carroll, , , Jr

Mailing Address 3117 Cutchin Dr

City
CharlotteState
NCZip Code
28210-4815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MednaxOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID : 3583913

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Chance, Joshua, , ,

Mailing Address 9 Ecurie Ct

City
Little RockState
ARZip Code
72223-8917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ArkansasOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593052

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

208.41

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Chanvitayapongs, Jiravud, , ,

Mailing Address 7737 E Purple Desert Pass

City
TucsonState
AZZip Code
85715-3656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Old Pueblo AnesthesiaOccupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596218

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

B. Chapman, Niels, , ,

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)
UNMOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594067

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

c. Charous, Matthew, , ,

Mailing Address 1029 N Wolcott Ave
B

City

Chicago

State

IL

Zip Code

60622-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia Partners, LLCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587921

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1400.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Chavez, Jack, , ,

Mailing Address 7319 Lorimar Pl

City
Knoxville

State
TN

Zip Code
37919-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2017

Transaction ID : 3588005

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Chen, Tzong-Huei, , ,

Mailing Address 20 Boesch Farm Rd

City
East Greenwich

State
RI

Zip Code
02818-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lifespan Physicians Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
09 / 07 / 2017

Transaction ID : 3585705

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Chow, Harrison, , ,

Mailing Address 19358 Athos Pl

City
Saratoga

State
CA

Zip Code
95070-5139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vuity America

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2017

Transaction ID : 3594083

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

566.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Church-Hajduk, Robin, , ,

Mailing Address 4242 Medical Dr
Ste 3100

City
San Antonio

State
TX

Zip Code
78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tejas Anesthesia

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 3584043

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Cirac, Nicholas, , ,

Mailing Address 1 E Liberty St
Dept of Anes, Ste 555

City
Reno

State
NV

Zip Code
89501-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Wisconsin

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583973

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Clanton, David, , ,

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 San Antonio

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585948

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

833.37

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Clark, Cantwell, , , V

Mailing Address 6 Clement Rd

City
Hanover

State
NH

Zip Code
03755-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHMC

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3581581

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Clavijo, Claudia, , ,

Mailing Address 6197 S Moline Ct

City
Englewood

State
CO

Zip Code
80111-5843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596056

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Clay, Joseph, , ,

Mailing Address 1301 Deer Tract Rd

City
Opelika

State
AL

Zip Code
36801-9496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Alabama Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599852

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Coffman, Vernon, , ,

Mailing Address 8151 Old Plantation Way

City
Baton Rouge

State
LA

Zip Code
70806-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAG

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594055

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Cohn, Hal, , ,

Mailing Address 333 W Hampden Ave
Ste 600

City
Englewood

State
CO

Zip Code
80110-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 3585846

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Conley, Lisa, , ,

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 ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594075

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

1100.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Conlin, Frederick, , ,

Mailing Address 65 Mulcahy Dr

City
West Springfield

State
MA

Zip Code
01089-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Springfield Anesthesia Service

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
09 / 24 / 2017

Transaction ID : 3595549

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Conner, Robin, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

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
09 / 11 / 2017

Transaction ID : 3587954

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Connolly, Lois, , ,

Mailing Address N27W22185 Timberwood Ln

City
Waukesha

State
WI

Zip Code
53186-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of WI

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583980

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

1125.04

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Cook, Anthony, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587955

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cooper, George, , , Jr

Mailing Address 3368 Highway 280

City

Alexander City

State

AL

Zip Code

35010-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
MDA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587956

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Cooper, Raymond Lebron, , ,

Mailing Address 877 Jefferson Ave
SUITE 600, Ste 600

City

Memphis

State

TN

Zip Code

38103-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1891.66

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587936

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

2208.33

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Cooper, Raymond Lebron, , ,

Mailing Address 877 Jefferson Ave
 SUITE 600, Ste 600

City
 Memphis

State
 TN

Zip Code
 38103-2807

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UTHSC

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1891.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2017

Transaction ID : 3595505

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Corbett, William, , ,

Mailing Address 5704 Courtland PI

City
 Wilmington

State
 NC

Zip Code
 28409-2338

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Virginia

Occupation (for Individual)
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2017

Transaction ID : 3594021

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Corsino, Daniel, , ,

Mailing Address 1514 Jefferson Hwy

City
 New Orleans

State
 LA

Zip Code
 70121-2429

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 OCHSNER MEDICAL CENTER

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

483.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : 3597939

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

616.70

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

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

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for each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Cox, Eric, , ,

Mailing Address 1924 Alcoa Hwy
Dept U-109

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiologists, PLLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595106

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Craft, Robert, , ,

Mailing Address 1924 Alcoa Hwy
Dept. of Anesthesiology, # U109

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.38

Date of Receipt

09 / 23 / 2017

Transaction ID : 3595526

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Crawley, Stuart, , ,

Mailing Address 602 Rainey Rd

City
Starr

State
SC

Zip Code
29684-8877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
palmetto anesthesia associates

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2017

Transaction ID : 3584006

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.04

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Crisologo, Peter, , ,

Mailing Address 1646 Catoma Ln NE

City
CullmanState
ALZip Code
35055-2116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cullman Anesthesiology and Pain Consul

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585800

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Crosby, Kevin, , ,

Mailing Address 241 Wonderwood Dr

City
CharlotteState
NCZip Code
28211-4011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Providence Anesthesiology Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600631

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Crovo, Dana, , ,

Mailing Address 22 Bramhall St

City
PortlandState
MEZip Code
04102-3134FEC 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585813

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1333.33

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Cunningham, Jay, , ,

Mailing Address 18808 Saddle River Dr

City
EdmondState
OKZip Code
73012-4104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologist IncOccupation (for Individual)
physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3592288

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Curley, Danika, , ,

Mailing Address 770 Pine St
PMB #265, Ste L40City
MaconState
GAZip Code
31201-7521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MednaxOccupation (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
09 / 27 / 2017

Transaction ID : 3596078

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cusick, Jeffrey, M., , M.D.

Mailing Address 2346 N 143rd Dr

City
GoodyearState
AZZip Code
85395-1450FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesiology Consultants, IncOccupation (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
09 / 22 / 2017

Transaction ID : 3595017

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1083.37

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Cutter, Gary, , ,

Mailing Address 1100 Marshall Way

Marshall Way, Anes.Dept.

City
Placerville

State
CA

Zip Code
95667-6533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDAMG

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2017

Transaction ID : 3594045

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Dajani, Khaled, , ,

Mailing Address 6911 Colbert St

City

New Orleans

State

LA

Zip Code

70124-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

MM / DD / YYYY
09 / 09 / 2017

Transaction ID : 3585951

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Daly, Newell, , ,

Mailing Address 123 Forum Dr

City

Mooreville

State

NC

Zip Code

28117-9641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Piedmont Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2017

Transaction ID : 3594020

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1083.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Daniell, James, , ,

Mailing Address 1 Mobile Infirmary Cir
 FL 2

City
 Mobile

State
 AL

Zip Code
 36607-3522

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Anesthesia Services, PC

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 09 / 27 / 2017

Transaction ID : 3596072

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Daniels, William, , ,

Mailing Address 8717 W 110th St
 Ste 600

City

Overland Park

State
 KS

Zip Code
 66210-2126

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 AAKC

Occupation (for Individual)
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

MM / DD / YYYY
 09 / 03 / 2017

Transaction ID : 3583919

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Datzman, Nicholas, , ,

Mailing Address 58348 County Road 27

City

Goshen

State
 IN

Zip Code
 46528-6553

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Southeast Anesthesiologists, PC

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 09 / 27 / 2017

Transaction ID : 3595907

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

833.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Davila, Victor, , ,

Mailing Address 4400 Kipling Ln

City
ColumbusState
OHZip Code
43220-4205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State UniversityOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595110

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Dawson, Clarita, , ,

Mailing Address 5755 Cedar Ln
Dept ofCity
ColumbiaState
MDZip Code
21044-2912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins MedicineOccupation (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
09 / 28 / 2017

Transaction ID : 3597907

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Day, Joseph, , ,

Mailing Address 1910 Washington St

City
ColumbusState
INZip Code
47201-5131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.03

Date of Receipt

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

Transaction ID : 3583912

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

625.04

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. De, Arup, , ,

Mailing Address 11 Louise St

City
Delmar

State
NY

Zip Code
12054-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591375

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. De Lanzac, Kraig, , ,

Mailing Address 12 Tara Pl

City
Metairie

State
LA

Zip Code
70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tulane University School of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 3583899

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Delcampo, Louis, , ,

Mailing Address 1000 E Primrose St
Ste 520

City
Springfield

State
MO

Zip Code
65807-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ozark Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 3585486

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

291.70

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Demeester, James, , ,

Mailing Address 795 Arlington Blvd

City
Ann Arbor

State
MI

Zip Code
48104-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia associates of Ann Arbor

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

MM / DD / YYYY
09 / 20 / 2017

Transaction ID : 3593055

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Derby, Dale, , ,

Mailing Address 9434 N 134th East Ave

City
Owasso

State
OK

Zip Code
74055-4721

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2017

Transaction ID : 3595937

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Dew, Laura, , ,

Mailing Address 3721 Robinhood St

City
Houston

State
TX

Zip Code
77005-2027

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 ▼

750.01

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 3585479

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

625.04

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ditto, Marsha, , ,

Mailing Address 8252 Scenic Ridge Ct

City
Fort Collins

State
CO

Zip Code
80528-8944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner Health

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591326

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Dixon, Ashleigh, , ,

Mailing Address 1580 Bridger Rd NE
Anes. Dept.

City
Rio Rancho

State
NM

Zip Code
87144-1579

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3589425

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Donovan, Kevin, , ,

Mailing Address 7690 Smullian Trl W

City
Jacksonville

State
FL

Zip Code
32217-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Anes. Consultants

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596750

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Dore, James, , ,

Mailing Address PO Box 980541

City
Richmond

State
VA

Zip Code
23298-0541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCU Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583849

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Douangpraseuth, Sounida, , ,

Mailing Address 1901 N Paddock Green St

City
Wichita

State
KS

Zip Code
67206-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cypress Anesthesia Professionals

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3591692

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Downs, Donald, , ,

Mailing Address 7351 Oliver Woods Dr SE

City
Grand Rapids

State
MI

Zip Code
49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Practice Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585960

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

625.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Downs, Donald, , ,

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Practice Consultants

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 10 / 2017

Transaction ID : 3586018

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Dragan, Kristen, , ,

Mailing Address 147 Meadow Ridge Townhomes

City

Morgantown

State

WV

Zip Code

26505-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Virginia University

Occupation (for Individual)

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2017

Transaction ID : 3594046

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Drees, Jeffrey, , ,

Mailing Address 1912 Dartmouth Ln

City

Corsicana

State

TX

Zip Code

75110-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Navarro Regional Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 10 / 2017

Transaction ID : 3585992

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

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

604.17

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Dressler, Brian, , ,

Mailing Address 4048 Evans Ave
Ste 303City
Fort MyersState
FLZip Code
33901-9390FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP - MAPMCOccupation (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
09 / 29 / 2017

Transaction ID : 3597952

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Drum, Elizabeth, , ,

Mailing Address 103 Hewett Rd

City
WyncoteState
PAZip Code
19095-1311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital of PhiladelphiaOccupation (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
09 / 24 / 2017

Transaction ID : 3595209

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Drummond, Shaina, , ,

Mailing Address 826 La Cima

City
IrvingState
TXZip Code
75039-3068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT SouthwesternOccupation (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
09 / 22 / 2017

Transaction ID : 3594727

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Dubois, Scott, , ,

Mailing Address 74 Stoneybrook Way

City
HermonState
MEZip Code
04401-0554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMMCOccupation (for Individual)
physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3589393

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Ducanto, James, , ,

Mailing Address 1809 N Wauwatosa Ave

City
MilwaukeeState
WIZip Code
53213-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Doctor

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
09 / 27 / 2017

Transaction ID : 3596146

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Ducey, Joseph, , ,

Mailing Address 11924 Delmahoy Dr

City
CharlotteState
NCZip Code
28277-2614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Anesthesiology AssociatesOccupation (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
09 / 21 / 2017

Transaction ID : 3593065

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Dudzik, Victor, , ,

Mailing Address 2616 Whitchurch Ln

City
Naperville

State
IL

Zip Code
60564-8466

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DVA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599819

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dupre-Rios, Christopher, , ,

Mailing Address 715 9th St

City
Virginia Beach

State
VA

Zip Code
23451-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic Anesthesia, INC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2017

Transaction ID : 3591364

Amount of Each Receipt this Period

3.33

☐ Memo Item

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

C. Dupre-Rios, Christopher, , ,

Mailing Address 715 9th St

City
Virginia Beach

State
VA

Zip Code
23451-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic Anesthesia, INC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2017

Transaction ID : 3591366

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

295.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Dupuy, Michael, , ,

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 Anes. Consultants, Ltd.

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587922

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Dwight, Gregory, , ,

Mailing Address 37103 Weymouth Dr

City
Livonia

State
MI

Zip Code
48152-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Ann Arbor

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600087

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Earle, Margaret, , ,

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)
physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589142

Amount of Each Receipt this Period

1000.00

☐ 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)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Edelman, Anthony, , ,

Mailing Address 1309 Baldwin Ave

City

Ann Arbor

State

MI

Zip Code

48104-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596101

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

B. Edwards, Matthew, , ,

Mailing Address 14601 Fairway St

City

Overland Park

State

KS

Zip Code

66224-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Kansas City

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583943

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Egan, Jennifer, , ,

Mailing Address 7877 Heval Rue Ct

City

Zionsvllle

State

IN

Zip Code

46077-9185

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Community South Hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596084

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1520.83

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ehrenclo, Jesse, , ,

Mailing Address 398 Poindexter Ln

City
Lexington

State
SC

Zip Code
29072-7858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2017

Transaction ID : 3589314

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Ehrenfeld, Jesse, , ,

Mailing Address 2223 Woodmont Blvd

City
Nashville

State
TN

Zip Code
37215-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt Univ

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.99

Date of Receipt

09 / 06 / 2017

Transaction ID : 3585477

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Ellero, Joann, , ,

Mailing Address 1 E Liberty St
Ste 555

City
Reno

State
NV

Zip Code
89501-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of Reno

Occupation (for Individual)
Anesthesiologist, MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2017

Transaction ID : 3583977

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

791.63

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Elliott, Paul, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587957

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Elliott, Paul, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587958

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Ellis, Terry, , , II

Mailing Address 44555 Woodward Ave
Assoc. Anesthesiologists of Reno,

City
Pontiac

State
MI

Zip Code
48341-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne State University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588011

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ellstrom, Steven, , ,

Mailing Address 645 N Clarkson St

City
DenverState
COZip Code
80218-3201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CPMG

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3588644

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Elmassian, Georgia, , ,

Mailing Address 2399 Pine Hollow Dr

City
East LansingState
MIZip Code
48823-9775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 3583898

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Elmassian, Kenneth, , ,

Mailing Address 2399 Pine Hollow Dr

City
East LansingState
MIZip Code
48823-9775FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia, PC

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 3583897

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

225.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Enders, Gregory, , ,

Mailing Address 10016 Fairview Church Rd

City
Seneca

State
SC

Zip Code
29672-6932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Medical Group/GHS

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591379

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. English, Michelle, , ,

Mailing Address 775 Gulf Shore Dr

City
Destin

State
FL

Zip Code
32541-3138

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600122

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Engstrom, Jennifer, , ,

Mailing Address 1825 Knoxville Ave

City
Long Beach

State
CA

Zip Code
90815-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
California Anesthesia Associates Me

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593178

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

791.67

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Epperson, Brittany, , ,

Mailing Address 2915 219th Ave E

City
Lake Tapps

State
WA

Zip Code
98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M2 Anesthesia

Occupation (for Individual)

MDA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
09 / 18 / 2017

Transaction ID : 3591217

Amount of Each Receipt this Period

380.00

☐ Memo Item

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

B. Epstein, Lawrence, , ,

Mailing Address 1 Gustave L Levy PI
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 @ Mount Sinai

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

MM / DD / YYYY
09 / 07 / 2017

Transaction ID : 3585702

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Esparza, Luis, , ,

Mailing Address 2810 N Swan Rd
Ste 100

City
Tucson

State
AZ

Zip Code
85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Old Pueblo Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.31

Date of Receipt

MM / DD / YYYY
09 / 20 / 2017

Transaction ID : 3593056

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

546.70

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Evankovich, Samantha, , ,

Mailing Address 1133 Wigeon Ct

City
FriendswoodState
TXZip Code
77546-1448FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Department of AnesOccupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585831

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Fairchild, Chad, , ,

Mailing Address 4150 Nelson Rd
Bldg 4City
Lake CharlesState
LAZip Code
70605-4148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia AssociatesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599988

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Faison, George, , ,

Mailing Address 1507 Cherokee Ln SE

City
DecaturState
ALZip Code
35601-6502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Decatur, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591332

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

561.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Falkiewicz, Kari, , ,

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587996

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Farber, Elliott, , ,

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595910

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Farmer, Joel, , ,

Mailing Address 2804 E Old Orchard Trl

City
Sioux Falls

State
SD

Zip Code
57103-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates, Inc.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595534

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

833.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Feinstein, David, , ,

Mailing Address 330 Brookline Ave

Department of Anesthesia

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)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

MM / DD / YYYY
09 / 23 / 2017

Transaction ID : 3595519

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

B. Ferguson, Laura, , ,

Mailing Address 2189 Firestone Trace Blvd

City

Akron

State

OH

Zip Code

44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of Akron

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2017

Transaction ID : 3596330

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Ferlita, Melvin, , ,

Mailing Address 320 Jade Ct

City

Madisonville

State

LA

Zip Code

70447-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APMC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

308.35

Date of Receipt

MM / DD / YYYY
09 / 15 / 2017

Transaction ID : 3589368

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

283.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ferris, Cynthia, , ,

Mailing Address 22658 Park Loop

City

Onawa

State

IA

Zip Code

51040-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Children's Hospital and Medical Center

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587940

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Fiasconaro, Gregory, , , III

Mailing Address 505 Chestnut St

City

Cheshire

State

CT

Zip Code

06410-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology of Middletown,PC

Occupation (for Individual)

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595888

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fier, Adam, , ,

Mailing Address 1640 N Riverside Dr

City

Indialantic

State

FL

Zip Code

32903-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brevard Physician Associates

Occupation (for Individual)

Cardiac Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

233.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600639

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

191.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Fillmore, Ralph, , ,

Mailing Address 1118 Ross Clark Cir
Ste 700

City
Dothan

State
AL

Zip Code
36301-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACMG

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.30

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583841

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Fine, Andrew, , ,

Mailing Address 8209 NW 125th St

City

Oklahoma City

State

OK

Zip Code

73142-2577

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 3585481

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Fischer, Gregory, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585956

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

208.37

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Fisher, Robert, , ,

Mailing Address 10300 W Charleston Blvd
13-136

City
Las Vegas

State
NV

Zip Code
89135-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Robert D Fisher, MD, Inc

Occupation (for Individual)
Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596073

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Fitzpatrick, William, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587959

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Flores, Roland, , , Jr

Mailing Address 2461 S Adams St

City
Denver

State
CO

Zip Code
80210-5524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591348

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

1541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Flowerdew, James, , ,

Mailing Address **Maine Medical Center**
Dept of Anesthesiology

City **Portland** State **ME** Zip Code **04102**

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 ▼

500.00

Date of Receipt

09 / 18 / 2017

Transaction ID : 3589444

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Flynn, Michael, , ,

Mailing Address **6808 Stone Mill Dr**

City **Knoxville** State **TN** Zip Code **37919-7496**

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 04 / 2017

Transaction ID : 3583929

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Forbes, Jeffrey, , ,

Mailing Address **1606 Sunberry Cir**

City **Roanoke** State **VA** Zip Code **24018-7689**

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesia, P.C.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2017

Transaction ID : 3596228

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

833.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Fouche, Heyward, , ,

Mailing Address 240 Stoneridge Dr
Ste 304

City
Columbia

State
SC

Zip Code
29210-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Anesthesiology Associates, PA

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
09 / 17 / 2017

Transaction ID : 3589415

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Foucher, Christopher, , ,

Mailing Address 2151 Twilight Pass

City
Holt

State
MI

Zip Code
48842-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593179

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Frame, William, , ,

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)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595090

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

833.37

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Franco, Angela, , ,

Mailing Address 8610 Modesto Ct

City
IndianapolisState
INZip Code
46278-1187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586031

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Franco, Angela, , ,

Mailing Address 8610 Modesto Ct

City
IndianapolisState
INZip Code
46278-1187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589155

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Freid, Eugene, , ,

Mailing Address 291 Southhall Ln

City
MaitlandState
FLZip Code
32751-7274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group/US Anesthesia PartneOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585972

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

208.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Friedman, Gary, , ,

Mailing Address 8 Prospect St

City
Nashua

State
NH

Zip Code
03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595530

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Friedman, Howard, , ,

Mailing Address PO 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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595201

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Friedman, Howard, , ,

Mailing Address PO 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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2041.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Friedman, Michael, , ,

Mailing Address 1209 Larail Dr

City
Columbia

State
MO

Zip Code
65203-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boone Anesthesia Services, LLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595883

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Funke, Anthony, , ,

Mailing Address 2503 Lincoln Ave

City
Evansville

State
IN

Zip Code
47714-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANESTH GROUP ASSOC

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583672

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Fuqua, Jeffery, , ,

Mailing Address 12419 Mallard Bay Dr

City
Knoxville

State
TN

Zip Code
37922-9366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAT

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593054

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gaitan, Brantley, , ,

Mailing Address 5777 E Mayo Blvd

Mayo Clinic Arizona Hospital

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2017

Transaction ID : 3595983

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Galassi, Joseph, , , Jr

Mailing Address 193 Lilac Dr

City

Allentown

State

PA

Zip Code

18104-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allentown Anesthesia Associates

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.68

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : 3600127

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Garas, Jimmy, , ,

Mailing Address 1513 E Amelia St

City

Orlando

State

FL

Zip Code

32803-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brandon Regional Hosp Anesthesiology

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 05 / 2017

Transaction ID : 3583959

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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1350.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gaupp, Abraham, , ,

Mailing Address 982 Oak St

City
Winnetka

State
IL

Zip Code
60093-2423

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 ▼

500.00

Date of Receipt

09 / 09 / 2017

Transaction ID : 3585870

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gayer, Steven, , ,

Mailing Address 90 Alton Rd
Apt 2710

City

Miami Beach

State
FL

Zip Code
33139-6887

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Miami

Occupation (for Individual)
Anestheisologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595120

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Gerson, Jonathan, , ,

Mailing Address 104 Hetherington Ln

City

Cincinnati

State
OH

Zip Code
45246-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANWD

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2017

Transaction ID : 3595973

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1083.37

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gettelman, Thomas, , ,

Mailing Address 525 Aurora Ave

City
Boulder

State
CO

Zip Code
80302-7127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Colorado Permanente Medical Group

Occupation (for Individual)

Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2017

Transaction ID : 3588640

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gex, Roderick, , ,

Mailing Address 9801 Edgeview PI

City

Las Vegas

State

NV

Zip Code

89134-6692

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Consultants, Inc

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583668

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Giam, Patrick, , ,

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 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583830

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

933.37

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gibson, Jeremy, , ,

Mailing Address 4624 NE Alameda St

City
Portland

State
OR

Zip Code
97213-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Permanente

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

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

Transaction ID : 3585944

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

B. Glenski, James, , ,

Mailing Address 8717 W 110th St
Ste 600

City

Overland Park

State
KS

Zip Code
66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of KC

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3581574

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Glogover, Philip, , ,

Mailing Address 21150 NE 38th Ave
Apt 703

City

Aventura

State
FL

Zip Code
33180-4034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595859

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2041.63

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gobis, John, , ,

Mailing Address 3755 Mary Cliff Ln

City
Brookfield

State
WI

Zip Code
53005-2131

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585652

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Godbold, Michael, , ,

Mailing Address 1924 Alcoa Hwy

Department of Anesthesiology, # U1

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMCK

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593045

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Goeke, James, , ,

Mailing Address 707 SW Washington St

Ste 700

City

Portland

State

OR

Zip Code

97205-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesiology Group

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 3583862

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 295
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Goenaga-Diaz, Eduardo, , ,

Mailing Address 3085 Creighton Ln

City
Winston SalemState
NCZip Code
27127-8842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest UniversityOccupation (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
09		18		2017

Transaction ID : 3591276

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Goldman, Gary, , ,

Mailing Address 250 St Marys Rd

City
LafayetteState
CAZip Code
94549-5635FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EBAMGOccupation (for Individual)
Physician 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
09		29		2017

Transaction ID : 3599998

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gomez, Maria, , ,

Mailing Address 5828 N 3rd Ave

City
PhoenixState
AZZip Code
85013-1538FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesiology ConsultantsOccupation (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
09		25		2017

Transaction ID : 3595331

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gratian, Christopher, , ,

Mailing Address 4 Sanderling Ct

City
Durham

State
NC

Zip Code
27713-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Duke university

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2017

Transaction ID : 3599799

Amount of Each Receipt this Period

1050.00

☐ Memo Item

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

B. Green, Jerry, , ,

Mailing Address 4230 Northcrest Rd

City
Dallas

State
TX

Zip Code
75229-6326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT Southwestern

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
09 / 08 / 2017

Transaction ID : 3585828

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Greenhaw, Anderson, , ,

Mailing Address 3112 Marigold Trl

City
Norman

State
OK

Zip Code
73072-6662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

MM / DD / YYYY
09 / 16 / 2017

Transaction ID : 3591342

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Grenvik, Stefan, , ,Mailing Address 350 Blountville Hwy
Ste 207City
BristolState
TNZip Code
37620-1671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia Services, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	08	2017

Transaction ID : 3585827

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Grimes, Andrew, , ,

Mailing Address 6402 Dry Bend Cv

City
AustinState
TXZip Code
78731-3925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol AnesthesiologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	15	2017

Transaction ID : 3589250

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Grinberg, Francisco, , ,

Mailing Address 41 Pinnacle Dr

City
South BurlingtonState
VTZip Code
05403-7914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVMHCOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	22	2017

Transaction ID : 3595114

Amount of Each Receipt this Period

83.37

☐ 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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Grum, Daniel, , ,

Mailing Address 8626 Pepper Ridge Cir

City
Sylvania

State
OH

Zip Code
43560-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of toledo

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583971

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Guffey, Shane, , ,

Mailing Address 7015 Tamarind Ct

City
Indianapolis

State
IN

Zip Code
46236-8306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ACI

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593034

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gunning, Thomas, , ,

Mailing Address 6855 Lakeshore Dr

City
Dallas

State
TX

Zip Code
75214-3746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595169

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Gupta, Dhanesh, , ,

Mailing Address Dumc 3094

City
Durham

State
NC

Zip Code
27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University Medical Center

Occupation (for Individual)
Neuroanesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589354

Amount of Each Receipt this Period

10.42

☐ Memo Item

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

B. Gupta, Dhanesh, , ,

Mailing Address Dumc 3094

City
Durham

State
NC

Zip Code
27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University Medical Center

Occupation (for Individual)
Neuroanesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589355

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Gustin, Allen, , ,

Mailing Address 2160 S 1st Ave
Bldg 103

City
Maywood

State
IL

Zip Code
60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola Department of Anesthesiology

Occupation (for Individual)
Associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596176

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

210.42

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Guttman, Andrew, , ,

Mailing Address 10400 S Lake Vista Cir

City
Davie

State
FL

Zip Code
33328-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)
Physician Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593038

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hagan, Douglas, , ,

Mailing Address 2134 Terrace Dr

City
Highlands Ranch

State
CO

Zip Code
80126-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Denver Anesthesiologists, P.C.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595979

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hale, James, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthesia services of birmingham

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587982

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hall, Jeannine, , ,

Mailing Address 424 Bridgetown Ct

City
Satellite Beach

State
FL

Zip Code
32937-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brevard Physician Associates

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591338

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Hall, Robin, , ,

Mailing Address PO Box 1005
410 First Ave., S.E.

City
Cullman

State
AL

Zip Code
35056-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cullman Anesthesiology and Pain Consul

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587961

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Hambright, Ashley, , ,

Mailing Address 12927 Heathland Dr
Apt 6C

City
Knoxville

State
TN

Zip Code
37934-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee Medical Center

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588012

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1291.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hamilton, Charles, , , III

Mailing Address 6475 Spring Run Dr

City
WestervilleState
OHZip Code
43082-9354FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State UniversityOccupation (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
09 / 25 / 2017

Transaction ID : 3595492

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hammond, Aaron, , ,Mailing Address 3390 N Campbell Ave
Ste 110City
TucsonState
AZZip Code
85719-2380FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Arizona Anesthesia ServicesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595886

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Hance, Kathleen, , ,

Mailing Address 3524 W 97th Pl

City
LeawoodState
KSZip Code
66206-2223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kansas Medical Center, DOccupation (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
09 / 30 / 2017

Transaction ID : 3600173

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

833.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hancock, Christopher, , ,

Mailing Address 8 Millbrook Dr

City
Pittsboro

State
NC

Zip Code
27312-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina Hospitals

Occupation (for Individual)
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583669

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hancock, James, , , Jr

Mailing Address 18905 Craggy Meadows Ct

City
Davidson

State
NC

Zip Code
28036-8858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Anesthesia and Pain Speciali

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2017

Transaction ID : 3593028

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hand, William, , ,

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)
MUSC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2017

Transaction ID : 3585719

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hanlon, Christopher, , ,

Mailing Address 20 Bienville Ave

City

State

Zip Code

Mobile

AL

36606-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AnesthesiaCare, PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591302

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hansard, James, , ,

Mailing Address 9465 E 109th St

City

State

Zip Code

Tulsa

OK

74133-6374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAI

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587624

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Hardel, Michael, , ,

Mailing Address 63 Main St

City

State

Zip Code

Yarmouth

ME

04096-6717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Lewiston-Aubu

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600148

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Harding, Katherine, , ,

Mailing Address 2165 Herschel St

City
Jacksonville

State
FL

Zip Code
32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596753

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Harris, David, , ,

Mailing Address 948 Upper Elgin River Rd

City
Webberville

State
TX

Zip Code
78621-5556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol Anesthesiology Association

Occupation (for Individual)
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3598152

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hart, Andrew, , ,

Mailing Address 60 Baird St

City
Asheville

State
NC

Zip Code
28801-2052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hart Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596790

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Harvey, Kaley, , ,

Mailing Address 4462 39th St S

City
St Petersburg

State
FL

Zip Code
33711-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mednax- Tampa

Occupation (for Individual)
CAA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583846

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Hasell, Rhett, , ,

Mailing Address 1758 Holton Ave E

City
Big Stone Gap

State
VA

Zip Code
24219-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rhett H Hasell MD LLC

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599802

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Haskins, Brian, , ,

Mailing Address 9611 Live Creek Ln

City
Pearland

State
TX

Zip Code
77584-4091

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHealth

Occupation (for Individual)
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595885

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

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

624.96

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hattamer, Steven, , ,

Mailing Address 8 Prospect St

City
Nashua

State
NH

Zip Code
03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nashua Anesthesia Partners

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

09 / 11 / 2017

Transaction ID : 3586023

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Haws, John, , ,

Mailing Address 6841 Frontier Dr

City
Morgan

State
UT

Zip Code
84050-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self employed

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 29 / 2017

Transaction ID : 3600033

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Heath, John, , ,

Mailing Address 13450 Welby Mews

City
Midlothian

State
VA

Zip Code
23113-3664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA of Virginia, LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 3594944

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hefner, George, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595081

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Heimbinder, David, , ,

Mailing Address 9582 Reymont St

City
Orlando

State
FL

Zip Code
32827-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emcare

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591378

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Hendrick, Robert, , ,

Mailing Address 3366 Deborah Dr

City
Monroe

State
LA

Zip Code
71201-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600121

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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266.70

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hendricks, Peter, , ,

Mailing Address 1590 Panorama Dr

City
Vestavia

State
AL

Zip Code
35216-3335

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 ▼

250.00

Date of Receipt

09 / 16 / 2017

Transaction ID : 3589389

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hendrickse, Adrian, , ,

Mailing Address 12401 E 17th Ave

Department of Anesthesiology, Ste

City
Aurora

State
CO

Zip Code
80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600647

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Hendrickson, Paul, , ,

Mailing Address 1201 Nott St

Ste 106

City
Schenectady

State
NY

Zip Code
12308-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schenectady Anesthesia Associates PC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2017

Transaction ID : 3595873

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

583.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hepner, David, , ,

Mailing Address 75 Francis St

Department of Anesthesiology, # L1

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and Women's Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

09 / 24 / 2017

Transaction ID : 3595539

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Herrold, Jeffrey, , , Jr

Mailing Address 12 Nelke Pl

City

Lewiston

State

ME

Zip Code

04240-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AALA

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2017

Transaction ID : 3595481

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Hertzberg, Linda, , ,

Mailing Address 6622 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Linda B Hertzberg MD Inc

Occupation (for Individual)

physician anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

850.01

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583829

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

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

666.74

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Heyendal, Richard, , ,

Mailing Address 86 Plaza De Las Flores

City

San Juan Capistran

State

CA

Zip Code

92675-1756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Calif. Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2017

Transaction ID : 3600021

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hicks, James, , ,

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 ▼

750.01

Date of Receipt

MM / DD / YYYY
09 / 04 / 2017

Transaction ID : 3583906

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Hicks, Michael, , ,

Mailing Address 631 Creekway Dr

City

Irving

State

TX

Zip Code

75039-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of North Texas Health Scien

Occupation (for Individual)

EVP for Clinical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

MM / DD / YYYY
09 / 22 / 2017

Transaction ID : 3595122

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.70

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hisghman, Jonathan, , ,

Mailing Address 4462 39th St S

City
St Petersburg

State
FL

Zip Code
33711-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiologist Associates PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583845

Amount of Each Receipt this Period

416.67

☐ Memo Item

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

B. Hofer, Ryan, , ,

Mailing Address 8408 Walnut HI

City
Dexter

State
MI

Zip Code
48130-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
Anesthesiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2017

Transaction ID : 3589121

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hollenbaugh, Nona, , ,

Mailing Address 205 Blossom Ridge Dr

City
Mooresville

State
NC

Zip Code
28117-5835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2017

Transaction ID : 3595766

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1166.67

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hollinger, Ingrid, , ,

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)
Mt Sinai Medical Cntr

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 10 / 2017

Transaction ID : 3585955

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Hollman, Charles, , ,

Mailing Address 425 Garner Rdg

City
Delafield

State
WI

Zip Code
53018-2025

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 ▼

250.00

Date of Receipt

09 / 09 / 2017

Transaction ID : 3585849

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Holmsen, Dag, , ,

Mailing Address 73 Oxen Dr

City
Oakland

State
ME

Zip Code
04963-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kennebec Anesthesia Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2017

Transaction ID : 3587914

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

833.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 295
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hondorp, Gregory, , ,

Mailing Address 2931 Pioneer Club Rd SE

City
Grand RapidsState
MIZip Code
49506-2037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APCOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : 3600044

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Hosking, Michael, , ,

Mailing Address 1907 Rufford Ln

City
KnoxvilleState
TNZip Code
37922-8568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University AnesthesiologistsOccupation (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
09		20		2017

Transaction ID : 3593036

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Houseman, Timothy, , ,Mailing Address PO Box 1025
Eastern Shore AnesthesiaCity
FairhopeState
ALZip Code
36533-1025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastern Shore AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2017

Transaction ID : 3585964

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

433.33

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hove, Martin, , ,

Mailing Address 1215 Pleasant St
Ste 400

City
Des Moines

State
IA

Zip Code
50309-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585925

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Howard, Christopher, , ,

Mailing Address 502 Parkview Cres

City
Chapel Hill

State
NC

Zip Code
27516-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

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

Transaction ID : 3583900

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Hudson, David, , ,

Mailing Address 410 Conifer Pl

City
Concord

State
NC

Zip Code
28025-2771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Anesthesia and Pain Speciali

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
09 / 14 / 2017

Transaction ID : 3588027

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1041.63

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Huffnagle, Suzanne, , ,

Mailing Address 1141 Cornell Ave

City
Drexel Hill

State
PA

Zip Code
19026-3217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson University Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 3581580

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hughes, Jonathan, , ,

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)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

09 / 10 / 2017

Transaction ID : 3585962

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Hunsaker, Robert, , ,

Mailing Address 736 Cambridge St
CMP-2

City
Brighton

State
MA

Zip Code
02135-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPAnesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 10 / 2017

Transaction ID : 3585894

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

833.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hunt, David, , ,

Mailing Address 1911 Arden Rd SW

City

Roanoke

State

VA

Zip Code

24015-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ACV

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595023

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Hurley, Robert, , ,

Mailing Address Medical Center Blvd

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Baptist Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583982

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Hurwitz, Erin, , ,Mailing Address 13321 N Meridian Ave
Ste 402

City

Oklahoma City

State

OK

Zip Code

73120-8316

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 ▼

391.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585969

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

433.37

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Hussain, Mir, , ,

Mailing Address 6606 Lbj Fwy
Ste 200

City
Dallas

State
TX

Zip Code
75240-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595315

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hynes, John, , ,

Mailing Address 900 Glyndon St SE

City

Vienna

State

VA

Zip Code

22180-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3588645

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Imran, Masud, , ,

Mailing Address 3719 Heron Ridge Dr

City

Rochester Hills

State

MI

Zip Code

48309-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594941

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Ingram, Kristyn, , ,

Mailing Address 321 Vista Del Rey Dr

City
El PasoState
TXZip Code
79912-4824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Tech HSC El PasoOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2017

Transaction ID : 3591349

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Ioselevich, Vadim, , ,

Mailing Address 4926 Loch Lomond Dr

City
HoustonState
TXZip Code
77096-2722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HoustonOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : 3600645

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Irwin, Lisa, , ,Mailing Address 1500 E Medical Center Dr
Dept ofCity
Ann ArborState
MIZip Code
48109-5000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A4Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2017

Transaction ID : 3597937

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

108.34

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Isaacs, William, , ,

Mailing Address PO Box 401805

Anesthesiology Consultants, Inc. C

City

Las Vegas

State

NV

Zip Code

89140-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesiology Consultants

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596120

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Jacob, James, , ,

Mailing Address 3901 Rainbow Blvd

MS 1034

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kansas Physicians

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3592762

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jacobs, Jeffrey, , ,

Mailing Address 11041 Pine Lodge Trl

City

Davie

State

FL

Zip Code

33328-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594079

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

833.33

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jaffer, Aliraza, , ,

Mailing Address 5070 Brookdale Rd

City
Bloomfield Hills

State
MI

Zip Code
48304-3610

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595508

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Jain, Anand, , ,

Mailing Address 2727 NE Stanton St

City
Portland

State
OR

Zip Code
97212-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583988

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. James, Clyatt, , , III

Mailing Address 67 Creekside Park Ct

City
Greenville

State
SC

Zip Code
29615-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595127

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

250.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 295
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jaworowicz, John, , ,

Mailing Address 9699 Crossbow Dr

City
BloomingtonState
ILZip Code
61705-8002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mobile AnesthesiologistsOccupation (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
09		21		2017

Transaction ID : 3594037

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Jellish, W., , ,Mailing Address 2160 S 1st Ave
Bldng 103 3102City
MaywoodState
ILZip Code
60153-3328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola University Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 3595091

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Jene, Joanne, , ,Mailing Address 2221 SW 1st Ave
Apt 1921City
PortlandState
ORZip Code
97201-5073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 3599821

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

833.37

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jensen, Cynthia, , ,

Mailing Address 434 Main St

City
WatervilleState
MEZip Code
04901-4118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum HealthCare PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

Transaction ID : 3595545

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Jessop, Jacob, , ,

Mailing Address 52 Wanderwood Way

City
SandyState
UTZip Code
84092-4854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of UtahOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

Transaction ID : 3595540

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Johnson, Daniel, , ,

Mailing Address 626 N 162nd St

City
OmahaState
NEZip Code
68118-2500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNMC AnesthesiaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : 3599823

Amount of Each Receipt this Period

250.00

☐ 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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Johnson, Joseph, , ,

Mailing Address 5007 Monica Rd NW

City
HuntsvilleState
ALZip Code
35810-1129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huntsville Anesthesiology ConsultantsOccupation (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
09	/	14	/	2017

Transaction ID : 3588476

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Johnson, Stephanie, , ,

Mailing Address 864 Olympic Dr

City
OnalaskaState
WIZip Code
54650-8237FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen HospitalOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : 3600630

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Johnston, Sharon, , ,

Mailing Address 8401 N El Maro Cir

City
Paradise ValleyState
AZZip Code
85253-2660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan HealthcareOccupation (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
09	/	12	/	2017

Transaction ID : 3587909

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1541.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jones, Collette, , ,

Mailing Address 3418 W 103rd St N

City
Sperry

State
OK

Zip Code
74073-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saint John Anesthesia Services

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595980

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Jones, D. Kurt, , ,

Mailing Address 2043 Alauqua Lakes Blvd

City
Longwood

State
FL

Zip Code
32779-3196

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587942

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Jones, Daniel, , ,

Mailing Address 10241 Colville Ln

City
Indianapolis

State
IN

Zip Code
46236-8302

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595116

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

1191.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jones, Gary, , ,

Mailing Address 2832 Seneca Creek Ln SE
 Ste 480

City
 Marietta

State
 GA

Zip Code
 30067-3941

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 MAK Anesthesia

Occupation (for Individual)
 Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2017

Transaction ID : 3595087

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Jones, Kathryn, , ,

Mailing Address 1600 7th Ave S
 Ste 420

City

Birmingham

State

AL

Zip Code

35233-1711

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Pediatric Anesthesia Associates PC

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : 3596111

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Jones, Keith, , ,

Mailing Address 619 19th St S
 # JT804

City

Birmingham

State

AL

Zip Code

35233-1900

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UAB

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : 3596745

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1583.37

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Jones, Zachary, , ,

Mailing Address 6314 Eden Valley Dr

City
Frisco

State
TX

Zip Code
75034-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metropolitan Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591345

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Joseph, Vilma, , ,

Mailing Address 682 Frick St

City
Elmont

State
NY

Zip Code
11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3591335

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Jurmann, Ariel, , ,

Mailing Address 13 Turret Ln

City
Woodbury

State
NY

Zip Code
11797-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595917

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1124.96

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kallmeyer, Ian, , ,

Mailing Address 9491 E Altadena Ave

City
Scottsdale

State
AZ

Zip Code
85260-5864

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 05 / 2017

Transaction ID : 3583978

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kang, Heesung, , ,

Mailing Address 6 Kelvin Ln

City
Plattsburgh

State
NY

Zip Code
12901-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Champlain Valley Physicians Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : 3600640

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Karamchandani, Kunal, , ,

Mailing Address 500 University Dr
850

City
Hershey

State
PA

Zip Code
17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Health Milton S. Hershey Me

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
09 / 15 / 2017

Transaction ID : 3589359

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

583.34

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kataria, Tripti, , ,

Mailing Address 130 S Canal St
Apt 419

City
Chicago

State
IL

Zip Code
60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

R1

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595507

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Kaufmann, Matthew, , ,

Mailing Address 245 Park Ln

City

Deerfield

State

IL

Zip Code

60015-4762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesia

Occupation (for Individual)

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585930

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Keech, Brian, , ,

Mailing Address 935 S Pennsylvania St

City

Denver

State

CO

Zip Code

80209-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Denver Health and Hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583670

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

583.37

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

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

FOR LINE NUMBER: PAGE 127 OF 295

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kelley, Jessica, , ,

Mailing Address 2340 Jordan Creek Rd NE

City
SolonState
IAZip Code
52333-9669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Linn County AnesthesiologistsOccupation (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
09 / 28 / 2017

Transaction ID : 3597927

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kellman, Suzanne, , ,Mailing Address 225 N Columbus Dr
Apt 3308City
ChicagoState
ILZip Code
60601-5244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar AnesthesiaOccupation (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
09 / 21 / 2017

Transaction ID : 3594036

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kelly, Thomas, , ,

Mailing Address 35216 Overfalls Dr N

City
LewesState
DEZip Code
19958-7000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beebe Medical CenterOccupation (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
09 / 29 / 2017

Transaction ID : 3598143

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 295
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kennedy, Tara, , ,

Mailing Address 8013 Anderson St

City
PhiladelphiaState
PAZip Code
19118-2936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THOMAS JEFFERSON UNIVERSITYOccupation (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
09		15		2017

Transaction ID : 3589257

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kerr, James, , , III

Mailing Address 2165 Herschel St

City
JacksonvilleState
FLZip Code
32204-3819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision HealthcareOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : 3589364

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Kezar, Edwin, , ,Mailing Address 2151 Old Rocky Ridge Rd
Ste 106City
BirminghamState
ALZip Code
35216-7251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia services of birminghamOccupation (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
09		11		2017

Transaction ID : 3587963

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1333.33

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Khalil, Ahmed, , ,

Mailing Address 6367 Fountains Blvd

City
West Chester

State
OH

Zip Code
45069-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585815

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kihlstrom, Laura, , ,

Mailing Address 915 Larchmont Cres

City
Norfolk

State
VA

Zip Code
23508-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic Anesthesia, Inc.

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594951

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kim, Michelle, , ,

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588018

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kimball, Matthew, , ,

Mailing Address 2151 Old Rocky Ridge Rd

Dept of Anesthesiology, Ste 106

City

Birmingham

State

AL

Zip Code

35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Services of Birmingham

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2017

Transaction ID : 3587964

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Kinkead, Kevin, , ,

Mailing Address 1776 McConnell Dr

City

Williamsport

State

PA

Zip Code

17701-9300

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 06 / 2017

Transaction ID : 3584042

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Klafta, Jerome, , ,

Mailing Address 4123 Harvey Ave

City

Western Springs

State

IL

Zip Code

60558-1245

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : 3600084

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1550.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Klatt, Jonathan, , ,

Mailing Address 1845 Whitewater Cir

City
ManitowocState
WIZip Code
54220-9436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holy Family Memorial Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594071

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

B. Kline, Mark, , ,

Mailing Address 345 Woodland Dr SE

City
Cedar RapidsState
IAZip Code
52403-2821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Linn County AnesthesiologistsOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600047

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Knight, James, , ,

Mailing Address 420 Old Rapids Rd

City
LexingtonState
SCZip Code
29072-9413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596091

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2083.37

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Knoblauch, Laura, , ,

Mailing Address 3280 S Clarkson St

City
Englewood

State
CO

Zip Code
80113-2808

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600142

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Knoblauch, Laura, , ,

Mailing Address 3280 S Clarkson St

City
Englewood

State
CO

Zip Code
80113-2808

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600144

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Knox, S. Lynn, , ,

Mailing Address 301 University Blvd
Dept of

City
Galveston

State
TX

Zip Code
77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Medical Branch

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595088

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

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

583.30

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Koch, Jamie, , ,

Mailing Address 13321 N Meridian Ave

Affiliated Anesthesiologists, LLC

City

Oklahoma City

State

OK

Zip Code

73120-8356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Affiliated Anesthesiologists LLC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.85

Date of Receipt

09 / 05 / 2017

Transaction ID : 3583989

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Koebert, Robert, , ,

Mailing Address 541 E Erie St

Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aurora Healthcare Medical Group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.65

Date of Receipt

09 / 16 / 2017

Transaction ID : 3591339

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Koehler, David, , ,

Mailing Address 3136 Winslow Sq

City

Jacksonville

State

FL

Zip Code

32207-4276

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

North Florida Anesthesia Consultants

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2017

Transaction ID : 3596756

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

641.67

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Kogan, Robert, , ,

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)

RLK Anesthesia Inc

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.97

Date of Receipt

09 / 14 / 2017

Transaction ID : 3589148

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kolle, Bracken, , ,

Mailing Address 1500 Citywest Blvd
Ste 300

City
Houston

State
TX

Zip Code
77042-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Anesthesia Partners

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 16 / 2017

Transaction ID : 3591340

Amount of Each Receipt this Period

8.33

☐ Memo Item

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

C. Kolle, Bracken, , ,

Mailing Address 1500 Citywest Blvd
Ste 300

City
Houston

State
TX

Zip Code
77042-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Anesthesia Partners

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 16 / 2017

Transaction ID : 3591341

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

166.66

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

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

A. Koppel, Steven, , ,

Mailing Address 1510 Woodland Dr

City
Deerfield

State
IL

Zip Code
60015-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University HealthSystem

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : 3583910

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Kovarik, Wenzel Daniel, , ,

Mailing Address 51 Prospect St

City
Portland

State
ME

Zip Code
04103-4017

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600092

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Koveleskie, Joseph, , ,

Mailing Address 5500 Prytania St
435

City
New Orleans

State
LA

Zip Code
70115-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCHSNER MEDICAL CENTER

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

774.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585703

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krakowski, James, , ,

Mailing Address Anesthesiology
 Campus Box 7010

City
 Chapel Hill

State
 NC

Zip Code
 27599-0001

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UNC

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017

Transaction ID : 3593174

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kucik, Corry, J., , M.D.

Mailing Address 3750 Saddle Dr
 7700 Arlington Blvd

City
 Carlsbad

State
 CA

Zip Code
 92010-6574

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 ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017

Transaction ID : 3583837

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuhn, Catherine, , ,

Mailing Address 14 Kendall Dr

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 ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017

Transaction ID : 3595085

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

283.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kurjan, Aaron, , ,Mailing Address 4100 Park Forest Dr
Ste 210City
Traverse CityState
MIZip Code
49684-7306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Traverse Anes. Assoc.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
09		13		2017

Transaction ID : 3588013

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kwak, Jin Shin, , ,

Mailing Address 3215 Linville Forest Ct

City

Charlotte

State

NC

Zip Code

28211-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthEast Anesthesia and Pain SpecialiOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2017

Transaction ID : 3585490

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lagorio, John, , ,

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Michigan-LaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1166.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 3592290

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

883.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lamberg, James, , ,

Mailing Address 638 Chiswell Pl

City
Lancaster

State
PA

Zip Code
17601-8810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Lancaster

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

MM / DD / YYYY
09 / 01 / 2017

Transaction ID : 3583840

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Landrum, Alice, , ,

Mailing Address 1121 S Hickory Grove School Rd

City
Rocheport

State
MO

Zip Code
65279-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Missouri Healthcare

Occupation (for Individual)
MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2017

Transaction ID : 3595112

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lane, Stuart, , ,

Mailing Address 67 Creekside Park Ct

City
Greenville

State
SC

Zip Code
29615-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Hospital System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2017

Transaction ID : 3595746

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Larson, Matthew, , ,

Mailing Address 2369 Cherrywood Rd

City
Minnetonka

State
MN

Zip Code
55305-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ridges Anesthesia, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3597935

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lasiter, Nathan, , ,

Mailing Address 18904 Shilstone Way

City
Edmond

State
OK

Zip Code
73012-8907

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 ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583920

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Laube, Richard, , ,

Mailing Address 25624 Kahala Sunset Ct

City
Spicewood

State
TX

Zip Code
78669-1486

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

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
09 / 25 / 2017

Transaction ID : 3595317

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lavelle, Matthew, , ,

Mailing Address 4505 Reedsport Ct

City
Columbia

State
MO

Zip Code
65203-6499

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid-America Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596142

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Le, Phong, , ,

Mailing Address 3361 Hollow Spring Dr

City
Dewitt

State
MI

Zip Code
48820-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia P.C.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595149

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Le, Thuan, , ,

Mailing Address 405 W Greenlawn Ave
Dept of Anesthesia, Ste 106

City
Lansing

State
MI

Zip Code
48910-2889

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ingham Regional Med Ctr

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599848

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leavitt, Kathleen, , ,

Mailing Address 1223 W 69th Ter

City
Kansas CityState
MOZip Code
64113-2054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saint Luke's Hospital SystemOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600650

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leduc, Laura, , ,

Mailing Address 163 Reserve Dr

City
PiedmontState
SCZip Code
29673-6733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GHSOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595523

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Maxine, , ,

Mailing Address 5016 Hunting Hills Cir

City
RoanokeState
VAZip Code
24018-8760FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACV, IncOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583924

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

283.33

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leib, Marc, , ,

Mailing Address PO Box 44527

City
Phoenix

State
AZ

Zip Code
85064-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 01 / 2017

Transaction ID : 3583832

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leinen, Jessica, , ,

Mailing Address 20921 W 117th Ter

City
Olathe

State
KS

Zip Code
66061-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599873

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lekan, Thomas, , ,

Mailing Address 2149 Auburn Ave

City
Cincinnati

State
OH

Zip Code
45219-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Assoc. of Cincinnati, Inc.

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 08 / 2017

Transaction ID : 3585825

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

933.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lemons, Jason, , ,

Mailing Address 4650 Grandview Pkwy

City
Flowery Branch

State
GA

Zip Code
30542-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Gainesville

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 3585484

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, Gordon, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587965

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lienhart, Kristen, , ,

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)
University of Arkansas

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595514

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Limanek, James, , ,

Mailing Address 39 Fieldstone Way

City
Shelburne

State
VT

Zip Code
05482-6470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UVMG

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 3594091

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lindauer, Steven, , ,

Mailing Address 12411 Abbey Park

City
San Antonio

State
TX

Zip Code
78249-2793

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas San Antonio

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 05 / 2017

Transaction ID : 3583993

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lindberg, Scott, , ,

Mailing Address 4902 Hollowvine 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 ▼

900.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595107

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lipps, Jonathan, , ,

Mailing Address 410 W 10th Ave

City
ColumbusState
OHZip Code
43210-1240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State University Wexner Medical C

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	25	2017

Transaction ID : 3595553

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Liu, Charles, , ,

Mailing Address PO Box 3870

Pediatric Anesthesiologists, Inc.

City

Salt Lake City

State
UTZip Code
84110-3870FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pediatric Anesthesiologists, Inc.

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.35

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2017

Transaction ID : 3591347

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Llamas, Luis, , ,

Mailing Address 7703 Floyd Curl Dr

Mail Code 7838

City

San Antonio

State
TXZip Code
78229-3901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Texas San Antonio

Occupation (for Individual)

Anesthesiologist

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
09	28	2017

Transaction ID : 3597940

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

166.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lobell, Samuel, , ,

Mailing Address 2369 Walker Ave

City
Winston Salem

State
NC

Zip Code
27103-4331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3598465

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lockhart, Asa, , ,

Mailing Address 2106 Kennebunk Ln

City
Tyler

State
TX

Zip Code
75703-0301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Caduceus Consultants

Occupation (for Individual)
Physician advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594076

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Logan, Lajuana, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anes. Serv. of Birmingham PC

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587972

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lok, Jason, , ,

Mailing Address 5496 E Taft Rd

City
North SyracuseState
NYZip Code
13212-3784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Soine & Wellness CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2017

Transaction ID : 3585946

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Looke, Thomas, , ,

Mailing Address 4609 Jetty St

City
OrlandoState
FLZip Code
32817-3182FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP FloridaOccupation (for Individual)
Anesthesiologist

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
09		01		2017

Transaction ID : 3583826

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lorenz, Timothy, , ,

Mailing Address 2864 NE 25th Ct

City
Fort LauderdaleState
FLZip Code
33305-1713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesco North BrowardOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : 3598466

Amount of Each Receipt this Period

325.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

416.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Losey, Allison, , ,

Mailing Address 8710 Crest Ridge Cir

City
Austin

State
TX

Zip Code
78750-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol anesthesiology association

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589253

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lourens, Raina, , ,

Mailing Address 73 Pepin Rd

City
Sidney

State
ME

Zip Code
04330-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kennebec Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595902

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lubanski, Robert, , ,

Mailing Address 6415 Hawks Bill Dr

City
Wilmington

State
NC

Zip Code
28409-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594030

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lucas, Lannon, , ,

Mailing Address 67 Creekside Park Ct

Greenville Anesthesiology

City

Greenville

State

SC

Zip Code

29615-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greenville Health System

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585700

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lukow, Angela, , ,

Mailing Address 522 Waterford Dr SE

City

Roanoke

State

VA

Zip Code

24014-6463

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Consultants of Virginia, In

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2017

Transaction ID : 3585856

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lyerly, Ralph, , , III

Mailing Address 2304 Longleaf Way

City

Vestavia

State

AL

Zip Code

35243-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Alabama at Birmingham

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587984

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mackey, John, , ,

Mailing Address 71 Swan Rd

City
WinchesterState
MAZip Code
01890-3719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAMOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : 3585485

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Magidenko, Roman, , ,

Mailing Address 2856 Amberly Ln

City
TroyState
MIZip Code
48084-2687FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of MichiganOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : 3600042

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Makrides, John, , ,Mailing Address 324 Gannett Dr
Ste 200City
South PortlandState
MEZip Code
04106-3266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Medical Group LLCOccupation (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
09		28		2017

Transaction ID : 3596135

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

541.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Malik, Asif, , , 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.01			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2017 Transaction ID : 3595099 Amount of Each Receipt this Period 83.37 <input type="checkbox"/> Memo Item
B. Maloney, Kenneth, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 14210 Marin Dr City Cypress State TX Zip Code 77429-4961 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Case Western Reserve University Housto Occupation (for Individual) Program Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2017 Transaction ID : 3595982 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Mancao, Miguel, , , Jr Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8648 Rosemont Dr City Pensacola State FL Zip Code 32514-7918 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) pan Occupation (for Individual) MDA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2017 Transaction ID : 3589125 Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			983.37
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mandabach, Mark, , ,

Mailing Address 619 19th St S

Dept of

City

Birmingham

State

AL

Zip Code

35233-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAB Department of Anesthesiology and Pe

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585829

Amount of Each Receipt this Period

50.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maniscalco, Joe, , ,

Mailing Address 3111 Preserve Rookery Blvd

City

Panama City

State

FL

Zip Code

32408-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sheridan Health Care

Occupation (for Individual)

Staff Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594034

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Markin, Nicholas, , ,

Mailing Address 500 S 37th St

Apt 201

City

Omaha

State

NE

Zip Code

68105-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNMC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585808

Amount of Each Receipt this Period

500.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marske, Robert, , ,

Mailing Address 8342 Eagle Crest Ln

City
IndianapolisState
INZip Code
46234-9528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoIndy

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
09	/	13	/	2017

Transaction ID : 3588000

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Michael, , ,

Mailing Address 1226 Danbury Ct

City
AshlandState
OHZip Code
44805-4444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ashland anesthesia

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
09	/	21	/	2017

Transaction ID : 3594050

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Nelson, , ,

Mailing Address 3520 Elm Creek Ct

City
Fort WorthState
TXZip Code
76109-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cook Children's Physician Network

Occupation (for Individual)

pediatric anesthesiology

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
09	/	14	/	2017

Transaction ID : 3589123

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin, Timothy, , ,

Mailing Address 1600 SW Archer Rd
PO Box 100254

City
Gainesville

State
FL

Zip Code
32610-3003

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 ▼

849.97

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596097

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martino-Horral, Angel, , ,

Mailing Address 47130 7 Mile Rd

City

Northville Townshi

State

MI

Zip Code

48167-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia & Pain Management Center

Occupation (for Individual)
Obstetric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585907

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mastropolo, Gregg, , ,

Mailing Address 150 S Little Tor Rd

City

New City

State

NY

Zip Code

10956-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quinnipiac University

Occupation (for Individual)
Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595125

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matlin, Fredric, , ,

Mailing Address 23 Lodge Ln

City

Miller Place

State

NY

Zip Code

11764-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LI Anesthesia Physicians, LLP

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600649

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mattoni, John, , ,

Mailing Address 35 H St

City

Lake Lotawana

State

MO

Zip Code

64086-9730

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 ▼

1000.00

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600165

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mattson, Jocelyn, , ,

Mailing Address 4385 58th St S

City

Fargo

State

ND

Zip Code

58104-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Essentia Health

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2017

Transaction ID : 3584005

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matus, Nora, , ,

Mailing Address 4511 Delmont Ln

City
Bethesda

State
MD

Zip Code
20814-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASA

Occupation (for Individual)
Director, congressional and political

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3597936

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCarthy, Dennis, , ,

Mailing Address 1505 1st St S
Apt 702

City
Jacksonville Beach

State
FL

Zip Code
32250-6366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Florida

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596059

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCord, Matthew, , ,

Mailing Address 5400 Timber Bend Dr

City
Brighton

State
MI

Zip Code
48116-4797

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 ▼

749.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583915

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

358.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCraw, Jeffrey, , ,

Mailing Address 12574 Chip Ridge Rd

City
Abingdon

State
VA

Zip Code
24210-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Highlands Anesthesia PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593068

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGinnis, Lee Ann, , ,

Mailing Address 3716 Pomfret Ln

City
Charlotte

State
NC

Zip Code
28211-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Anesthesia Associate

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585933

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McKernan, Nicholas, , ,

Mailing Address 1700 University Dr E
800 S&W Drive

City
College Station

State
TX

Zip Code
77840-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Scott & White

Occupation (for Individual)
Pain Management Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595544

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

841.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McKillen, Julia, , ,

Mailing Address 1225 E Yale Ave

City

Salt Lake City

State

UT

Zip Code

84105-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MountainWestAnesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585819

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKnight, Denise, , ,

Mailing Address 920 Riser Rd

City

Ruston

State

LA

Zip Code

71270-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parish Anesthesia Monroe

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585980

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McMullan, Eddrice, , ,

Mailing Address 6900 Howells Ferry Rd
Lot 6

City

Mobile

State

AL

Zip Code

36618-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of South Alabama Hospitals

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595913

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1350.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McQuitty, Christopher, , ,

Mailing Address Department of Anesthesiology
Suite 2A John Sealy

City
Galveston

State
TX

Zip Code
77555-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Medical Branch

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2017

Transaction ID : 3594047

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meinecke, Barbara, , ,

Mailing Address 425 E Menomonee St
Apt 401

City

Milwaukee

State

WI

Zip Code

53202-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of Wisconsin

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 09 / 2017

Transaction ID : 3585857

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melton, Agnes, , ,

Mailing Address 1830 Lone Eagle Ct

City

Reno

State

NV

Zip Code

89521-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of Reno

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
09 / 02 / 2017

Transaction ID : 3583861

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Menees, Spencer, , ,

Mailing Address 2209 Burleigh St
Apt 303

City
Yankton

State
SD

Zip Code
57078-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3600008

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Menor, Christina, , ,

Mailing Address 552 W Elk Ave
Unit 213

City
Glendale

State
CA

Zip Code
91204-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indigodoc Inc

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586027

Amount of Each Receipt this Period

8.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Menor, Christina, , ,

Mailing Address 552 W Elk Ave
Unit 213

City
Glendale

State
CA

Zip Code
91204-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indigodoc Inc

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

283.32

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586028

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1091.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Merchant, Sameer, , ,

Mailing Address 12 Jacob Arnold Rd

City
Morristown

State
NJ

Zip Code
07960-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAM, NJ

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595150

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mesrobian, James, , ,

Mailing Address 827 E Birch Ave

City
Whitefish Bay

State
WI

Zip Code
53217-5360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583923

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Messenger, Brigitte, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583835

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Metry, Jonathan, , ,

Mailing Address 2160 S 1st Ave

Dept of

City

Maywood

State

IL

Zip Code

60153-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Loyola University Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583979

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Michaels, Robert, , , III

Mailing Address 3632 Beech Tree Dr

City

Orlando

State

FL

Zip Code

32835-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAP-Florida

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587930

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Middleton, Joseph, , ,

Mailing Address 1901 Buena Vista Rd

City

Winston Salem

State

NC

Zip Code

27104-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

piedmont triad anesthesiology

Occupation (for Individual)

aneshtesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583960

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1066.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milland, Thor, , ,

Mailing Address 525 E 13th St
Apt 1E

City
New York

State
NY

Zip Code
10009-3580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : 3600098

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Millard, Justin, , ,

Mailing Address 8014 Meadowcreek Dr

City
Cincinnati

State
OH

Zip Code
45244-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills Anesthesia

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
09 / 05 / 2017

Transaction ID : 3583990

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miller, Michael, , ,

Mailing Address 15936 Oak Park Ct

City
Westfield

State
IN

Zip Code
46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants of Indianapolis

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1133.31

Date of Receipt

MM / DD / YYYY
09 / 27 / 2017

Transaction ID : 3596098

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Paul, , ,

Mailing Address 5444 S Idalia Way

City
Centennial

State
CO

Zip Code
80015-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP-CO

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2017

Transaction ID : 3592293

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Millson, Christopher, , ,

Mailing Address 2400 Wimbledon Dr

City
Las Vegas

State
NV

Zip Code
89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
southwest medical

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 08 / 2017

Transaction ID : 3585796

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Minana, Mitchell, , ,

Mailing Address 1306 E Welden Dr

City
Spokane

State
WA

Zip Code
99223-6361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
09 / 15 / 2017

Transaction ID : 3589251

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minowitz, Lawrence, , ,

Mailing Address 26 Sherwood Ave

City

Greenwich

State

CT

Zip Code

06831-3249

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
09 / 18 / 2017

Transaction ID : 3592300

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mintz, Paul, , ,

Mailing Address 200 Reading Blvd

City

Wyomissing

State

PA

Zip Code

19610-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tower Health Medical Group - Anesthesi

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583914

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mitchell, Brian, , ,

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)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595109

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

625.04

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mohan, Sanjay, , ,

Mailing Address 380 E Town St

Unit A

City

Columbus

State

OH

Zip Code

43215-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State University

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600095

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monroe, Katie, , ,

Mailing Address 2549 Oak Crossing Dr

City

Decatur

State

GA

Zip Code

30033-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University School of Medicine

Occupation (for Individual)
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588033

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Month, Richard, , ,

Mailing Address 761 S Hicks St

City

Philadelphia

State

PA

Zip Code

19146-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Pennsylvania

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594066

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Blake, , ,

Mailing Address 2027 W Academy St

City
Winston Salem

State
NC

Zip Code
27103-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Baptist Medical Center

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2017

Transaction ID : 3587995

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moore, Donald, , ,

Mailing Address 1614 Oakhurst Dr

City
Ooltewah

State
TN

Zip Code
37363-9448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACE

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

MM / DD / YYYY
09 / 23 / 2017

Transaction ID : 3595531

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moore, James, , ,

Mailing Address 757 Westwood Plz

Department of Anesthesiology, Ste

City
Los Angeles

State
CA

Zip Code
90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

683.31

Date of Receipt

MM / DD / YYYY
09 / 17 / 2017

Transaction ID : 3591359

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, John, , ,

Mailing Address 3200 Deutsch Crest Dr

City
Washington

State
MO

Zip Code
63090-6717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Teamhealth

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2017

Transaction ID : 3591542

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moore, Laura, , ,

Mailing Address 7 Doral Dr

City
Little Rock

State
AR

Zip Code
72212-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMS

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 3594729

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moran, Kenneth, , ,

Mailing Address 4029 Hidden Hill Ct

City
Powell

State
OH

Zip Code
43065-7112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State Wexner Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.99

Date of Receipt

09 / 03 / 2017

Transaction ID : 3583904

Amount of Each Receipt this Period

41.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morgan, Kabel, , ,

Mailing Address 9222 Adenleigh Way
Apt 3106

City
Knoxville

State
TN

Zip Code
37922-4417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiology

Occupation (for Individual)
Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2017

Transaction ID : 3593035

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morris, Caroline, , ,

Mailing Address 2797 Fox Creek Dr

City

Germantown

State

TN

Zip Code

38138-6277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

MM / DD / YYYY
09 / 25 / 2017

Transaction ID : 3595554

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morris, Jason, , ,

Mailing Address 2797 Fox Creek Dr

City

Germantown

State

TN

Zip Code

38138-6277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical anesthesia group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

MM / DD / YYYY
09 / 25 / 2017

Transaction ID : 3595555

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moss, William, , ,

Mailing Address 3142 Rock Park Dr

City
Fort Collins

State
CO

Zip Code
80528-9483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Colorado Anesthesia Professio

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.34

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585830

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Motonaga, Gregg, , ,

Mailing Address 340 Diane Ln

City
Soldotna

State
AK

Zip Code
99669-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cph

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585807

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Muettterties, Craig, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595092

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, Marshall, , ,

Mailing Address 188 Chapman Rd

City
Greenville

State
SC

Zip Code
29605-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Anesthesia Associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3586043

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murray, Mark, , ,

Mailing Address 1924 Alcoa Hwy

Department of Anesthesia, # U-109

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583674

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murthy, SRinivas, , ,

Mailing Address 110 Roane St

City
Charleston

State
WV

Zip Code
25302-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PASI

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585809

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Muzi, Michael, , ,

Mailing Address N140W13726 Cedar Ln

City
Germantown

State
WI

Zip Code
53022-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Health Care

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2017

Transaction ID : 3585467

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Myers, Matthew, , ,

Mailing Address PO Box 3294

City
Tupelo

State
MS

Zip Code
38803-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tupelo Anesthesia Group PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595909

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nagrodzki, Paul, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Suite 106, Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthesia services of bham

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Napolitano, Charles, , ,

Mailing Address 4301 W Markham St

Department of Anesthesiology

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)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595518

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Naus, Emily, , ,

Mailing Address 3100 Samford Ave

City

Shreveport

State

LA

Zip Code

71103-4239

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Shriners Hospital for Children

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594098

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Navori, Emery, , ,

Mailing Address 412 S Paloma Pl

City

Tampa

State

FL

Zip Code

33609-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Team Health

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595872

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1041.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neirink, Donald, , ,

Mailing Address 7018 Oakhurst Ridge Rd

City
Clarkston

State
MI

Zip Code
48348-5075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Michigan

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3591367

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neller, Eric, , ,

Mailing Address 9316 N Autumn Rd

City
Oklahoma City

State
OK

Zip Code
73151-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eric J. Neller MD PLLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3600010

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nelson, Jean, , ,

Mailing Address 5212 Masonboro Harbour Dr

City
Wilmington

State
NC

Zip Code
28409-4156

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599981

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

983.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nesbitt, Robert, , ,

Mailing Address 410 1st Ave SE
Ste 201

City
Cullman

State
AL

Zip Code
35055-3452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nesbitt Pain Associates

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596085

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nevins, Stephanie, , ,

Mailing Address 2000 E Southern Ave
Ste 102

City
Tempe

State
AZ

Zip Code
85282-7510

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596103

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nichols, Michael, , ,

Mailing Address 2580 Hillandale Cir

City
Cumming

State
GA

Zip Code
30041-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Case Western Reserve University MSA Pr

Occupation (for Individual)
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589366

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicholson, Joseph, , ,

Mailing Address 1708 Indian Creek Dr

City
Vestavia

State
AL

Zip Code
35243-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Perioperative Svcs

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599855

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nixon, Heather, , ,

Mailing Address 1740 W Taylor St
Ste 3200

City
Chicago

State
IL

Zip Code
60612-7232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Illinois at Chicago

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595123

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nordlie, William, , ,

Mailing Address 12067 N 135th Way

City
Scottsdale

State
AZ

Zip Code
85259-3653

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596037

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Norris, David, , ,

Mailing Address 8080 E Central Ave
Ste 250

City
Wichita

State
KS

Zip Code
67206-2367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAC

Occupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2017

Transaction ID : 3585865

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Norris, Frederick, , ,

Mailing Address 5234 Piper Ln

City
Sanford

State
FL

Zip Code
32771-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 09 / 2017

Transaction ID : 3585953

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nosti, Andrew, , ,

Mailing Address 221 W 48th St
Apt 1901

City
Kansas City

State
MO

Zip Code
64112-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia associates of Kansas coty

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2017

Transaction ID : 3589397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nounou, Joseph, , ,

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 ▼

933.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586020

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Novak, Todd, , ,

Mailing Address 952 N Wolcott Ave
1

City
Chicago

State
IL

Zip Code
60622-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University HealthSystem

Occupation (for Individual)
Attending Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589107

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Novia, Dennis, , ,

Mailing Address 519 Spaulding Lake Dr

City
Greenville

State
SC

Zip Code
29615-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto anesthesia associates of Gree

Occupation (for Individual)
Staff anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2017

Transaction ID : 3585851

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Novia, Dennis, , ,

Mailing Address 519 Spaulding Lake Dr

City
Greenville

State
SC

Zip Code
29615-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto anesthesia associates of Gree

Occupation (for Individual)
Staff anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595079

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nowakowski, James, , ,

Mailing Address 2428 Walking Janelle Way

City
Marriottsville

State
MD

Zip Code
21104-1538

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
johns hopkins

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2017

Transaction ID : 3583931

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nurani, Shafeena, , ,

Mailing Address 1900 Lone Pine Rd

City
Bloomfld Hls

State
MI

Zip Code
48302-2521

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597994

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Flynn, Richard, , ,

Mailing Address 10 White Pine Ln

City
Rose Valley

State
PA

Zip Code
19063-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Society Hill Anesthesia Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591334

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ogunnaike, Babatunde, , ,

Mailing Address 1008 Brentwood Dr

City
Murphy

State
TX

Zip Code
75094-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Southwestern

Occupation (for Individual)
Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585710

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olin, Douglas, , ,

Mailing Address 5270 Vista Club Run

City
Sanford

State
FL

Zip Code
32771-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595529

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.29

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 295
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orfanakis, Andrea, , ,

Mailing Address 4712 NE 15th Ave

City
PortlandState
ORZip Code
97211-5030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesiology GroupOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2017

Transaction ID : 3585945

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Osborn, Ronald, , ,

Mailing Address 14621 White Oak Dr

City
BurnsvilleState
MNZip Code
55337-4152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ridges Anesthesia, PAOccupation (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
09	/	11	/	2017

Transaction ID : 3585931

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Overacre, Robert, , ,

Mailing Address 23 Menden Ln

City
Little RockState
ARZip Code
72223-9287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas Health GroupOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Transaction ID : 3594101

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1041.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owen, Kevin, , ,

Mailing Address 4662 Whitehall Ln

City
Highlands RanchState
COZip Code
80126-7415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Denver Anesthesiologists, PCOccupation (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
09	01	2017

Transaction ID : 3583823

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Padakandla, Udaya, , ,

Mailing Address 4449 Young Dr

City
CarrolltonState
TXZip Code
75010-1145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia ProvidersOccupation (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
09	10	2017

Transaction ID : 3586005

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Padilla, Robert, , ,

Mailing Address 4466 Stoneleigh Rd

City
Bloomfield HillsState
MIZip Code
48302-2160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
wsupgOccupation (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
09	29	2017

Transaction ID : 3599801

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

833.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Page, Sam, , ,

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 associates

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583834

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paiste, Juhan, , ,

Mailing Address 619 19th St S
JT 845

City
Birmingham

State
AL

Zip Code
35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583836

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Panchbhaya, Shoyab, , ,

Mailing Address 3036 Locke Ln

City
Houston

State
TX

Zip Code
77019-6202

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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600641

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pandya, Parag, , ,

Mailing Address 210 Royal Vw

City
Pittsford

State
NY

Zip Code
14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Finger Lakes Health, Geneva, NY

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3600036

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pang, Huiling, , ,

Mailing Address 16225 Burt St

City
Omaha

State
NE

Zip Code
68118-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Nebraska Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3591365

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pang, Leila Mei, , ,

Mailing Address 10 Carlotta Way

City
Demarest

State
NJ

Zip Code
07627-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trustees of Columbia University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595071

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Panger, Michael, , ,

Mailing Address 146 Whispering Woods Rd

City
CharlestonState
WVZip Code
25304-2739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Anesthesia ServicesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595488

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Papadimos, Thomas, , ,

Mailing Address 8663 Slate Ridge Ct

City
SylvaniaState
OHZip Code
43560-9649FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ToledoOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583987

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pappas, John, , ,

Mailing Address 294 Barden Rd

City
Bloomfield HillsState
MIZip Code
48304-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAMIOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595095

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

625.04

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parisian, David, , ,

Mailing Address 2771 Upper Park Rd

City
Orlando

State
FL

Zip Code
32814-6148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP-JLR Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3592278

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pate, Andrew, , ,

Mailing Address 1891 Carolina Towne Ct

City

Mount Pleasant

State
SC

Zip Code
29464-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Andrew J Pate, MD LLC

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595485

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patel, Haresh, , ,

Mailing Address 1120 Enclave Rd

City

Chattanooga

State
TN

Zip Code
37415-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Consultants Exchange

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600108

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patel, Roma, , ,

Mailing Address 3092 Red Arrow Dr

City
Las Vegas

State
NV

Zip Code
89135-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Veteran's Health Administration

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3597938

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patterson, Sarah, , ,

Mailing Address 4480 Ortega Forest Dr

City
Jacksonville

State
FL

Zip Code
32210-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NFAC

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596758

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pauker, Kenneth, , ,

Mailing Address 18 Sierra Vis

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3592286

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Pearson, Don, , , Jr Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4326 Beechwood Rd City Knoxville State TN Zip Code 37920-6014 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University Anesthesiologists Occupation (for Individual) physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2017 Transaction ID : 3597941 Amount of Each Receipt this Period 83.33 <input type="checkbox"/> Memo Item
B. Pekarske, William, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1281 E Calle De La Cabra City Tucson State AZ Zip Code 85718-2934 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Southern Arizona Anesthesia Services Occupation (for Individual) Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2017 Transaction ID : 3589143 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Pell, Craig, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2701 Indian Ridge Dr NE City Grand Rapids State MI Zip Code 49505-3933 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) CAAPC Occupation (for Individual) Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 22 / 2017 Transaction ID : 3594089 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> 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)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Penate, Oscar, , ,

Mailing Address 104 Stoney Brooke Dr

City
Ashland

State
KY

Zip Code
41101-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594081

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peng, Benjamin, , ,

Mailing Address 8735 142nd Pl

City

Orland Park

State

IL

Zip Code

60462-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesiologists

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3588068

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pentecost, Diane, , ,

Mailing Address 2839 E 35th St

City

Tulsa

State

OK

Zip Code

74105-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascension-SJMC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596740

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perkerson, Jace, , ,

Mailing Address 220 W Jackson Ave
Apt 103, Apt 103

City
Knoxville

State
TN

Zip Code
37902-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMCK

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593059

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peters, Joseph, , ,

Mailing Address PO 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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595495

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peterson, Bryan, , ,

Mailing Address 3770 Ember Dr

City
Morgan

State
UT

Zip Code
84050-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595131

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Phung, Tri, , ,

Mailing Address 5728 Pepperridge Dr

City
Richardson

State
TX

Zip Code
75082-4994

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589112

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pierson, Joseph, , ,

Mailing Address 1 E Erie St
Ste 300

City
Chicago

State
IL

Zip Code
60611-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600643

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pieters, Benjamin, , ,

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591337

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pinault, Laura, , ,

Mailing Address 1735 Rio Vista Way S

City
Salem

State
OR

Zip Code
97302-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesiology Group (OAG)

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583918

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plagenhoef, Jeffrey, , ,

Mailing Address 2221 Dominic Ct

City
Waco

State
TX

Zip Code
76712-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Scott & White Healthcare

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589360

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poage, Jeffrey, , ,

Mailing Address 211 Roan Dr

City
Danville

State
CA

Zip Code
94526-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585709

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Polce, Dean, , ,

Mailing Address 3092 Red Arrow Dr

City
Las Vegas

State
NV

Zip Code
89135-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Partners

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2017

Transaction ID : 3591350

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pollak, Edward, , ,

Mailing Address 24820 Riverwood Dr

City
Franklin

State
MI

Zip Code
48025-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
William Beaumont Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600049

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ponte, Robert, , ,

Mailing Address 1799 Lakeshore Dr N

City
Orange Park

State
FL

Zip Code
32003-7729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Anes. Consultants, P.A.

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2017

Transaction ID : 3596757

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Portell, Donald, , ,

Mailing Address 1555 Indian River Blvd
Suite B 120, Ste B120

City
Vero Beach

State
FL

Zip Code
32960-7108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia of Indian River, Inc.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595229

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, Jason, , ,

Mailing Address 3329 Bluemont Park

City
Hilliard

State
OH

Zip Code
43026-7599

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somnia, Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3600031

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pray, Clyde, , ,

Mailing Address 621 N Saint Asaph St
Unit 109

City
Alexandria

State
VA

Zip Code
22314-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585887

Amount of Each Receipt this Period

380.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pregler, Johnathan, , ,

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCLA Department of Anesthesiology

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

09 / 12 / 2017

Transaction ID : 3587927

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Price, John, , ,

Mailing Address 110 29th Ave N
Ste 202

City

Nashville

State

TN

Zip Code

37203-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Medical Group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 17 / 2017

Transaction ID : 3591358

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prokott, Wayne, , ,

Mailing Address 8418 Misty Mdws

City

Grand Blanc

State

MI

Zip Code

48439-7428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mednax

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600651

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.37

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pulido, Michael, , ,

Mailing Address 4530 Sunburst St

City
BellaireState
TXZip Code
77401-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Principle AnestheisaOccupation (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
09	/	21	/	2017

Transaction ID : 3594058

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quilligan, Theodore, , ,

Mailing Address 627 8th St

City

Huntington Beach

State

CA

Zip Code

92648-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allied AnesthesiaOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : 3589365

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Quitos, Crispin, , ,

Mailing Address 1018 Harrington Ln

City

East Lansing

State

MI

Zip Code

48823-7377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ingham Regional Med CtrOccupation (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
09	/	29	/	2017

Transaction ID : 3599880

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Radmall, Brandon, , ,

Mailing Address 358 Calliope St

City

Ocoee

State

FL

Zip Code

34761-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAP - Florida

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2017

Transaction ID : 3595877

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rahimzadeh, Nariman, , ,

Mailing Address 1885 Manzanita Cir
Ste 555

City

Reno

State

NV

Zip Code

89509-5260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associated Anesthesiologists of Reno

Occupation (for Individual)

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 21 / 2017

Transaction ID : 3594069

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ralph, Christine, , ,

Mailing Address 8526 E Hawaii Ln

City

Denver

State

CO

Zip Code

80231-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Colorado Permanente Medical Group

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2017

Transaction ID : 3596791

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

533.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramey, Jeri, , ,

Mailing Address 12219 S 14th Ct

City
Jenks

State
OK

Zip Code
74037-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists Inc

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3581195

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rashid, Karim, , ,

Mailing Address 2620 1st St E
Unit E

City

West Fargo

State

ND

Zip Code

58078-7986

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanford Health

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595200

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raty, Sally, , ,

Mailing Address 6414 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Director Residency Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587976

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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1041.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ravanbakht, Jason, , ,

Mailing Address 3215 Linville Forest Ct

City
Charlotte

State
NC

Zip Code
28211-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Anesthesia and Pain Speciali

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585491

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Read, Selina, , ,

Mailing Address 500 University Dr
Dept of Anesthesiology, # H187

City
Hershey

State
PA

Zip Code
17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Milton S Hershey Medical Ce

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3589388

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Recker, Gregory, , ,

Mailing Address 411 Laurel St
Ste 3170

City
Des Moines

State
IA

Zip Code
50314-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Anesthesioloists, PC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593026

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reddy, Rahul, , ,Mailing Address 200 N Jefferson St
Apt 2401City
ChicagoState
ILZip Code
60661-1286FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Healthcare SystemOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : 3587934

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Redmon, Benjamin, , ,

Mailing Address 231 Parker Rd

City

Chapel Hill

State

NC

Zip Code

27517-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North CarolinaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

Transaction ID : 3595548

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reese, Adam, , ,

Mailing Address 6504 Granada Dr

City

Prairie Village

State

KS

Zip Code

66208-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kansas university physiciansOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2017

Transaction ID : 3587991

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

641.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reetz, Kimberlee, , ,

Mailing Address 3901 Rainbow Blvd

City
Kansas City

State
KS

Zip Code
66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kansas

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585722

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rhoads, Jennifer, , ,

Mailing Address 620 Chervil Valley Dr

City
Las Vegas

State
NV

Zip Code
89138-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jennifer Rhoads D.O. P.C.

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594061

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riccio, Christina, , ,

Mailing Address 7010 Tokalon Dr

City
Dallas

State
TX

Zip Code
75214-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTSW- Dallas Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595878

Amount of Each Receipt this Period

250.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rice, Linda, , ,

Mailing Address 475 2nd St N
Unit 202

City
St Petersburg

State
FL

Zip Code
33701-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatric Dental Anesthesia Associates

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599822

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rich, Ryan, , ,

Mailing Address 340 Richmond Rd

City
Salisbury

State
NC

Zip Code
28144-2852

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585959

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richardson, Shaina, , ,

Mailing Address 1930 Humboldt St

City
Reno

State
NV

Zip Code
89509-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583817

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1241.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rickelman, Theresa, , ,

Mailing Address 315 S Osteopathy Ave

City
KirksvilleState
MOZip Code
63501-6401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kirksville Anes. Assoc.Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

Transaction ID : 3595875

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rifci, Joseph, , ,Mailing Address W Lakeside Ave
11100 Euclid Ave., Anes 2532City
ClevelandState
OHZip Code
44113-1056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospitals of ClevelandOccupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2017

Transaction ID : 3595102

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riley, Christa, , ,

Mailing Address 4001 Welby Dr

City
MidlothianState
VAZip Code
23113-3651FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VCU Health SystemOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2017

Transaction ID : 3585975

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

375.04

TOTAL This Period (last page this line 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 204 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Riopelle, James, , ,

Mailing Address 13201 Patterson Rd

City

New Orleans

State

LA

Zip Code

70131-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LSUHSC-NO

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594854

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rivard, John, , ,

Mailing Address 2104 Copley Ave

City

Ann Arbor

State

MI

Zip Code

48104-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ANES ASSOC ANN ARBOR

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596175

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roberson, Charles, , ,

Mailing Address 125 Sunset Ln

City

Temple

State

TX

Zip Code

76502-6885

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Scott & White Texas

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594955

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robertson, Robert, , ,

Mailing Address 11215 Seven Oaks Ln

City
Shreveport

State
LA

Zip Code
71106-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595077

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Joel, , ,

Mailing Address 1905 E 3100 N

City
North Logan

State
UT

Zip Code
84341-8341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Interwest Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2017

Transaction ID : 3583945

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodriguez, Leopoldo, , ,

Mailing Address 1199 S Federal Hwy
Ste 392

City
Boca Raton

State
FL

Zip Code
33432-7335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcare Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595119

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rodzewicz, Thomas, , ,

Mailing Address 4110 Breakwater Dr

City
Okemos

State
MI

Zip Code
48864-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ingham Regional Med Ctr

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597958

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roettger, Robert, , ,

Mailing Address 9051 Itasca Trl N

City
Stillwater

State
MN

Zip Code
55082-5285

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin Cities Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594728

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosow, Carl, , ,

Mailing Address 55 Fruit St
Dept of

City
Boston

State
MA

Zip Code
02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MGH

Occupation (for Individual)
anesthesiologist/HMS prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594138

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ross, Sarah, , ,

Mailing Address 9435 Huntcliff Trce

City
Atlanta

State
GA

Zip Code
30350-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PSA - Emory Saint Josephs Hospital

Occupation (for Individual)
CAA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595558

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roth, Adam, , ,

Mailing Address 311 Kousa Trl

City
Chapel Hill

State
NC

Zip Code
27516-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee

Occupation (for Individual)
Resident

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
09 / 20 / 2017

Transaction ID : 3592752

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Routman, Justin, , ,

Mailing Address 21 Elm St
Dept of

City
Mountain Brk

State
AL

Zip Code
35213-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham, PC

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
09 / 11 / 2017

Transaction ID : 3587968

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1525.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowling, Jason, , ,

Mailing Address 18427 Dembridge Dr

City
DavidsonState
NCZip Code
28036-7819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPSOccupation (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
09	10	2017

Transaction ID : 3585896

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Royster, Robert, , ,

Mailing Address 3600 Eden Croft Dr

City
RaleighState
NCZip Code
27612-4326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANCOccupation (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
09	17	2017

Transaction ID : 3591360

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rublaitus, Stephen, , ,

Mailing Address 278 E Oneida Ave

City
ElmhurstState
ILZip Code
60126-4556FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DuPage Valley AnesthesiologistsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	23	2017

Transaction ID : 3595506

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

683.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rudulph, James, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia services of Birmingham

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587969

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rusch, Richard, , ,

Mailing Address 2675 Buckingham Pl

City
Brookfield

State
WI

Zip Code
53045-4195

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAW

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583975

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rusheen, Jeffrey, , ,

Mailing Address 6011 N Pointe Pl

City
Woodland Hills

State
CA

Zip Code
91367-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Los Angeles County

Occupation (for Individual)
Physician Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595541

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Russell, Farrah, , ,

Mailing Address 656 Trumpet Cir

City
Hoover

State
AL

Zip Code
35226-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatric Anesthesia Association

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 19 / 2017

Transaction ID : 3592292

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryan, Barbara, , ,

Mailing Address 10 Sea Spray Dr

City
Biddeford

State
ME

Zip Code
04005-9204

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 ▼

250.00

Date of Receipt

09 / 29 / 2017

Transaction ID : 3599990

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sajewski, Daniel, , ,

Mailing Address 100 Port Washington Blvd

City
Roslyn

State
NY

Zip Code
11576-1347

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 ▼

749.97

Date of Receipt

09 / 23 / 2017

Transaction ID : 3595522

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 211 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

A. Saliba, David, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1810 Woodstone Dr City Winston Salem State NC Zip Code 27127-6110 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Piedmont Triad Anesthesia Occupation (for Individual) Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2017 Transaction ID : 3592761 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Sander-Prather, Mandy, , , 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) anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2017 Transaction ID : 3591283 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Sanders, Edward, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 103 Cloud Crossing Cir City Cary State NC Zip Code 27513-5618 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Regional Anesthesia, PLLC Occupation (for Individual) anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2017 Transaction ID : 3599812 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1750.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Satterfield, John, , ,

Mailing Address 125 White Sail Dr

City
Southington

State
CT

Zip Code
06489-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594082

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Savage, Shannon, , ,

Mailing Address 52 Medical Park Dr E
Ste 321

City
Birmingham

State
AL

Zip Code
35235-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Anesthesia Management

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583678

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sayson, Samuel, , ,

Mailing Address 5710 Providence Country Club Dr

City
Charlotte

State
NC

Zip Code
28277-2621

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594103

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scaniffe, Joseph, , ,

Mailing Address 11 Glenmore Dr

City

Farmington

State

CT

Zip Code

06032-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MILFORD ANES ASSOC

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
09 / 08 / 2017

Transaction ID : 3585801

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scarboro, Gina, , ,

Mailing Address 112 Samuel Lyon Way

City

Savannah

State

GA

Zip Code

31411-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South University

Occupation (for Individual)

Certified Anesthesiologist Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595100

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scarborough, Courtney, , ,

Mailing Address 2500 W 83rd Ter

City

Leawood

State

KS

Zip Code

66206-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Kansas City

Occupation (for Individual)

Pediatric Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595025

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2083.37

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schaefer, Mark, , ,

Mailing Address 12021 W Elmhurst Pkwy

City

Wauwatosa

State

WI

Zip Code

53226-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aurora Health Care

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : 3587424

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schaller, Kent, , ,

Mailing Address 4349 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OAA

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2017

Transaction ID : 3583930

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schapire, Phyllis, , ,

Mailing Address 52 Cedar Hill Ln

City

Media

State

PA

Zip Code

19063-6310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associates in anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2017

Transaction ID : 3595213

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

733.33

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scharf, Andrew, , ,

Mailing Address 4642 Kensington Ave

City
RichmondState
VAZip Code
23226-1311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth University HealthOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3597949

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schlifstein, Brett, , ,

Mailing Address 9550 93rd St

City
SeminoleState
FLZip Code
33777-2119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SheridanOccupation (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
09 / 01 / 2017

Transaction ID : 3583822

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schuster, Abraham, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Anes. Serv. of Birmingham PC, SteCity
BirminghamState
ALZip Code
35216-7251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of BirminghamOccupation (for Individual)
Physician

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
09 / 11 / 2017

Transaction ID : 3587970

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 216 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schwalbe, Frank, , ,

Mailing Address 116 Union St N

City
ConcordState
NCZip Code
28025-4744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPSOccupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	20	2017

Transaction ID : 3592331

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwarz, Adam, , ,Mailing Address 1212 4th St SE
Apt 737City
WashingtonState
DCZip Code
20003-3499FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAPMGOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M	D D	Y Y Y Y
09	06	2017

Transaction ID : 3585473

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, John, , ,

Mailing Address 2165 Herschel St

City
JacksonvilleState
FLZip Code
32204-3819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	28	2017

Transaction ID : 3596752

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seacat, Brian, , ,

Mailing Address 4400 NE 92nd St

City
Oklahoma CityState
OKZip Code
73131-8210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of OklahomaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : 3587939

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sellers, Alethia, , ,Mailing Address 619 19th St S
Jefferson Tower 862City
BirminghamState
ALZip Code
35249-1900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UABOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : 3600052

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seminer, Steven, , ,Mailing Address 1201 Nott St
Schenectady Anes. Assoc., P.C., StCity
SchenectadyState
NYZip Code
12308-2589FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schenectady Anesthesia AssociatesOccupation (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
09	/	30	/	2017

Transaction ID : 3600099

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

441.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seminer, Steven, , ,

Mailing Address 1201 Nott St

Schenectady Anes. Assoc., P.C., St

City

Schenectady

State

NY

Zip Code

12308-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Schenectady Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600100

Amount of Each Receipt this Period

100.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seminer, Steven, , ,

Mailing Address 1201 Nott St

Schenectady Anes. Assoc., P.C., St

City

Schenectady

State

NY

Zip Code

12308-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Schenectady Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600097

Amount of Each Receipt this Period

100.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shah, Maitriyi, , ,

Mailing Address 75 Francis St

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and Womens Hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596057

Amount of Each Receipt this Period

500.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shakar, Robert, , , Jr

Mailing Address 933 Rabbit Run

City
WilmingtonState
NCZip Code
28409-2207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MednaxOccupation (for Individual)
Physician

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
09 / 21 / 2017

Transaction ID : 3594044

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shanks, Gary, , ,

Mailing Address 27012 Masters Pkwy

City
SpicewoodState
TXZip Code
78669-1322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BSWOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587911

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sharifpour, Milad, , ,

Mailing Address 915 W Ptree St NE
Unit 20106City
AtlantaState
GAZip Code
30309-4328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University HospitalOccupation (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
09 / 15 / 2017

Transaction ID : 3589370

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sharp, Christopher, , ,

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)
East Memphis Anesthesia Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595509

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sherrer, Daniel, , ,

Mailing Address 2151 Old Rocky Ridge Rd
Ste 106

City
Birmingham

State
AL

Zip Code
35216-7251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services of Birmingham, PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587971

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shilliam, Lance, , ,

Mailing Address 224 W Exchange St
Ste 220

City
Akron

State
OH

Zip Code
44302-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of Akron

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585889

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shindell, Marina, , ,Mailing Address 12401 E 17th Ave
Rm 733City
AuroraState
COZip Code
80045-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado HospitalOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2017

Transaction ID : 3592756

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shook, Paul, , ,

Mailing Address 2120 Lockhart Dr

City
CharlotteState
NCZip Code
28203-6040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence AnesthesiologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

Transaction ID : 3593154

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shore-Lesserson, Linda, , ,

Mailing Address 550 Faletti Way

City
River ValeState
NJZip Code
07675-6038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (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
09	/	14	/	2017

Transaction ID : 3589022

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shrestha, Ajit, , ,

Mailing Address 9511 Wedge Way

City
DelmarState
MDZip Code
21875-2377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peninsula regional medical centerOccupation (for Individual)
Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599994

Amount of Each Receipt this Period

510.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shulkosky, Mark, , ,

Mailing Address 2880 Valley View Cir

City
ErieState
PAZip Code
16509-8014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595510

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shute, Kevin, , ,

Mailing Address 796 Brookberry Farm Cir

City
Winston SalemState
NCZip Code
27106-9835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Davidson Anesthesia ConsultantsOccupation (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
09 / 21 / 2017

Transaction ID : 3594023

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1060.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sibert, Karen, , ,

Mailing Address 757 Westwood Plz

Anesthesiology, # 3325

City

Los Angeles

State

CA

Zip Code

90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Karen S. Sibert MD Inc.

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1433.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3589399

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Silver, Brent, , ,

Mailing Address 8318 E Gray Rd

City

Scottsdale

State

AZ

Zip Code

85260-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Valley anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591237

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simanonok, Kirsten, , ,

Mailing Address N78W14573 Appleton Ave

212

City

Menomonee Falls

State

WI

Zip Code

53051-4382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kirsten J Simanonok, MDSC

Occupation (for Individual)

Physician/ Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

354.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591374

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Simon, Michael, , ,

Mailing Address 35 Gellatly Dr

City
Wappingers Falls

State
NY

Zip Code
12590-6452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Healthcorp

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2017

Transaction ID : 3583895

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simril, James, , ,

Mailing Address 211 Northbrook Way
Dept of

City
Greenville

State
SC

Zip Code
29615-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600642

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Singer, J. Daniel, , ,

Mailing Address 17 Captains Pt

City
Greensboro

State
NC

Zip Code
27455-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mednax

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3593064

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skaff, Paul, , ,

Mailing Address 28 Norwood Rd

City
Charleston

State
WV

Zip Code
25314-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
general anesthesia services

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595528

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Skolnick, Eric, , ,

Mailing Address 11913 Whistler Ct

City
Potomac

State
MD

Zip Code
20854-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar Washington Hospital Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596079

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slonin, Jonathan, , ,

Mailing Address 5191 SW Longspur Ln

City
Palm City

State
FL

Zip Code
34990-8822

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 ▼

770.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583831

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

375.04

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Small, Robert, , ,

Mailing Address 410 W 10th Ave

Dept of

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595103

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Blair, , ,

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAHSF

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587928

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Jeremy, , ,

Mailing Address 525 Boulder Lake Way

City

Vestavia

State

AL

Zip Code

35242-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern Anesthesia Management

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599847

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Joshua, , ,

Mailing Address 505 Lansdowne Pl

City
Vestavia

State
AL

Zip Code
35226-3264

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600128

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Perry, , ,

Mailing Address 4017 Old Leeds Rdg

City
Mountain Brk

State
AL

Zip Code
35213-3227

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595743

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Stephen, , ,

Mailing Address 2402 Bentley Ct

City
Columbia

State
MO

Zip Code
65202-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Anesthesiology Associates, Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595552

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

958.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Uhuru, , ,

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594078

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, William, , ,

Mailing Address 2223 Edgemont Ave

City
Bristol

State
TN

Zip Code
37620-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
bas

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3586025

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Snyder, Mark, , ,

Mailing Address PO Box 3521

City
Salina

State
KS

Zip Code
67402-3521

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599835

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soha, Walter, , , Jr

Mailing Address 1090 Arbor Ln

City
Jacksonville

State
FL

Zip Code
32207-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596759

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Soi, Tejinder, , ,

Mailing Address 11441 Durango Dr

City
Zionsville

State
IN

Zip Code
46077-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : 3585706

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soto, Roy, , ,

Mailing Address 3250 Chestnut Run Dr

City
Bloomfield Hills

State
MI

Zip Code
48302-1113

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 ▼

749.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583902

Amount of Each Receipt this Period

41.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Soto, Roy, , ,

Mailing Address 3250 Chestnut Run Dr

City
Bloomfield HillsState
MIZip Code
48302-1113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MednaxOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

Transaction ID : 3595512

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Souter, Michael, , ,Mailing Address 325 9th Ave
Box 359724, # 359724City
SeattleState
WAZip Code
98104-2420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of WashingtonOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 3595080

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spanakis, Spiro, , ,

Mailing Address 48 Old Mill Rd

City
ShrewsburyState
MAZip Code
01545-2230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMASS Memorial Medical GroupOccupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : 3595082

Amount of Each Receipt this Period

41.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

166.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 231 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spanakis, Spiro, , ,

Mailing Address 48 Old Mill Rd

City
ShrewsburyState
MAZip Code
01545-2230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMASS Memorial Medical GroupOccupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

Transaction ID : 3595179

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spofford, Christina, , ,Mailing Address 19140 Baythorn Way
6JCPCity
BrookfieldState
WIZip Code
53045-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of WisconsinOccupation (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
09		10		2017

Transaction ID : 3585877

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spond, Matthew, , ,

Mailing Address 31 Bayonne Dr

City
Little RockState
ARZip Code
72223-9167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ArkansasOccupation (for Individual)
Resident

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
09		30		2017

Transaction ID : 3600618

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1091.67

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Springer, Andrew, , ,

Mailing Address 410 W 10th Ave

Dept of

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585994

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sprtel, Brett, , ,

Mailing Address 10726 Deer Ridge Ct

City

Zeeland

State

MI

Zip Code

49464-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

APC Grand Rapids

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589149

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stack, Kathryn, , ,

Mailing Address 6200 Mountain Brook Ln

City

Sandy Springs

State

GA

Zip Code

30328-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Clinic

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2017

Transaction ID : 3591369

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 233 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Standlee, Timothy, , ,Mailing Address 20375 W 151st St
Ste 406City
OlatheState
KSZip Code
66061-7209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johnson County AnesthesiologistsOccupation (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
09	/	27	/	2017

Transaction ID : 3596090

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stangl, James, , ,Mailing Address 314 Martin Luther King Jr Way
Ste 300City
TacomaState
WAZip Code
98405-4292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tacoma Anesthesia AssociatesOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : 3589362

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stapleton, David, , ,

Mailing Address 1478 Mitchell Ave

City
TallahasseeState
FLZip Code
32303-5841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of TallahassOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2017

Transaction ID : 3583922

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: PAGE 234 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Starck, Timothy, , ,

Mailing Address 11583 Prestwick Rd

City
Belvidere

State
IL

Zip Code
61008-8156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockford Anesthesiologists Associated

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595117

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stein, Erica, , ,

Mailing Address 410 W 10th Ave
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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583827

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stephenson, John, , ,

Mailing Address 5671 Peachtree Dunwoody Rd
Ste 610

City
Atlanta

State
GA

Zip Code
30342-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PSA

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583828

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stevenson, Matthew, , ,

Mailing Address 2165 Herschel St

City
Jacksonville

State
FL

Zip Code
32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Anesthesia Consultants

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596755

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Douglas, , ,

Mailing Address 1432 Caring Ct

City
Maitland

State
FL

Zip Code
32751-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583824

Amount of Each Receipt this Period

2.12

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Douglas, , ,

Mailing Address 1432 Caring Ct

City
Maitland

State
FL

Zip Code
32751-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583825

Amount of Each Receipt this Period

20.87

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

522.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Still, Ann, , ,

Mailing Address 63 County Road 214
Cullman Primary Care

City
Bremen

State
AL

Zip Code
35033-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Pain Specialists

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 29 / 2017

Transaction ID : 3600018

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stilz, Richard, , ,

Mailing Address 1354 Herschel Ave

City

Cincinnati

State

OH

Zip Code

45208-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthesia assoc of cinti

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

MM / DD / YYYY
09 / 22 / 2017

Transaction ID : 3595084

Amount of Each Receipt this Period

41.63

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stone, Kenneth, , ,

Mailing Address 317 Laurelwood Rd

City

Orange

State

CT

Zip Code

06477-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridgeport Anesthesia Assoc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

MM / DD / YYYY
09 / 02 / 2017

Transaction ID : 3583896

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Story, Herbert, , , III

Mailing Address 4520 Belfort Ave

City
Dallas

State
TX

Zip Code
75205-3619

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595880

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Strevels, Stephen, , ,

Mailing Address PO Box 51947

City
Knoxville

State
TN

Zip Code
37950-1947

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3591380

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stroud, Jason, , ,

Mailing Address 8132 Deerpointe Dr

City
Toledo

State
OH

Zip Code
43617-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Toledo

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588032

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sugar, Robert, , ,

Mailing Address 14500 Castlerock Rd

City
SalinasState
CAZip Code
93908-9438FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2017

Transaction ID : 3585898

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Suleiman, Nasir, , ,

Mailing Address 223 Engle Dr

City
WallingfordState
PAZip Code
19086-6322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THOMAS JEFFERSON HOSPOccupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587993

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Erin, , ,

Mailing Address 200 Lothrop St
Dept ofCity
PittsburghState
PAZip Code
15213-2536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMCOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585947

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

933.37

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sundaralingam, Rohan, , ,

Mailing Address 884 N Paulina St
Apt 3

City
Chicago

State
IL

Zip Code
60622-5068

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595542

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sunku, Shanthan, , ,

Mailing Address 737 Countryside Rd

City

Seven Valleys

State

PA

Zip Code

17360-8964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of York Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596100

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sutton, Rachelle, , ,

Mailing Address 1100 E 26th St

City

Sioux Falls

State

SD

Zip Code

57105-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates, Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585918

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swade, Jonathan, , ,

Mailing Address 429 W 58th St

City
Kansas City

State
MO

Zip Code
64113-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Lukes Hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600619

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sween, Steven, , ,

Mailing Address 240 Marchand Ct

City
Atlanta

State
GA

Zip Code
30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physician Specialists in Anesthesia PC

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594065

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sweeney, Jessica, , ,

Mailing Address 1512 W Diversey Pkwy

City
Chicago

State
IL

Zip Code
60614-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KUMC

Occupation (for Individual)

Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : 3595487

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 241 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swenson, Matthew, , ,

Mailing Address 7720 S 92nd East Ave

City
TulsaState
OKZip Code
74133-4916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists IncOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	06	2017

Transaction ID : 3585474

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swygert, Thomas, , ,

Mailing Address 7014 Prestonshire Ln

City
DallasState
TXZip Code
75225-1742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	D D	Y Y Y Y
09	22	2017

Transaction ID : 3595113

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Szocik, James, , ,Mailing Address 1500 E Medical Ctr Dr
Dept ofCity
Ann ArborState
MIZip Code
48109-5000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MichiganOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
09	18	2017

Transaction ID : 3591216

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1083.37

TOTAL This Period (last page this line 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 242 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Takhtehchian, Kurosh, , ,

Mailing Address 822 E Glenwood Rd

City
Glenview

State
IL

Zip Code
60025-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
midwest anesthesia partners

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

09 / 15 / 2017

Transaction ID : 3589353

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Talbot, John, , ,

Mailing Address 1601 Suther Rd

City
Concord

State
NC

Zip Code
28025-9595

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Anesthesia and Pain

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 01 / 2017

Transaction ID : 3581822

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tanaka, Vivian, , ,

Mailing Address 56 Twin Gables

City
Irvine

State
CA

Zip Code
92620-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allied Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.68

Date of Receipt

09 / 03 / 2017

Transaction ID : 3583925

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Jefferson, , ,

Mailing Address 3179 Green Valley Rd
411

City
Vestavia

State
AL

Zip Code
35243-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3581819

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taylor, Karyn, , ,

Mailing Address 6205 Lonnie Lee Ln

City
Hudson

State
FL

Zip Code
34667-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NFAC Jacksonville

Occupation (for Individual)
CAA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595931

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Scott, , ,

Mailing Address 4336 Stone Creek Dr

City
Erie

State
PA

Zip Code
16506-7040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594095

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thayer, Elton, , ,

Mailing Address 4628 E Ocotillo Rd

City
Paradise Valley

State
AZ

Zip Code
85253-4033

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3587947

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Justin, , ,

Mailing Address 17707 Voss Rd
Dept of

City
Dallas

State
TX

Zip Code
75287-6766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excel anesthesia

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
09 / 08 / 2017

Transaction ID : 3585824

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Leslie, , ,

Mailing Address 2405 Chester St

City
Metairie

State
LA

Zip Code
70001-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCHSNER MEDICAL CENTER

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
09 / 23 / 2017

Transaction ID : 3595173

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1300.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomas, Robert, , ,

Mailing Address 3945 E Nora Cir

City
MesaState
AZZip Code
85215-1078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia ResourcesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589358

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Greg, , ,

Mailing Address 710 Davis Pt

City
OxfordState
MSZip Code
38655-5954FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LifeLinc AnesthesiaOccupation (for Individual)
Anesthesiologist/President

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
09 / 05 / 2017

Transaction ID : 3583991

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, John, , ,

Mailing Address 3903 Prentice Ln

City
AustinState
TXZip Code
78746-1916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

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
09 / 26 / 2017

Transaction ID : 3595749

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

391.67

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomson, Sydney, , ,

Mailing Address 6224 Hidden Meadow Ct

City
San Jose

State
CA

Zip Code
95135-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coast Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595121

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thorogood, Michael, , ,

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 ▼

750.01

Date of Receipt

09 / 22 / 2017

Transaction ID : 3595098

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tirce, Christopher, , ,

Mailing Address 4147 Davana Rd

City
Sherman Oaks

State
CA

Zip Code
91423-4213

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 ▼

300.00

Date of Receipt

09 / 17 / 2017

Transaction ID : 3589437

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

466.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tolentino, David, , ,

Mailing Address 7205 Hickory St

City
Falls Church

State
VA

Zip Code
22043-3046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596966

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tountas, Melissa, , ,

Mailing Address 9219 Cromwell Woods Sq

City
Orlando

State
FL

Zip Code
32827-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP/Florida

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587944

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Townsley, Matthew, , ,

Mailing Address 2539 Aspen Cove Dr

City
Vestavia

State
AL

Zip Code
35243-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Alabama at Birmingham

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3592759

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

641.67

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 248 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tran, Dan-Thuy, , ,

Mailing Address 300 2nd Ave

City
Long BranchState
NJZip Code
07740-6303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
physician

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
09		25		2017

Transaction ID : 3595561

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tremper, Kevin, , ,Mailing Address 1500 E Medical Center Dr
Rm 1H247City
Ann ArborState
MIZip Code
48109-5000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MichiganOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : 3596630

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Treskov, Ilya, , ,Mailing Address 660 S Euclid Ave
Anes. Dept., # 8054City
Saint LouisState
MOZip Code
63110-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAAOccupation (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
09		17		2017

Transaction ID : 3589426

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1575.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Triay, Melvin, , , III

Mailing Address 5201 Davis Dr

City
MetairieState
LAZip Code
70003-1031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PMCOccupation (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
09 / 21 / 2017

Transaction ID : 3593180

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tribble, Brendan, T., , M.D.

Mailing Address 208 Carbon City Rd

City
MorgantonState
NCZip Code
28655-4239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Team Health AnesthesiaOccupation (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
09 / 21 / 2017

Transaction ID : 3593067

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Troianos, Christopher, , ,

Mailing Address 2 Haskell Dr

City
BratenahlState
OHZip Code
44108-1166FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583901

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1083.37

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tubben, Robert, , ,

Mailing Address 1984 Belwood Dr

City
Okemos

State
MI

Zip Code
48864-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ingham Regional Med Ctr

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589254

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tucker, Elrie, , ,

Mailing Address 4100 Derrwood Dr

City
Akron

State
OH

Zip Code
44333-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic Foundation

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591353

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turner, Judi, , ,

Mailing Address 1002 Franklin St
UCLA

City
Santa Monica

State
CA

Zip Code
90403-2322

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 ▼

830.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595115

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tuttle, Ann, , ,

Mailing Address 5550 William Henry Harrison Ln

City
Cincinnati

State
OH

Zip Code
45243-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SHA

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600102

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tyler, David, , ,

Mailing Address 2719 Trevor Dr SE

City
Huntsville

State
AL

Zip Code
35802-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Anesthesia Services

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2017

Transaction ID : 3600030

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tzeng, Gary, , ,

Mailing Address 582 S Rex Blvd

City
Elmhurst

State
IL

Zip Code
60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DVA

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

09 / 03 / 2017

Transaction ID : 3583928

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 252 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Underhill, Jenni, , ,Mailing Address 2441 76th Ave SE
Apt 529City
Mercer IslandState
WAZip Code
98040-3781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seattle AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	30	2017

Transaction ID : 3600646

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vance, Matthew, , ,

Mailing Address PO Box 51947

City
KnoxvilleState
TNZip Code
37950-1947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
university anesthesiologistsOccupation (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
09	20	2017

Transaction ID : 3593030

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vaneyk, Scott, , ,

Mailing Address 3901 E Quincy Ave

City
EnglewoodState
COZip Code
80113-4914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CPMGOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	29	2017

Transaction ID : 3600032

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Varner, Pam, , ,

Mailing Address 3504 Pine Ridge Rd

City
Mountain Brk

State
AL

Zip Code
35213-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of AL School of Medicine

Occupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : 3593041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vega, Jorge, , ,

Mailing Address 629 Ferriday Ct

City
Harahan

State
LA

Zip Code
70123-7805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : 3600040

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Verdone, Thomas, , ,

Mailing Address 27 Crystal Ridge Rd

City
South Glastonbury

State
CT

Zip Code
06073-3545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emcare

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3597934

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1141.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vinta, Sandhya, , ,

Mailing Address 1551 Moncrey Ave

City
League City

State
TX

Zip Code
77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMB

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2017

Transaction ID : 3583905

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vizena, Annette, , ,

Mailing Address 1236 E Elizabeth St
Ste 1

City
Fort Collins

State
CO

Zip Code
80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3587973

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vollers, James, , ,

Mailing Address 750 NE 13th St
Ste 200

City
Oklahoma City

State
OK

Zip Code
73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595086

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

183.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wagner, Lance, , ,

Mailing Address 150 55th St

City
Brooklyn

State
NY

Zip Code
11220-2508

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2017

Transaction ID : 3585950

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wagner, Robert, , ,

Mailing Address 700 Dockview Way
Apt 1424

City
Tampa

State
FL

Zip Code
33602-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nova Southeastern University

Occupation (for Individual)
Certified Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595104

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walcutt, Charles, , ,

Mailing Address 7317 Frederick Cir

City
La Vista

State
NE

Zip Code
68128-2664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Nebraska

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3595074

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

516.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wald, Samuel, , ,

Mailing Address 518 Torwood Ln

City
Los Altos

State
CA

Zip Code
94022-2159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583981

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, James, , ,

Mailing Address 1549 N Rocky Creek Ct

City
Wichita

State
KS

Zip Code
67230-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consulting Services, PA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3589404

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, John, , ,

Mailing Address 6112 Clubhouse Dr

City
Trussville

State
AL

Zip Code
35173-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates, PA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3581698

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.37

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallace, Austin, , ,

Mailing Address 22 Tanglewood Dr

City
Durango

State
CO

Zip Code
81301-5848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest Colorado Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2017

Transaction ID : 3586019

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wallace, Brian, , ,

Mailing Address 400 E Pioneer
Ste 204

City
Puyallup

State
WA

Zip Code
98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rainier Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 22 / 2017

Transaction ID : 3595126

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wallace, Terence, , ,

Mailing Address 20 N Front St
Dept of Anesthesiology, Apt 2F

City
Philadelphia

State
PA

Zip Code
19106-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services, P.A.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
09 / 14 / 2017

Transaction ID : 3589152

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

241.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waller, Eva, , ,

Mailing Address N2198 Unc Hospitals

CB# 7010

City

Chapel Hill

State

NC

Zip Code

27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNC Hospitals

Occupation (for Individual)

Pediatric anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2017

Transaction ID : 3583984

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walther, Henry, , ,

Mailing Address 6845 Rancho Los Pavos Ln

City

Granite Bay

State

CA

Zip Code

95746-7349

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CASE Medical

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2017

Transaction ID : 3595881

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wang, Matthew, , ,

Mailing Address 4336 Woodlark Ln

City

Charlotte

State

NC

Zip Code

28211-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Providence Anesthesiology Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

224.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2017

Transaction ID : 3585954

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wargo, Bradley, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595513

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warren, William, , ,

Mailing Address 3100 Seville Ter

City
Dothan

State
AL

Zip Code
36303-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GHS

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2017

Transaction ID : 3591376

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Warrier, Smitha, , ,

Mailing Address 794 E 16th Ave

City
Salt Lake City

State
UT

Zip Code
84103-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Utah

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2017

Transaction ID : 3591344

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 260 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Washington, Erikka, , ,Mailing Address 6431 Fannin St
msb 5.020City
HoustonState
TXZip Code
77030-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HoustonOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2017

Transaction ID : 3595533

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weesner, Kathryn, , ,Mailing Address 8717 W 110th St
Ste 600

City

Overland Park

State
KSZip Code
66210-2126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2017

Transaction ID : 3583842

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wegner, Robert, , ,Mailing Address 6431 Fannin St
Dept of Anes, Ste 5.020

City

Houston

State
TXZip Code
77030-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HealthOccupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2017

Transaction ID : 3600644

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.01

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wehner, Kyle, , ,

Mailing Address 18450 Couples Ct

City
Yorba LindaState
CAZip Code
92886-7042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allied Anesthesia Medical Group Inc.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3592295

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weigel, Wade, , ,

Mailing Address 1100 9th Ave
Mail Stop B2-ANCity
SeattleState
WAZip Code
98101-2756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
virginia mason medical centerOccupation (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
09 / 01 / 2017

Transaction ID : 3581590

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weiner, IVan, , ,

Mailing Address 10527 Emerald Chase Dr

City
OrlandoState
FLZip Code
32836-5862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2017

Transaction ID : 3587943

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

383.33

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weiss, Alan, , ,

Mailing Address 960 Royal Arms Dr

City
Girard

State
OH

Zip Code
44420-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Belpark Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : 3594070

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weller, James, , ,

Mailing Address 3335 Legacy Trce

City
Cincinnati

State
OH

Zip Code
45237-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596102

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wells, Allison, , ,

Mailing Address 33 Patti Lynn Ln

City
Houston

State
TX

Zip Code
77024-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest anesthesiology and pain

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
09 / 08 / 2017

Transaction ID : 3585822

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wells, Lynda, , ,

Mailing Address 4098 Wood Ln

City
Keswick

State
VA

Zip Code
22947-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Virginia Health System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588035

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wenleder, Brett, , ,

Mailing Address 1739 Highland Pl

City
Tallahassee

State
FL

Zip Code
32308-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sheridan Health Corp.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599834

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitaker, James, , ,

Mailing Address 7630 Polo Ridge Dr

City
Littleton

State
CO

Zip Code
80128-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAS PC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589248

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Erik, , ,

Mailing Address 4902 21st Avenue Ct NW

City

Gig Harbor

State

WA

Zip Code

98335-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pacific Anesthesia

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3596106

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whitney, Robert, , ,

Mailing Address 1725 W Fairy Chasm Rd

City

River Hills

State

WI

Zip Code

53217-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesiology Associates of Wisconsin

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2017

Transaction ID : 3594946

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wiktor, Marisa, , ,

Mailing Address 8735 E 23rd Ave

City

Denver

State

CO

Zip Code

80238-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Colorado

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

589.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2017

Transaction ID : 3589357

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wild, David, , ,

Mailing Address 3901 Rainbow Blvd
 Mailstop 1034

City
 Kansas City

State
 KS

Zip Code
 66160-8500

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Kansas University Medical Center

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.31

Date of Receipt

MM / DD / YYYY
 09 / 10 / 2017

Transaction ID : 3585981

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wildt, David, , ,

Mailing Address 3002 Barclay Way

City

Ann Arbor

State

MI

Zip Code

48105-9464

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 ▼

500.02

Date of Receipt

MM / DD / YYYY
 09 / 23 / 2017

Transaction ID : 3595158

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilhite, Anne, , ,

Mailing Address 10136 Cherokee Rd

City

Richmond

State

VA

Zip Code

23235-1106

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 VA Medical Center

Occupation (for Individual)
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.99

Date of Receipt

MM / DD / YYYY
 09 / 22 / 2017

Transaction ID : 3595093

Amount of Each Receipt this Period

41.63

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilkerson, Danny, , ,

Mailing Address 4301 W Markham St

Anesthesiology Department, # 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 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595517

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Landirs, , ,

Mailing Address 920 Church St N

City

Concord

State

NC

Zip Code

28025-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northeast Anesthesia and Pain Manageme

Occupation (for Individual)

Anesthesiologist/Pain Specialist

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
09 / 14 / 2017

Transaction ID : 3589024

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williamson, Julie, , ,

Mailing Address 142 Superior Ave

City

Decatur

State

GA

Zip Code

30030-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory University

Occupation (for Individual)

Pediatric Anesthesiologist and Intensi

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
09 / 28 / 2017

Transaction ID : 3596219

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

833.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winthrop, Brett, , ,

Mailing Address 3825 Boulder Patch
Ste B

City
Reno

State
NV

Zip Code
89511-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAR

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589154

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Witzeling, Todd, , ,

Mailing Address 1044 S Wolcott St

City
Casper

State
WY

Zip Code
82601-3763

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595153

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wlody, David, , ,

Mailing Address 210 W 107th St
Apt 6C

City
New York

State
NY

Zip Code
10025-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State University of New York

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1166.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : 3596118

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wojciechowski, Paul, , ,

Mailing Address 7743 Eleventh Hour Ln

City
West Chester

State
OH

Zip Code
45069-3857

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : 3595511

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wold, James, , ,

Mailing Address 567 32nd Avenue Dr NW

City
Hickory

State
NC

Zip Code
28601-1045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastern Carolina Anesthesia Associates

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2017

Transaction ID : 3585921

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wong, Hak, , ,

Mailing Address 3500 N Lake Shore Dr
Apt 3B

City
Chicago

State
IL

Zip Code
60657-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern University

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595216

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2050.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Work, Byron, , ,

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 ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2017

Transaction ID : 3595536

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Ameer, , ,

Mailing Address PO Box 730968

City
Ormond Beach

State
FL

Zip Code
32173-0968

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health Care PARTners

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3600034

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wright, Crystal, , ,

Mailing Address 3032 Jarrard St

City
Houston

State
TX

Zip Code
77005-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2017

Transaction ID : 3588031

Amount of Each Receipt this Period

83.37

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wright, Kamala, , ,

Mailing Address 7878 Underwood Rdg

City

Traverse City

State

MI

Zip Code

49686-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TAA PC

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
09 / 22 / 2017

Transaction ID : 3594092

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Kamala, , ,

Mailing Address 7878 Underwood Rdg

City

Traverse City

State

MI

Zip Code

49686-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TAA PC

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
09 / 22 / 2017

Transaction ID : 3594093

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wudrick, Robert, , ,

Mailing Address 9782 Eastwood Cir

City

Villa Park

State

CA

Zip Code

92861-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

Transaction ID : 3599874

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yao, Annie, , ,

Mailing Address 5671 Peachtree Dunwoody Rd
Ste 610

City
Atlanta

State
GA

Zip Code
30342-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia

Occupation (for Individual)
Anesthesiologist MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2017

Transaction ID : 3583843

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yarnall, David, , ,

Mailing Address 3300 Gallows Rd

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Virginia

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2017

Transaction ID : 3585718

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yee, Steven, , ,

Mailing Address 10800 E Cactus Rd
Unit 58

City

Scottsdale

State

AZ

Zip Code

85259-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesth Consult

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : 3591690

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 272 OF 295
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. York, James, , ,Mailing Address 129 Hidden Creek Cir
Unit 4City
DothanState
ALZip Code
36301-0301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Troy Regional Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2017

Transaction ID : 3585852

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yosuico, Arnold, , ,

Mailing Address 222-A Angel Terrace Dr

City

Charleston

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Anesthesia Services, Inc.Occupation (for Individual)
doctor

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
09	/	27	/	2017

Transaction ID : 3596058

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Karlon, , ,

Mailing Address 227 Knoxview Ln

City

Mooresville

State

NC

Zip Code

28117-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthEast Anesthesia and Pain SpecialiOccupation (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
09	/	02	/	2017

Transaction ID : 3583851

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zanger, Margaret, , ,

Mailing Address 2021 Fox Run

City
NixaState
MOZip Code
65714-8089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ozark Anesthesia AssociatesOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : 3595940

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zarrelli, Stephen, , ,

Mailing Address 276 Jefferson Pl

City

Bethlehem

State

PA

Zip Code

18020-8974

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PASNAOccupation (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
09 / 22 / 2017

Transaction ID : 3594063

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Zhou, Shao Feng, , ,

Mailing Address 6431 Fannin St
MSB5020

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HoustonOccupation (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
09 / 29 / 2017

Transaction ID : 3599800

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 295

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zvara, David, , ,

Mailing Address PO Box 7010

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 ▼

849.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2017

Transaction ID : 3589147

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.33

249867.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 275 OF 295

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City
HagerstownState
MDZip Code
21741Purpose of Disbursement
Merchant Credit Card Fees

001

Category/
Type

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
0	9			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : V180839

Amount of Each Disbursement this Period

16980.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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).....▶

16980.67

TOTAL This Period (last page this line number only).....▶

16980.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 276 OF 295

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Anthony Brown For Congress

Mailing Address 12138 Central Ave #671

City
BowieState
MDZip Code
20721Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Brown, Anthony, Gregory, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00574640

Transaction ID : 180629

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

City
San PedroState
CAZip Code
90731Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Barragan, Nanette, Diaz, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

FEC Identification Number

C C00577353

Transaction ID : 180767

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City
Elk GroveState
CAZip Code
95758Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Bera, Amerish, B., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00461061

Transaction ID : 180616

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).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City
BryanState
TXZip Code
77805Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Flores, William, H., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00472241

Transaction ID : 180759

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City
LanghorneState
PAZip Code
19047Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, K., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00607416

Transaction ID : 180764

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address PO Box 2882

City
WilmingtonState
DEZip Code
19805Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Carper, Thomas, Richard, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C C00349217

Transaction ID : 180510

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. CHERPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address PO Box 65322

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

CHERPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

FEC Identification Number

C C00540906

Transaction ID : 180766

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chesapeake PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

Mailing Address 824 S Milledge Ave Ste 101

City
AthensState
GAZip Code
30605Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Chesapeake PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

FEC Identification Number

C C00492819

Transaction ID : 180618

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address P. O. Box 7292

City
ChicagoState
ILZip Code
60680-7292Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Rush, Bobby, Lee, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 01

FEC Identification Number

C C00257121

Transaction ID : 180519

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Dr. Brian Babin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address PO Box 159

City
WoodvilleState
TXZip Code
75979-0159Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Babin, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 36

FEC Identification Number

C C00553859

Transaction ID : 180511

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address PO Box 3433

City
Palm DesertState
CAZip Code
92261Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

FEC Identification Number

C C00502575

Transaction ID : 180517

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Elect Blake Farenthold Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address PO Box 3369

City
Corpus ChristiState
TXZip Code
78463-3369Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Farenthold, R. Blake, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 27

FEC Identification Number

C C00473736

Transaction ID : 180756

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little RockState
ARZip Code
72217Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Hill, J. French, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00551275**Transaction ID : 180623**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address PO Box 65322

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Bustos, Cheryl, L., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00498568**Transaction ID : 180619**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of David Schweikert

Mailing Address PO Box 15785

City
PhoenixState
AZZip Code
85060-5785Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Schweikert, David, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00540617**Transaction ID : 180627**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Matt Gaetz

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Gaetz, Matt, Jerry, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	7							

FEC Identification Number

C C00612432

Transaction ID : 180768

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Steve Braun

Mailing Address PO Box 168

City
WhitestownState
INZip Code
46075Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Braun, Steven, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	8							

FEC Identification Number

C C00654442

Transaction ID : 180630

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City
RaleighState
NCZip Code
27624Purpose of Disbursement
2018 General Contribution

011

Candidate Name

Holding, George, E., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	8							

FEC Identification Number

C C00499236

Transaction ID : 180620

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 282 OF 295

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. HEARTDOCPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address PO Box 628

City
EvansvilleState
INZip Code
47704-0628Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

HEARTDOCPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

FEC Identification Number

C C00523381

Transaction ID : 180518

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. House Conservatives Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Mailing Address 228 S. Washington St., Ste. 115

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

House Conservatives Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

FEC Identification Number

C C00326439

Transaction ID : 180691

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jamie Raskin For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Mailing Address P.O. Box 5418

City
Takoma ParkState
MDZip Code
20913Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Raskin, Jamie, B., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 08

FEC Identification Number

C C00575126

Transaction ID : 180696

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address PO Box 2018

City
Thousand OaksState
CAZip Code
91358Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Brownley, Julia, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 26

FEC Identification Number

C C00513077

Transaction ID : 180760

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kansans For Marshall

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address PO Box 1588

City
Great BendState
KSZip Code
67530Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Marshall, Roger, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

FEC Identification Number

C C00576173

Transaction ID : 180765

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address PO Box 159

City
BelmontState
MAZip Code
02478-9998Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Clark, Katherine, M., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 05

FEC Identification Number

C C00541888

Transaction ID : 180516

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Kirkpatrick For Congress

Mailing Address PO Box 3015

City
TucsonState
AZZip Code
85702Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Kirkpatrick, Ann, L., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	7		

FEC Identification Number

C C00651042**Transaction ID : 180771**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lamborn For Congress

Mailing Address P.O. Box 64107

City
Colorado SpringsState
COZip Code
80962Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Lamborn, Douglas, L., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00420745**Transaction ID : 180625**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lindsey For Congress

Mailing Address P.O. Box 508

City
McLeanState
VAZip Code
22101Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Stover, Lindsey, Davis, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00637892**Transaction ID : 180770**

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Lofgren For CongressMailing Address C/O Contribution Solutions, Llc
1346 The Alameda, Ste. 7-380City
San JoseState
CAZip Code
95126Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Lofgren, Zoe, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 19

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	7							

FEC Identification Number

C C00289603**Transaction ID : 180758**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Correa For Congress

Mailing Address P.O. Box 2229

City
San MarcosState
CAZip Code
92079Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Correa, J. Louis, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 46

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	8							

FEC Identification Number

C C00578302**Transaction ID : 180628**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Loudermilk For Congress

Mailing Address PO Box 447

City
CassvilleState
GAZip Code
30123Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Loudermilk, Barry, Dean, ,

Office Sought:

☒

House

☐

Senate

☐

President

State: GA

District: 11

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	7							

FEC Identification Number

C C00543892**Transaction ID : 180761**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Mark Takano For Congress

Mailing Address PO Box 5214

City
RiversideState
CAZip Code
92517Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Takano, Mark, Allan, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00498667**Transaction ID : 180769**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martha Roby For Congress

Mailing Address PO Box 195

City
MontgomeryState
ALZip Code
36101Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Roby, Martha, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	7		

FEC Identification Number

C C00462143**Transaction ID : 180513**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City
AlbuquerqueState
NMZip Code
87125Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Heinrich, Martin, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C C00434563**Transaction ID : 180757**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. McCollum For Congress

Mailing Address P.O. Box 14131

City
St. PaulState
MNZip Code
55114Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

McCollum, Betty, Louise, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00354688**Transaction ID : 180614**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MoBrooksForCongress.Com

Mailing Address 7610 Foxfire Dr.

City
HuntsvilleState
ALZip Code
35802Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Brooks, Morris, Jackson, , Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00464149**Transaction ID : 180617**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Moolenaar For CongressMailing Address 5915 Eastman Avenue
Suite 100City
MidlandState
MIZip Code
48640-6824Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Moolenaar, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00561530**Transaction ID : 180622**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Moulton For Congress

Mailing Address PO Box 2013

City
SalemState
MAZip Code
01970Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Moulton, Seth, W., ,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: MA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	8						2	0	1	7

FEC Identification Number

C C00547240**Transaction ID : 180860**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAC To the Future

Mailing Address 700 13Th Street, Nw, Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2017 Contribution

011

Candidate Name

PAC To the Future

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For: 2017

☐

Primary

☐

General

☒

Other (specify)

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				1	1						2	0	1	7

FEC Identification Number

C C00344234**Transaction ID : 180520**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Pallone, Frank, , , Jr.

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	7						2	0	1	7

FEC Identification Number

C C00226928**Transaction ID : 180754**

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Paul Gosar For Congress

Mailing Address PO Box 2967

City
PrescottState
AZZip Code
86302Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Gosar, Paul, Anthony, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

FEC Identification Number

C C00461806**Transaction ID : 180755**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City
DallasState
TXZip Code
75382-3047Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Sessions, Peter, Anderson, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	18	/	2017

FEC Identification Number

C C00303305**Transaction ID : 180615**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 370 East South Temple, Suite 580

City
Salt Lake CityState
UTZip Code
84111Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Pioneer PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2017

FEC Identification Number

C C00452771**Transaction ID : 180512**

Amount of Each Disbursement this Period

2500.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 290 OF 295

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Ralph Abraham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

Mailing Address P.O. Box 14062

City
MonroeState
LAZip Code
71207-4062Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Abraham, Ralph, Lee, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

FEC Identification Number

C C00563940

Transaction ID : 180692

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ralph Abraham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Mailing Address P.O. Box 14062

City
MonroeState
LAZip Code
71207-4062Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Abraham, Ralph, Lee, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

FEC Identification Number

C C00563940

Transaction ID : 180762

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Reviving American Jobs Again PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2017

Mailing Address PO Box 68412

City
SchaumburgState
ILZip Code
60168Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Reviving American Jobs Again PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

FEC Identification Number

C C00649772

Transaction ID : 180772

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Senate Leadership Fund

Mailing Address 45 North Hill Drive Ste 100

City
WarrentonState
VAZip Code
20186Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Senate Leadership Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	7		

FEC Identification Number

C C00571703

Transaction ID : 180693

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Smucker For CongressMailing Address 548 Steel Way
PO Box 7066City
LancasterState
PAZip Code
17604Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

Smucker, Lloyd, K., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify)

State: PA

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

C C00599464

Transaction ID : 180626

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strange For Senate

Mailing Address PO Box 3670

City
MontgomeryState
ALZip Code
36109Purpose of Disbursement
2017 Special Run-Off

011

Category/
Type

Candidate Name

Strange, Luther, Johnson, , III

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: AL

District:

Runoff

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	7		

FEC Identification Number

C C00629451

Transaction ID : 180695

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

32000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Swalwell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

Mailing Address P.O. Box 2847

City
DublinState
CAZip Code
94568Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Swalwell, Eric, Michael, , Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 15

FEC Identification Number

C C00502294

Transaction ID : 180621

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address 1519 Washington Street
Suite 200City
LaredoState
TXZip Code
78040Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

Cuellar, Henry, Roberto, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 28

FEC Identification Number

C C00371302

Transaction ID : 180514

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tom MacArthur for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Mailing Address PO Box 999

City
EdisonState
NJZip Code
08818-0999Purpose of Disbursement
2018 Primary Contribution

011

Candidate Name

MacArthur, Thomas, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 03

FEC Identification Number

C C00557520

Transaction ID : 180515

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Tom MacArthur for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address PO Box 999

City
EdisonState
NJZip Code
08818-0999Purpose of Disbursement
2018 Primary Contribution

011

Category/
Type

Candidate Name

MacArthur, Thomas, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 03

FEC Identification Number

C C00557520

Transaction ID : 180763

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. YOPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

Mailing Address 5631 Aberdeen Rd

City
FairwayState
KSZip Code
66205Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

YOPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Contribution

FEC Identification Number

C C00497305

Transaction ID : 180624

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

140500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Friedman, Howard, , ,

Mailing Address PO Box 8305

City
GadsdenState
ALZip Code
35902-8305Purpose of Disbursement
Refund of 09/24/17 contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

FEC Identification Number

C

Transaction ID : B4CA156C96

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wright, Kamala, , ,

Mailing Address 7878 Underwood Rdg

City
Traverse CityState
MIZip Code
49686-1679Purpose of Disbursement
Refund of 9/22/17 contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 22 / 2017

FEC Identification Number

C

Transaction ID : 6EF1A882D8/

Amount of Each Disbursement this Period

500.00

☐ 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
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)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee (ASA PAC)

Full Name (Last, First, Middle Initial)

A. Democratic Governors' Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2017

Mailing Address 430 S Capitol Street Southeast
SoutheastCity
WashingtonState
DCZip Code
20003-4024Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 180689

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northam For Governor

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2017

Mailing Address 23 S 13th Street
Suite 100City
RichmondState
VAZip Code
23219Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 180694

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2017

Mailing Address 1747 Pennsylvania Ave, NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 180690

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

75000.00

TOTAL This Period (last page this line number only).....▶

75000.00