

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

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

1061 American Lane

☐ Check if different than previously reported. (ACC)

Schaumburg

IL

60173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ 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

06

01

2015

06

30

2015

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

16

2015

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">590980.74</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">418376.38</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">106412.81</span>	<span style="border: 1px solid black; padding: 2px;">662590.59</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">524789.19</span>	<span style="border: 1px solid black; padding: 2px;">1253571.33</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">119169.55</span>	<span style="border: 1px solid black; padding: 2px;">847951.69</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">405619.64</span>	<span style="border: 1px solid black; padding: 2px;">405619.64</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

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).....	86622.59	494627.64
(ii) Unitemized .....	16403.63	164576.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	103026.22	659204.00
(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) .....	103026.22	659204.00
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).....	3386.59	3386.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	106412.81	662590.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	106412.81	662590.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5669.55	17518.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5669.55	17518.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103500.00	500000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	266.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	266.68
29. Other Disbursements .....	10000.00	330166.68
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119169.55	847951.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119169.55	847951.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	103026.22	659204.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	266.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103026.22	658937.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5669.55	17518.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3386.59	3386.59
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2282.96	14131.74

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 191  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Basem B. Abdelmalak M.D.**Mailing Address Dept of General Anesthesiology E-3  
9500 Euclid Ave.

City	State	Zip Code
Cleveland	OH	44195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023645**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. John P. Abenstein M.S.E.E.,**

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020945**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Amr E. Abouleish M.D., M.B.**

Mailing Address 4303 Evergreen Elm Ct

City	State	Zip Code
Houston	TX	77059-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017310**

Amount of Each Receipt this Period

83.34

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

208.35

# **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 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Simon M Adanin D.O.**

Mailing Address 2516 Waukegan Rd #353

City State Zip Code  
Glenview IL 60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Midwest Anesthesia Partners physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

**Transaction ID : C3020947**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Bruce T Adelman M.D.**

Mailing Address 4896 Woodcliff Hill Rd N

City State Zip Code  
West Bloomfield MI 48323

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Henry Ford Hospital West Bloomfield Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : C3031294**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Alexander Ajlouni M.D.**

Mailing Address 22255 Greenfield Rd Ste 500

City State Zip Code  
Southfield MI 48075-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
northland anesthesiologists 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  
06 / 29 / 2015

**Transaction ID : C3039290**

Amount of Each Receipt this Period

250.00

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

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

333.34

# **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 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric J. Albrecht M.D.**

Mailing Address 938 Hanover Ave

City State Zip Code  
Norfolk VA 23508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlantic Anesthesia, Inc.

Occupation  
anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2015

**Transaction ID : C3024593**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Kelly J. Allen M.D.**

Mailing Address 291 Southhall Lane

City State Zip Code  
Maitland FL 32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JLR Anesth. Assoc.

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2015

**Transaction ID : C3024529**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Corey Anderson D.O.**

Mailing Address 1775 W. Hibiscus Blvd., Suite 215

City State Zip Code  
Melbourne FL 32901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brevard Physician Associates, PLLC

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2015

**Transaction ID : C3039144**

Amount of Each Receipt this Period

500.00

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

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

625.01



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 191

(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**

Full Name (Last, First, Middle Initial)

**A. Shane C. Angus A.A.-C, M.**

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Assistant Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**Transaction ID : C3039583**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James M. Anton M.D.**

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine - Texas Hea

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	1	5		

**Transaction ID : C3021541**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Michael Antonetti M.D.**

Mailing Address 1827 1st Ave N

Apt 604

City

Birmingham

State

AL

Zip Code

35203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAPC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	2		2	0	1	5		

**Transaction ID : C3034681**

Amount of Each Receipt this Period

250.00

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

383.34

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ross W. Appleyard M.D.**

Mailing Address 416 Krameria St

City

Denver

State

CO

Zip Code

80220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Colorado Anesthesia Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2015

Transaction ID : C3039137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Nathan W. Arp M.D.**

Mailing Address 2006 Franklin St SE Ste 301

City

Huntsville

State

AL

Zip Code

35801-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2015

Transaction ID : C3023225

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brett L. Arron M.D.**

Mailing Address 52 Lake St

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.04

Date of Receipt

06 / 19 / 2015

Transaction ID : C3031297

Amount of Each Receipt this Period

83.34

**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 11 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee E. Arthur M.D.**

Mailing Address 504 Medical Center Blvd

City State Zip Code  
Conroe TX 77304-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Houston Anesthesiologists

Occupation  
Medical Doctor

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  
06 / 13 / 2015

**Transaction ID : C3024530**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Sana Ata M.D.**

Mailing Address 41 Mall Rd

City State Zip Code  
Burlington MA 01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey Hospital and Medical Center

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3024168**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Sana Ata M.D.**

Mailing Address 41 Mall Rd

City State Zip Code  
Burlington MA 01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey Hospital and Medical Center

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2015

**Transaction ID : C3024531**

Amount of Each Receipt this Period

83.34

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

191.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Robert J. Atwater M.D.**

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

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : C3029879

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jennifer P. Aunspaugh M.D.**

Mailing Address 1 CHILDRENS WAY

City

LITTLE ROCK

State

AR

Zip Code

72202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arkansas Childrens Hospital

Occupation

Assistant Professor Pediatric Anes an

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : C3019699

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Bridget A. Bailey D.O.**

Mailing Address 2245 Glencoe St

City

Denver

State

CO

Zip Code

80207-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

greater Colorado anesthesia

Occupation

Anesthesiologist private practice

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : C3034825

Amount of Each Receipt this Period

83.34

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

266.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Greg Balfanz M.D.**

Mailing Address 1040 Hortons Creek Rd

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ NC Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : C3024667**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Shawn E. Banks M.D.**

Mailing Address 601 NE 36th St Apt 3407

City State Zip Code  
 Miami FL 33137-3976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 29 / 2015

**Transaction ID : C3039169**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Jaime L. Baratta M.D.**

Mailing Address 111 S 11th St  
 Suite 8290, Gibbon Building - Anes

City State Zip Code  
 Philadelphia PA 19107-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 11 / 2015

**Transaction ID : C3022894**

Amount of Each Receipt this Period

41.67

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

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

625.01

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

PAGE 14 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kristen P. Barrie M.D.**

Mailing Address 1007 Edison Park Court

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

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
06	/	11	/	2015

**Transaction ID : C3022896**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. William C. Bauer M.D.**

Mailing Address 11120 SW 58th Ct

City

Miami

State

FL

Zip Code

33156-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Childrens Anesthesia Associates

Occupation

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
06	/	04	/	2015

**Transaction ID : C3020710**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. John T. Bautista M.D.**

Mailing Address 9147 Saddlebow Dr

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phymed

Occupation

Physician

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
06	/	29	/	2015

**Transaction ID : C3039297**

Amount of Each Receipt this Period

250.00

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

1291.67

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

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 15 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jeffrey J. Benson M.D.**

Mailing Address 3218 Chisholm Trail

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Alexius Heart and Lung Clinic

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : C3023646

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mordechai Bermann M.D.**

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rutgers-Robert Wood Johnson MS

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : C3023647

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Wendy B. Binstock M.D.**

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : C3020948

Amount of Each Receipt this Period

83.34

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Wendy B. Binstock M.D.**

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022897**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Ravi M. Bissessar M.D.**

Mailing Address 291 Southhall Lane

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3022262**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jason A. Boehm D.O.**

Mailing Address 4131 E White Oak Drive

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

**Transaction ID : C3034246**

Amount of Each Receipt this Period

83.34

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

666.68

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



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

PAGE 17 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven D. Boggs M.D.**Mailing Address 1133 Midland Avenue  
3G

City	State	Zip Code
Bronxville	NY	10708-6472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

James J. Peters VA Medical Center

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : C3021564

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Bradley A. Bowenschulte M.D.**

Mailing Address 1570 W Battlefield St # 110

City	State	Zip Code
Springfield	MO	65807-4106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Johns Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : C3022880

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Josue Brainin-Mattos M.D.**

Mailing Address 7891 Mount Ranier Dr

City	State	Zip Code
Jacksonville	FL	32256-2999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : C3017531

Amount of Each Receipt this Period

83.34

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

416.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. K. Page P Branam M.D.**

Mailing Address 160 Green Glades

City

Ridgeland

State

MS

Zip Code

39157-8662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Locum Tenens

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

**Transaction ID : C3039564**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffry B. Brand M.D.**

Mailing Address 44 Pleasant St

City

Marblehead

State

MA

Zip Code

01945-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mass General hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018249**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas G. Briles M.D.**

Mailing Address 26605 W 106th Ter

City

Olathe

State

KS

Zip Code

66061-7412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

anesthesia associates of kansas city

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3023231**

Amount of Each Receipt this Period

500.00

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

1250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Ronald S. Brown Jr., M.D.**

Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.

City	State	Zip Code
Mobile	AL	36607-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Services Mobile Alabama

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039586

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jack C. Buckley M.D.**

Mailing Address 757 Westwood Plz Ste 3325

City	State	Zip Code
Los Angeles	CA	90095-8358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

Transaction ID : C3021984

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kevin D. Bucol M.D.**

Mailing Address 12615 Town and Contry Est Ln

City	State	Zip Code
Saint Louis	MO	63141-8845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

wcca

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : C3040519

Amount of Each Receipt this Period

500.00

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

833.34

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Kurt T. Budenbender D.O.**

Mailing Address 1850 N. Central Ave Ste 1600

City State Zip Code  
 Phoenix AZ 85004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Anes. Consultants, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

**Transaction ID : C3022847**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James V. Buese M.D.**

Mailing Address 1071 S Orange Grove Blvd

City State Zip Code  
 Pasadena CA 91105-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACIFIC VALLEY MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : C3043414**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. William H. Buntin A.A.-C**

Mailing Address 2407 Pendleton St.

City State Zip Code  
 Albany GA 31721-9220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phoebe Putney

Occupation

Anesthesiologist Assistant

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  
 06 / 17 / 2015

**Transaction ID : C3027834**

Amount of Each Receipt this Period

25.00

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

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

5108.34

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

Full Name (Last, First, Middle Initial)

**A. James R. Burch M.D.**

Mailing Address 1755 Kirby Pky., Suite #330

City

Memphis

State

TN

Zip Code

38120-4398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024532**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Frederick W. Burgess M.D., Ph.D**

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019700**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Brian R. Burnbaum M.D.**

Mailing Address 1260 Manor Dr S

City

Weston

State

FL

Zip Code

33326-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2015

**Transaction ID : C3024614**

Amount of Each Receipt this Period

250.00

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

416.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Asokumar Buvanendran M.D.**

Mailing Address 45 E Birchwood Ave

City

Hinsdale

State

IL

Zip Code

60521-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush University Medical College Anes.

Occupation

Doctor

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
06	/	14	/	2015

Transaction ID : C3024632

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jesus Robert R. Calimlim M.D.**

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

Upstate Medical University

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : C3023665

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Christopher L. Canlas M.D.**

Mailing Address P.O. Box 158581

City

Nashville

State

TN

Zip Code

37215-8581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr Dept of Anesth

Occupation

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
06	/	04	/	2015

Transaction ID : C3020303

Amount of Each Receipt this Period

250.00

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

800.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James D. Cantoni M.D.**

Mailing Address 58 Great Oak Dr

City

Hudson

State

OH

Zip Code

44236-2296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hudson Physicians Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3017532**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Xiqing C. Cao M.D.**

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

Washington Hospital Center Anesthesia

Occupation

Senior Attending 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
06	/	08	/	2015

**Transaction ID : C3021566**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Nicholas Capone D.O.**

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024533**

Amount of Each Receipt this Period

41.67

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

183.34

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven J. Caputo M.D.**

Mailing Address 2464 S. Coulumbine St

City

Denver

State

CO

Zip Code

80210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

physicians anesthesia services

Occupation

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
06	/	30	/	2015

**Transaction ID : C3040341**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Carlsen M.D.**

Mailing Address P.O. Box 2889

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiology

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : C3036092**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. John Carney M.D.**

Mailing Address 534 Ridgeview Drive

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019701**

Amount of Each Receipt this Period

83.34

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

625.01

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



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

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

FOR LINE NUMBER:  
(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**

Full Name (Last, First, Middle Initial)

**A. Debra L. Caroli M.D.**

Mailing Address 4548 Burke St

City

Orlando

State

FL

Zip Code

32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LCAA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

**Transaction ID : C3017343**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Dominic S. Carollo M.D.**

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

Ochsner Clinic

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3018186**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Daniel B. Carr M.D.**

Mailing Address 935 Hammond St

City

Chestnut Hill

State

MA

Zip Code

02467-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts University School of Medicine

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2015

**Transaction ID : C3039103**

Amount of Each Receipt this Period

1000.00

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

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

1125.01

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

PAGE 26 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew Casey M.D.**

Mailing Address 339 Consort Dr

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

C

Name of Employer

Western Anesthesiologists

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027371**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Elizabeth J. Cavanagh M.D.**

Mailing Address 9860 Oak Haven Ave.

City  
St. LouisState  
MOZip Code  
63119-1040FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Anesthesia Associates

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023673**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Andrei Cernea M.D.**

Mailing Address 6708 Kenhill Rd

City  
BethesdaState  
MDZip Code  
20817-6016FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024534**

Amount of Each Receipt this Period

41.67

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

583.34

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

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

PAGE 27 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donn A. Chambers M.D.**

Mailing Address St. Josephs Hosp., Anes. Dept.

5665 Peachtree Dunwoody Rd., N.E.

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

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
06	/	27	/	2015

Transaction ID : C3039085

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Chun K. Chan M.D.**

Mailing Address 168 Riverwalk PI

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024595

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Joshua C. Chance M.D.**

Mailing Address 9 Ecurie Ct

City

Little Rock

State

AR

Zip Code

72223-8917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

univeristy of arkansas for medical sci

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024535

Amount of Each Receipt this Period

83.34

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

166.68

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

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

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

FOR LINE NUMBER: PAGE 28 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jiravud Chanvitayapongs M.D.**

Mailing Address 7737 E Purple Desert Pass

City State Zip Code  
Tucson AZ 85715-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : C3027372**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew W. Chapman M.D.**

Mailing Address 2118 Hanover Ave Apt 1

City State Zip Code  
Richmond VA 23220-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia commonwealth university

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

**Transaction ID : C3019702**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Andrew W. Chapman M.D.**

Mailing Address 2118 Hanover Ave Apt 1

City State Zip Code  
Richmond VA 23220-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia commonwealth university

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

**Transaction ID : C3024169**

Amount of Each Receipt this Period

20.00

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

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

123.34

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

PAGE 29 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bayer P. Cheng M.D.**

Mailing Address 1118 Ross Clark Cir., #700

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group,

Occupation

physician

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
06	/	30	/	2015

**Transaction ID : C3039574**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Samuel A. Cherry III, M.D.**

Mailing Address 149 Lucerne Blvd

City

Birmingham

State

AL

Zip Code

35209-6657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Birmingham VA Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : C3029881**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Sarah G. Clarke D.O.**

Mailing Address 111 S 11th St Ste 8490

Department of Anesthesiology

City

Philadelphia

State

PA

Zip Code

19107-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson Hospital

Occupation

Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3017533**

Amount of Each Receipt this Period

41.67

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

1125.01

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

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

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

FOR LINE NUMBER: PAGE 30 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neale A. Cogswell M.D.**

Mailing Address 10553 Down Lakeview Cir

City State Zip Code  
 windermere FL 34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2015

**Transaction ID : C3018171**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Neil R. Connelly M.D.**

Mailing Address 8 Woodbridge Dr

City State Zip Code  
 Suffield CT 06078-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2015

**Transaction ID : C3017674**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Melissa A. Conte M.D.**

Mailing Address 9219 Cromwell Woods Sq.

City State Zip Code  
 Orlando FL 32827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 02 / 2015

**Transaction ID : C3017534**

Amount of Each Receipt this Period

41.67

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

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

791.67

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

Full Name (Last, First, Middle Initial)

**A. Randahl F. Cooley M.D.**

Mailing Address 132 Rugby Rd

City

Longmeadow

State

MA

Zip Code

01106-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Anesthesia Service

Occupation

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
06	/	21	/	2015

Transaction ID : C3034257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lebron Cooper M.D.**

Mailing Address 444 W. Willis St #514

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039588

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. David Thomas Corbett M.D.**

Mailing Address 160 Rockwell St

City

Winfield

State

AL

Zip Code

35594-5980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anes Inc

Occupation

Physician

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
06	/	03	/	2015

Transaction ID : C3018921

Amount of Each Receipt this Period

250.00

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

833.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. William M. Cottrell M.D.**

Mailing Address 758 Williamsburg Dr.

City

Concord

State

NC

Zip Code

28025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Anesthesia and Pain Speciali

Occupation

Physician

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
06	/	03	/	2015

Transaction ID : C3018185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. W. Eric Cox M.D.**

Mailing Address 1924 Alcoa Highway

UT Medical Center, Dept. of Anesth

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024536

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Robert M. Craft M.D.**

Mailing Address 1924 Alcoa Hwy # U109

Dept. of Anesthesiology

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : C3034828

Amount of Each Receipt this Period

41.67

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

625.01

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



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

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

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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**

Full Name (Last, First, Middle Initial)

**A. Robert A. Crone M.D.**

Mailing Address 124 E. Cherry Dr.

City

Memphis

State

TN

Zip Code

38117-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2015

Transaction ID : C3024537

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. David E. Cutting M.D.**

Mailing Address 1889 Fish Hatchery Court

City

Palm Harbor

State

FL

Zip Code

34684-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAPC Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2015

Transaction ID : C3031195

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mark L. D'Agostino M.D.**

Mailing Address 8714 Woolworth Ave

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia West, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2015

Transaction ID : C3039105

Amount of Each Receipt this Period

500.00

**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 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

Full Name (Last, First, Middle Initial)

**A. Khaled Dajani M.D.**

Mailing Address 522 Montegut St Apt 204

City

New Orleans

State

LA

Zip Code

70117-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ochsner health system

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : C3027374

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Khaled Dajani M.D.**

Mailing Address 522 Montegut St Apt 204

City

New Orleans

State

LA

Zip Code

70117-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ochsner health system

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : C3038879

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. James R. Daniell M.D.**

Mailing Address 1 Mobile Infirmary Cir., Floor 2

City

Mobile

State

AL

Zip Code

36607-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : C3021842

Amount of Each Receipt this Period

500.00

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

600.00

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

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

 Use separate schedule(s)  
 for each category of the  
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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

Full Name (Last, First, Middle Initial)

**A. Sharon M. Darrow D.O.**

Mailing Address 1115 Huntington Ave

City

Nichols Hills

State

OK

Zip Code

73116-6212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : C3038143

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Victor Davila M.D.**

Mailing Address 4400 Kipling Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Assistant Professor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : C3017344

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Martin L. De Ruyter M.D.**Mailing Address Dept. Anesthesiology, Mail Stop 10  
3901 Rainbow Blvd.

City

Kansas City

State

KS

Zip Code

66160-7415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Univ. Medical Center

Occupation

physician anesthesiologist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2015

Transaction ID : C3039112

Amount of Each Receipt this Period

45.00

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

170.01

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 PageFOR LINE NUMBER: PAGE 36 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. David A. Debenham M.D.**

Mailing Address P.O. Box 910369

City

St. George

State

UT

Zip Code

84791-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mtn. West anesthesia

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**Transaction ID : C3039591**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Matthew C. Delph M.D.**

Mailing Address 34 Mossy Oak Dr

City

Winfield

State

WV

Zip Code

25213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

General Anesthesia Services, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3021987**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Edward H. Dench Jr., M.D.**

Mailing Address 945 Outer Drive

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pocono Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2015

**Transaction ID : C3024597**

Amount of Each Receipt this Period

41.67

**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  
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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**

Full Name (Last, First, Middle Initial)

**A. Allen Dennis M.D.**

Mailing Address 14857 Holly Leaf Dr  
Suite 201

City Frisco State TX Zip Code 75035-7451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced pain care

Occupation

Pain physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

06 / 24 / 2015

**Transaction ID : C3036093**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jeanette Derdemezi M.D., M.Sc**

Mailing Address 1000 W Carson St - LA Cty Harbor  
Dept of Anes, Box 10

City Torrance State CA Zip Code 90502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of CA Los Angeles Medical C

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : C3043418**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Abhijit Desai M.D.**

Mailing Address 74 Clairmont St

City Longmeadow State MA Zip Code 01106-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 04 / 2015

**Transaction ID : C3019705**

Amount of Each Receipt this Period

41.67

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

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

625.01

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

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

FOR LINE NUMBER: PAGE 38 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura I. Dew M.D.**

Mailing Address 3721 Robinhood Street

City State Zip Code  
Houston TX 77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Anesthesiology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

**Transaction ID : C3019706**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. John F. Di Capua M.D.**

Mailing Address 74 Byram Ridge Road

City State Zip Code  
Armonk NY 10504-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Hospital Anesth

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2015

**Transaction ID : C3034221**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mitchell A. Dickson M.D.**

Mailing Address 5315 Bent River Blvd.

City State Zip Code  
Knoxville TN 37919-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mednax

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : C3017496**

Amount of Each Receipt this Period

500.00

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

666.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Christian Diez M.D.**

Mailing Address 7915 SW 55 Avenue

City	State	Zip Code
Miami	FL	33143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3024170**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Gary J. DiLisio M.D.**

Mailing Address 324 Gannett Dr Ste 200

City	State	Zip Code
South Portland	ME	04106-3266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

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
06	/	02	/	2015

**Transaction ID : C3017535**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Aristeidie M. Diveris M.D.**

Mailing Address 825 N Sheridan Rd

City	State	Zip Code
Lake Forest	IL	60045-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forerunner Anesthesia Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

**Transaction ID : C3027836**

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

 FOR LINE NUMBER:  
 (check only one)

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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

Full Name (Last, First, Middle Initial)

**A. Christopher E. Dobson M.D.**

Mailing Address 567 Estates Pl.

City

Longwood

State

FL

Zip Code

32779-2857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

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
06	/	15	/	2015

Transaction ID : C3025717

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Timothy S. Dominick M.D.**

Mailing Address 120 Crescent Rd

City

Burlington

State

VT

Zip Code

05401-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Vermont Medical Center D

Occupation

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
06	/	02	/	2015

Transaction ID : C3017514

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Christopher Dow M.D.**

Mailing Address 240 South Rd

City

Hampden

State

MA

Zip Code

01036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Anesthesia Srvce

Occupation

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
06	/	25	/	2015

Transaction ID : C3038134

Amount of Each Receipt this Period

250.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 41 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald D. Downs M.D.**

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

MM / DD / YYYY  
06 / 28 / 2015

Transaction ID : C3039113

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. John J. Doyle M.D.**

Mailing Address 128 Sea Hammock Way

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Clay County

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2015

Transaction ID : C3031298

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Gilbert Drozdow M.D.**

Mailing Address 1613 N. Harrison Pkwy.

City

Sunrise

State

FL

Zip Code

33323-2896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan Healthcorp, Inc

Occupation

President, Anesthesia Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : C3017378

Amount of Each Receipt this Period

1000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wendy W. Duchene M.D.**

Mailing Address 5512 Aberdeen Rd

City

State

Zip Code

Fairway

KS

66205-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

**Transaction ID : C3018871**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jonathan A. Eash M.D.**

Mailing Address 3101 Robinhood Ln

City

State

Zip Code

South Bend

IN

46614-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michiana Anesthesia Care

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : C3036522**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Sean L. Elliott D.O.**

Mailing Address 1129 Surrey Hills Road

City

State

Zip Code

Saint Louis

MO

63117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

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
0	6		2	5		2	0	1	5		

**Transaction ID : C3036766**

Amount of Each Receipt this Period

500.00

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

1583.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Steven J. Ellstrom M.D.**

Mailing Address 645 Clarkson St

City

Denver

State

CO

Zip Code

80218-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

kaiser permanente

Occupation

physician

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
06	/	29	/	2015

Transaction ID : C3039262

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Elmassian D.O.**

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Area Anesthesia, P.C.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : C3017312

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Emil D. Engels M.D., M.B.**

Mailing Address 3127 Windsong Dr

City

Oakton

State

VA

Zip Code

22124-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

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
06	/	01	/	2015

Transaction ID : C3017313

Amount of Each Receipt this Period

41.67

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

225.01

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael R. England M.D.**

Mailing Address 250 Beacon St # 5

City  
Boston

State  
MA

Zip Code  
02116-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 23 / 2015

Transaction ID : C3034829

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Lawrence Epstein M.D.**

Mailing Address 1 Gustave L Levy Pl Anes. Dept.  
Department of Anesthesiology

City

New York

State

NY

Zip Code

10029-6504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Sinai School of Medicine

Occupation  
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2015

Transaction ID : C3018658

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Christopher R. Erkmann M.D.**

Mailing Address 1500 Timberbluff Ct

City

Chesterfield

State

MO

Zip Code

63017-5570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Anesthesiology Associates

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2015

Transaction ID : C3023671

Amount of Each Receipt this Period

500.00

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

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

625.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Luis Esparza M.D.**

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

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : C3043413

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Monique Espinosa M.D.**

Mailing Address PO Box 16370

Anes. Dept.

City

Miami

State

FL

Zip Code

33101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : C3021569

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. James Evans M.D.**

Mailing Address 2302 Kingsmill Cir

City

Tyler

State

TX

Zip Code

75703-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Clinic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : C3017536

Amount of Each Receipt this Period

50.00

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

218.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. James Evans M.D.**

Mailing Address 2302 Kingsmill Cir

City	State	Zip Code
Tyler	TX	75703-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Clinic AnesthesiaOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

Transaction ID : C3017537

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. William J. Evans D.O.**

Mailing Address 1103 Kris Way

City	State	Zip Code
Roseville	CA	95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Permanente Medical GroupOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : C3018182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ritchie A. Fevrier M.D.**

Mailing Address 9837 gladiolus bulb loop

City	State	Zip Code
Fort Myers	FL	33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Anesthesia and Pain ManagementOccupation  
anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

Transaction ID : C3021513

Amount of Each Receipt this Period

41.67

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

341.67

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 PageFOR LINE NUMBER: PAGE 47 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Gregory Fiasconaro M.D.**

Mailing Address 505 Chestnut St

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology of Middletown

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : C3034830**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. James K. Fisher M.D.**

Mailing Address 2325 Ridgewood Dr

City

Laurel

State

MS

Zip Code

39440-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2015

**Transaction ID : C3034247**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey B. Fisk M.D.**

Mailing Address 475 Ramsey Lane

City

Merritt Island

State

FL

Zip Code

32952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brevard Physician Associates, PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

**Transaction ID : C3031183**

Amount of Each Receipt this Period

500.00

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

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Gerard W. Flacke M.D.**

Mailing Address 3947 E Ina Rd

City

Tucson

State

AZ

Zip Code

85718-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

physician

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
06	/	08	/	2015

**Transaction ID : C3021590**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Roberto C. Flores M.D.**

Mailing Address 1602 Governors Dr Apt 1922

City

Pensacola

State

FL

Zip Code

32514-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : C3039171**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Richard M. Flowerdew M.D.**

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022899**

Amount of Each Receipt this Period

83.34

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

175.01

**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 PageFOR LINE NUMBER: PAGE 49 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Michael R. Flynn M.D.**

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

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

**Transaction ID : C3023649**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Teresa O. Fox M.D.**

Mailing Address 5585 St Joseph Fairway

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**Transaction ID : C3039308**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William A. Frame M.D.**

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

Decatur Mem Hosp Anes Dept

Occupation

Physician anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3022900**

Amount of Each Receipt this Period

83.34

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

666.68

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

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

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

FOR LINE NUMBER: PAGE 50 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eugene Freid M.D.**

Mailing Address 291 Southhall Ln

City

State

Zip Code

Maitland

FL

32751-7274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

JLR Medical Group

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2015

Transaction ID : C3039592

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Gary B. Friedman M.D.**

Mailing Address 8 Prospect St.

City

State

Zip Code

Nashua

NH

03060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Nashua Anesthesia Partners

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2015

Transaction ID : C3038145

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Douglas Friesen M.D.**

Mailing Address 4013 N Ridge Rd Ste 100

City

State

Zip Code

Wichita

KS

67205-8858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Heartland Anesthesia Associates, PA

physician anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 25 / 2015

Transaction ID : C3036523

Amount of Each Receipt this Period

83.34

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

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

166.68

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

Full Name (Last, First, Middle Initial)

**A. Thomas M. Fuhrman M.D.**

Mailing Address PO Box 5005

Anesthesia 123

City

Bay Pines

State

FL

Zip Code

33744-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Pines VAHCS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3022559**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeff L. Fuqua M.D.**

Mailing Address 12419 Mallard Bay Dr.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3017538**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jeff L. Fuqua M.D.**

Mailing Address 12419 Mallard Bay Dr.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2015

**Transaction ID : C3039115**

Amount of Each Receipt this Period

100.00

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

450.00

**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 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

Full Name (Last, First, Middle Initial)

**A. David G. Gaar M.D.**

Mailing Address 3600 Heritage Ln

City

Fort Myers

State

FL

Zip Code

33908-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anes. and Pain Mgmt. Consultan

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : C3039548

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Benjamin D. Garol M.D.**

Mailing Address 7176 Crest Hill Dr

City

Reno

State

NV

Zip Code

89506-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists of Reno

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : C3022840

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Thomas E Gendrachi M.D.**

Mailing Address 3748 Burbank Lane

City

Winston Salem

State

NC

Zip Code

27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Triad Anesthesia

Occupation

MD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : C3039567

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

PAGE 53 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clifford M. Gevitz M.D.**

Mailing Address 627 West St.

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resource Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039172

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. William W. Gezzar M.D.**

Mailing Address 1820 Whitecap Circle

City

North Fort Myers

State

FL

Zip Code

33903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024640

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Patrick Giam M.D.**Mailing Address 2411 Fountain View, Suite 200  
2411 Fountain View, Suite 200

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : C3022517

Amount of Each Receipt this Period

83.34

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

1125.01

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A. Gill M.D.**

Mailing Address 229 Euclid Ave.

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mednax

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3020709**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Chris R. Giordano M.D.**

Mailing Address PO Box 100254

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Assistant Professor

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
06	/	04	/	2015

**Transaction ID : C3020726**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Marilyn J. Goldstein M.D.**

Mailing Address 412 Ridgpoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	28	/	2015

**Transaction ID : C3030827**

Amount of Each Receipt this Period

83.34

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

633.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Peter Goldzweig D.O.**

Mailing Address 942 Wood Hollow Ln

City	State	Zip Code
Ridgewood	NJ	07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

teamhealth

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : C3017314

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Sunil P. Gopal M.D.**

Mailing Address 79 Laight St Ste 1C

City	State	Zip Code
New York	NY	10013-2000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : C3040401

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Michael C. Gosney M.D.**

Mailing Address 108 Chase Dr

City	State	Zip Code
Muscle Shoals	AL	35661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2015

Transaction ID : C3021545

Amount of Each Receipt this Period

83.34

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

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

625.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Andrew J. Greenfield M.D.**

Mailing Address 670 Carrotwood Terrace

City	State	Zip Code
Plantation	FL	33324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : C3020724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kimberly M. Greenwald M.D.**

Mailing Address PO Box 18623

City	State	Zip Code
Raleigh	NC	27619-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mednax

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : C3022451

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Douglas E. Groswald M.D., Ph.D**

Mailing Address 1468 Gwynmere Run

City	State	Zip Code
Carmel	IN	46032-8343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IU Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039538

Amount of Each Receipt this Period

250.00

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

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

791.67



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

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

FOR LINE NUMBER: PAGE 57 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nelson V. Guevara M.D.**

Mailing Address 8780 NW 98TH CT

City State Zip Code  
Doral FL 33178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sheridan HealthCorp

Occupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2015

**Transaction ID : C3021546**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ruchika Gupta M.D.**

Mailing Address 2091 Autumn Hill Dr

City State Zip Code  
Ann Arbor MI 48103-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Michigan -Anesthesiology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : C3039953**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mary A. Gurkowski M.D.**

Mailing Address 9960 Oakland Rd

City State Zip Code  
San Antonio TX 78240-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2015

**Transaction ID : C3024598**

Amount of Each Receipt this Period

41.67

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

591.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 191

<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			

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

NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Q. Gurley Jr., M.D.**

Mailing Address 3657 Shandwick Pl.

City

Birmingham

State

AL

Zip Code

35242-6418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB School of Medicine Anes. Dept. JT

Occupation

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
06		23		2015

**Transaction ID : C3035226**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andrew S. Guttman M.D.**

Mailing Address 10400 S. Lake Vista Circle

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Physician

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
06		03		2015

**Transaction ID : C3019264**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Anthony R. Gyamfi M.D.**

Mailing Address 10018 S.W. 125th St.

City

Miami

State

FL

Zip Code

33176-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami

Occupation

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
06		01		2015

**Transaction ID : C3017364**

Amount of Each Receipt this Period

500.00

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

1250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Osama I. Hafez M.D.**

Mailing Address 26637 Castlevue Way

City

Wesley Chapel

State

FL

Zip Code

33544-4740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER ANESTHESIOLO

Occupation

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
06		29		2015

Transaction ID : C3039292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Douglas W. Hagen M.D.**

Mailing Address 9027 W 114th St

City

Overland Park

State

KS

Zip Code

66210-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

Transaction ID : C3017315

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Douglas W. Hagen M.D.**

Mailing Address 9027 W 114th St

City

Overland Park

State

KS

Zip Code

66210-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : C3039173

Amount of Each Receipt this Period

83.34

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

666.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. John P. Hagen M.D.**

Mailing Address 1547 Babler Park Drive

City	State	Zip Code
Glencoe	MO	63038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

Pediatric 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
06	/	18	/	2015

Transaction ID : C3029884

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Kimberley D. Haluski M.D.**

Mailing Address 4565 Mystic Dr. NE

City	State	Zip Code
Atlanta	GA	30342-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : C3034832

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Aaron Hammond D.O.**

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

City	State	Zip Code
Tucson	AZ	85719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : C3020949

Amount of Each Receipt this Period

83.34

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 191

(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**

Full Name (Last, First, Middle Initial)

**A. Richard Eun Han M.D., M.P.**

Mailing Address 23604 Wintergreen Cir

City	State	Zip Code
Novi	MI	48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3022518**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Ron L. Harter M.D.**

Mailing Address 7825 Holiston Ct

City	State	Zip Code
Dublin	OH	43016-8659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : C3021515**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Kaley B Harvey A.A.-C**

Mailing Address 650 Poinsettia Rd

City	State	Zip Code
Belleair	FL	33756-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaley Harvey

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027376**

Amount of Each Receipt this Period

83.34

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

208.35

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

PAGE 62 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven Hattamer M.D.**

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

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : C3017316**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Adam C. Hauser M.D.**

Mailing Address 14 Huntsman Dr

City

Garnet Valley

State

PA

Zip Code

19060-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associates in Anesthesia, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : C3017357**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Michael C. Hawryschuk M.D.**

Mailing Address 843 Dorgene Ln

City

Cincinnati

State

OH

Zip Code

45244-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : C3022902**

Amount of Each Receipt this Period

41.67

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

625.01

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

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

PAGE 63 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard L. Hays M.D.**

Mailing Address 303 W Juniper Avenue

City

State

Zip Code

Flagstaff

AZ

86001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Flagstaff Medical Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : C3022519

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Adrian Hendrickse B.M.**

Mailing Address 12401 E 17th Ave Ste B113

Department of Anesthesiology

City

State

Zip Code

Aurora

CO

80045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039593

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Richard L. Henry M.D.**

Mailing Address 3046 Obrien Dr

City

State

Zip Code

Tallahassee

FL

32309-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : C3023650

Amount of Each Receipt this Period

41.67

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David L. Hepner M.D.**

Mailing Address 75 Francis St # L1

Department of Anesthesiology

City	State	Zip Code
Boston	MA	02115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brigham and Womens Hosp - Harvard Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : C3034833

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew Herlich M.D.**

Mailing Address 116 Haverford Cir

City	State	Zip Code
Pittsburgh	PA	15228-2380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC Mercy

Occupation

Physician

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
06	/	10	/	2015

Transaction ID : C3022520

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Linda B. Hertzberg M.D.**

Mailing Address 6622 N. Forkner Ave.

City	State	Zip Code
Fresno	CA	93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022903

Amount of Each Receipt this Period

83.34

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

250.02

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



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

PAGE 65 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mali Hetmaniuk M.D.**Mailing Address 6206 44th Avenue NE  
Apt. 603

City	State	Zip Code
Seattle	WA	98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : C3020950

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. A Blake Blake Hillenbrand D.O.**

Mailing Address 651 Maxwell Ave

City	State	Zip Code
Boulder	CO	80304-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boulder Valley Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036524

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Jonathan G. Hisghman D.O.**

Mailing Address 650 Poinsettia Rd

City	State	Zip Code
Belleair	FL	33756-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : C3020745

Amount of Each Receipt this Period

83.34

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

216.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Douglas A. Hof M.D.**

Mailing Address 1755 Kirby Pkwy Ste 330

City  
MemphisState  
TNZip Code  
38120-4398FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024538

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Cody N. Hogeston M.D.**

Mailing Address 1120 Wellington Ave Ste 206

City

Grand Junction

State

CO

Zip Code

81501-6131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants of Western Colo

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039563

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Ingrid B. Hollinger M.D.**

Mailing Address 1 Gustave L Levy Pl # 1010

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Medical Ctr Anes Dept

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : C3031302

Amount of Each Receipt this Period

41.67

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

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

1125.01

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

PAGE 67 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul E. Houmann M.D.**

Mailing Address 3 Kershaw Ct

City

Greenville

State

SC

Zip Code

29607-5986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2015

**Transaction ID : C3039117**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Timothy W. Houseman M.D.**

Mailing Address PO Box 1025

Eastern Shore Anesthesia

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2015

**Transaction ID : C3018659**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Michael Hubbard D.O.**

Mailing Address 621 Pine St

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

**Transaction ID : C3039555**

Amount of Each Receipt this Period

500.00

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

625.01

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Mark E. Hudson M.D.**

Mailing Address 36 Little Mingo Rd

City

Finleyville

State

PA

Zip Code

15332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pittsburgh Physicians

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024539

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Randall B. Hudson M.D.**

Mailing Address 412 W. 49th Terrace

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Lukes Physician Services

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036525

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Hayden R. Hughes M.D.**

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : C3017342

Amount of Each Receipt this Period

41.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan R. Hughes M.D.**

Mailing Address 350 Blountville Hwy Ste 207

City	State	Zip Code
Bristol	TN	37620-1671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist-Cardiothoracic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : C3022521

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Kent T. Hultquist M.D.**

Mailing Address 13738 Hamilton St.

City	State	Zip Code
Omaha	NE	68154-5111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia West

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Catherine O. Hunt M.D.**

Mailing Address 7 Niblick Ln

City	State	Zip Code
Greenland	NH	03840-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amoskeag Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : C3038146

Amount of Each Receipt this Period

41.67

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

375.01

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

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

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

FOR LINE NUMBER: PAGE 70 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sean Hunt M.D.**

Mailing Address 7 Niblick Lane

City  
Greenland

State  
NH

Zip Code  
03840-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : C3038147**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. James M. Hunter Jr., M.D.**

Mailing Address Anesthesiology Department  
619 S. 19th Street JT926C

City  
Birmingham

State  
AL

Zip Code  
35249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

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  
06 / 12 / 2015

**Transaction ID : C3024172**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. William E. Hurford M.D.**

Mailing Address Department of Anesthesiology  
231 Albert Sabin Way

City  
Cincinnati

State  
OH

Zip Code  
45267-0531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

**Transaction ID : C3027838**

Amount of Each Receipt this Period

41.67

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

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

133.34

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

Full Name (Last, First, Middle Initial)

**A. Jaemy M. Hwang M.D.**

Mailing Address 250 Breakwater

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeast Anesthesiologists PC

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	5

**Transaction ID : C3024599**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Igor Ianov M.D.**

Mailing Address 12934 Shirewood Ln

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UF College of Medicine-Jacksonville

Occupation

Medical Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	5

**Transaction ID : C3039119**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Robert Impastato M.D.**

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**Transaction ID : C3039174**

Amount of Each Receipt this Period

83.34

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Thomas F. Ingersoll M.D.**

Mailing Address 8600 N. Route 91, Suite #250

City	State	Zip Code
Peoria	IL	61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3018175**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Venesa J. Ingold M.D.**Mailing Address 640 S 73rd Place  
Mail Stop 1034

City	State	Zip Code
Kansas City	KS	66111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : C3034248**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Shelley M. Jacks M.D.**

Mailing Address 421 Summit Ridge Rd

City	State	Zip Code
Boise	ID	83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boise Anesthesia, PA

Occupation

MD

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
06	/	24	/	2015

**Transaction ID : C3036118**

Amount of Each Receipt this Period

250.00

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

541.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Jacobs M.D.**

Mailing Address 11041 Pine Lodge Trl

City

Davie

State

FL

Zip Code

33328-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3022905**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Matthew W. Jacobson M.D.**Mailing Address 1775 W Hibiscus Blvd  
suite 215

City

Melbourne

State

FL

Zip Code

32901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bereaved Physician Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**Transaction ID : C3039242**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Aliraza G. Jaffer M.D.**

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3022906**

Amount of Each Receipt this Period

83.34

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

666.68

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

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

PAGE 74 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Clyatt W. James III, M.D.**

Mailing Address 67 Creekside Park Court

City	State	Zip Code
Greenville	SC	29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : C3027766

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael L. James M.D.**Mailing Address Department of Anesthesiology  
Box 3094 DUMC

City	State	Zip Code
Durham	NC	27710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036097

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. W. Scott Jellish M.D., Ph.D**Mailing Address 2160 S 1st Ave Bldg 103  
Building 103 - 3111

City	State	Zip Code
Maywood	IL	60153-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024540

Amount of Each Receipt this Period

41.67

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

591.67

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 75 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul B. Jenkins M.D.

Mailing Address 21 Spruce Lane

City State Zip Code  
Belle Mead NJ 08502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACNJ LLC

Occupation

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  
06 / 09 / 2015

Transaction ID : C3022279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St

City State Zip Code  
Waterville ME 04901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : C3034834

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Brian D. Johnson M.D.

Mailing Address 11415 Blair Rd.

City State Zip Code  
Apison TN 37302-9577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2015

Transaction ID : C3024541

Amount of Each Receipt this Period

50.00

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

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

383.34

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

PAGE 76 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Joel M. Johnson M.D.**

Mailing Address 2025 Southern Light Dr.

City	State	Zip Code
Lincoln	NE	68512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : C3020416

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. D. Kurt K. Jones M.D.**

Mailing Address 2043 Alaqua Lakes Blvd

City	State	Zip Code
Longwood	FL	32779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAP

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : C3018660

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. James W. Jones M.D.**

Mailing Address 367 Bluff Ridge Cv

City	State	Zip Code
Cordova	TN	38018-7618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024542

Amount of Each Receipt this Period

41.67

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

583.34

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

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

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

FOR LINE NUMBER: PAGE 77 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Zachary S. Jones M.D.**

Mailing Address 6314 Eden Valley Dr

City  
Frisco

State  
TX

Zip Code  
75034-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metropolitan Aensthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 02 / 2015

Transaction ID : C3017539

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Nathan H. Jorgensen M.D.**

Mailing Address 112 Highland St

City

Portsmouth

State

NH

Zip Code

03801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Anesthesia, PA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 01 / 2015

Transaction ID : C3017345

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Nathan H. Jorgensen M.D.**

Mailing Address 112 Highland St

City

Portsmouth

State

NH

Zip Code

03801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Anesthesia, PA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 26 / 2015

Transaction ID : C3038149

Amount of Each Receipt this Period

25.00

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

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

118.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 191  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Aalok K. Kacha M.D., Ph.D**

Mailing Address 1160 S Michigan Ave Apt 2507

City	State	Zip Code
Chicago	IL	60605-3046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of ChicagoOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : C3031303**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Geetha Kannan M.D.**

Mailing Address 249 Maison Ct

City	State	Zip Code
Altamonte Springs	FL	32714-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesiologists Of Greater OrlandoOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027377**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jonathan B. Kaper M.D.**

Mailing Address 5413 Waldenhill Ct

City	State	Zip Code
Ypsilanti	MI	48198-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Assoc of Ann ArborOccupation  
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
06	/	30	/	2015

**Transaction ID : C3039596**

Amount of Each Receipt this Period

41.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian M. Keech M.D.**

Mailing Address 935 S Pennsylvania St

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver Health and Hospital Authority

Occupation

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
06	/	03	/	2015

**Transaction ID : C3018753**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jason D. Keller D.O.**

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

university anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : C3034835**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jessica Kenaston M.D.**

Mailing Address 6 Alden Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : C3029885**

Amount of Each Receipt this Period

83.34

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

375.01

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Scott Kercheville M.D.**

Mailing Address 14 Eton Green Circle

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2015

Transaction ID : C3022908

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James Kerr III, M.D.**

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Florida Anesthesia Consultants P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 15 / 2015

Transaction ID : C3024671

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Tyler C. Kerr M.D.**

Mailing Address 6005 Walnut Hill Dr

City

Des Moines

State

IA

Zip Code

50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2015

Transaction ID : C3039542

Amount of Each Receipt this Period

500.00

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

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

666.68



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

Full Name (Last, First, Middle Initial)

**A. Georgina O. Kesterson M.D.**

Mailing Address 5169 Rowen Oak Rd.

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024543

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Georgina O. Kesterson M.D.**

Mailing Address 5169 Rowen Oak Rd.

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039175

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Matthew Kidwell M.D.**

Mailing Address 707 Ground Plum Circle

City

Solon

State

IA

Zip Code

52333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039597

Amount of Each Receipt this Period

83.34

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

166.68

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

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

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

FOR LINE NUMBER: PAGE 82 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Laura Kihlstrom M.D.**

Mailing Address 915 Larchmont Cres.

City State Zip Code  
 Norfolk VA 23508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Atlantic Anesthesia, Inc.

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2015

**Transaction ID : C3027378**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Shannon Kilkelly D.O.**

Mailing Address 1215 21st Ave. S, 3108 MCE

City State Zip Code  
 Nashville TN 37232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vanderbilt Univ. Med. Ctr.

Occupation  
 Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2015

**Transaction ID : C3039299**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tony G. Kim M.D.**

Mailing Address 1748 Banks St.

City State Zip Code  
 Houston TX 77098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Greater Houston Anesthesiology

Occupation  
 Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 14 / 2015

**Transaction ID : C3024601**

Amount of Each Receipt this Period

41.67

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

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

591.67

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

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

FOR LINE NUMBER: PAGE 83 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey J. Kimpson M.D.**

Mailing Address 19445 Afton Rd

City  
Detroit

State  
MI

Zip Code  
48203-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northland Anesthesia Associates PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : C3040402

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Elliott H. Klain D.O.**

Mailing Address 2309 zafra ct.

Summit Anes. Consultants

City

las vegas

State

NV

Zip Code

89102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Anes. Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2015

Transaction ID : C3022882

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Jonathan L. Klatt M.D.**

Mailing Address 1845 Whitewater Cir

City

Manitowoc

State

WI

Zip Code

54220-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Family Memorial Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 25 / 2015

Transaction ID : C3036526

Amount of Each Receipt this Period

41.67

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

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

841.67

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

Full Name (Last, First, Middle Initial)

**A. Stephanie G. Knight M.D.**

Mailing Address 4016 W 90th St

City

Sioux Falls

State

SD

Zip Code

57108-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Physicians, LTD

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	5		

Transaction ID : C3039089

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Robert F. Koeber M.D.**

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : C3022909

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Lisa F. Koenig M.D.**

Mailing Address 13276 10th St S

City

Afton

State

MN

Zip Code

55001-9762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PA

Occupation

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
0	6		0	4		2	0	1	5		

Transaction ID : C3020415

Amount of Each Receipt this Period

250.00

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

375.01

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

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

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

FOR LINE NUMBER: PAGE 85 OF 191  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eugene Koshkin M.D.**

Mailing Address 1 University of New Mexico  
Anesthesiology MSC 106000

City Albuquerque State NM Zip Code 87131-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Department of Anesthesiology and Criti

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2015

Transaction ID : C3038150

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Vinod K. Kothapa M.D.**

Mailing Address 3312 E. Longridge Dr.

City Orange State CA Zip Code 92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2015

Transaction ID : C3036098

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Joseph Koveleskie M.D.**

Mailing Address 5500 Prytania St #435

City New Orleans State LA Zip Code 70115-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

06 / 04 / 2015

Transaction ID : C3019709

Amount of Each Receipt this Period

83.34

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

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

183.34

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

Full Name (Last, First, Middle Initial)

**A. Joseph Koveleskie M.D.**

Mailing Address 5500 Prytania St #435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

**Transaction ID : C3020951**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Brian Kradel M.D.**Mailing Address 726 Gulf Aire Dr.  
726 Gulf Aire Drive

City

Port Saint Joe

State

FL

Zip Code

32456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panhandle Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	8		2	0	1	5		

**Transaction ID : C3021592**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Mark D. Krause M.D.**Mailing Address 849 North Franklin Street  
Unit #407

City

Chicago

State

IL

Zip Code

60610-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The County of Cook

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	5		

**Transaction ID : C3017516**

Amount of Each Receipt this Period

250.00

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

375.01

**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 PageFOR LINE NUMBER: PAGE 87 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. David M. Krhovsky M.D.**

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : C3021517**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Catherine M. Kuhn M.D.**

Mailing Address 14 Kendall Drive

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University Department of Anesthes

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022910**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Kenneth M. Kupke M.D.**

Mailing Address 1211 S 7th St

City

Leesburg

State

FL

Zip Code

34748-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waterman Anesthesiology Group

Occupation

Physician

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
06	/	30	/	2015

**Transaction ID : C3040514**

Amount of Each Receipt this Period

500.00

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

683.34

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

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

Full Name (Last, First, Middle Initial)

**A. Aaron P. Kurjan D.O.**

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

Traverse Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : C3039553

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Robert M. Kuzel M.D.**

Mailing Address 5711 Woodduck Way

City

Midland

State

MI

Zip Code

48642-8529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mid Michigan Anesthesiology Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	5

Transaction ID : C3039121

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jon Kuzmic M.D.**

Mailing Address 720 Eskenazi Ave. H2G07

City

Indianapolis

State

IN

Zip Code

46202-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IN Univ Med Ctr-Wishard Mem Hosp

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : C3021518

Amount of Each Receipt this Period

41.67

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

483.34

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 PageFOR LINE NUMBER: PAGE 89 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. John E. La Gorio M.D.**

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Services

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : C3017317**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Howard L. Lakritz M.D.**

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			3	0	2	0	1	5

**Transaction ID : C3039598**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. James J. Lamberg D.O.**

Mailing Address 220 University Mnr E

City

Hershey

State

PA

Zip Code

17033-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn State Hershey Medical Center

Occupation

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			0	1	2	0	1	5

**Transaction ID : C3017318**

Amount of Each Receipt this Period

41.67

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

166.68

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

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

Use separate schedule(s)  
for each category of the  
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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**

Full Name (Last, First, Middle Initial)

**A. Steven N. Landau M.D.**

Mailing Address 2443 Dundee Dr

City

Ann Arbor

State

MI

Zip Code

48103-6022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2015

Transaction ID : C3039599

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Alice L. Landrum M.D.**

Mailing Address 1121 S Hickory Grove School Rd

City

Columbia

State

MO

Zip Code

65279-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2015

Transaction ID : C3022911

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Dean L. Laochamroonvorapongse M.D., M.P.**

Mailing Address 255 SW Harrison St. #23H

City

Portland

State

OR

Zip Code

97201-5546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health and Science University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 23 / 2015

Transaction ID : C3034836

Amount of Each Receipt this Period

41.67

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

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

175.01

# **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  
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric L. Larson M.D.**

Mailing Address 2215 Cascade Lakes Cir SE

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3018661**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Nathan Lasiter M.D.**

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3018187**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. John P. Lawrence M.D., M.Ed**

Mailing Address 7100 Hollyleaf Dr.

City

Burlington

State

KY

Zip Code

41005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Cincinnati College of Me

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 10 / 2015

**Transaction ID : C3022522**

Amount of Each Receipt this Period

41.67

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

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

133.34

# **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**

Full Name (Last, First, Middle Initial)

**A. David Leachman M.D.**

Mailing Address 7130 Coors Trl NW

City State Zip Code  
 Albuquerque NM 87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Anesthesia Specialists of Albuquerque

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2015

**Transaction ID : C3024735**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Laura H. Leduc M.D.**

Mailing Address 58 North St

City State Zip Code  
 Delmar NY 12054-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Albany Medical Center Anesthesia

Occupation  
 Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2015

**Transaction ID : C3024544**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Jeffrey A. Lee M.D.**

Mailing Address 6650 Pasture Lands Pl.

City State Zip Code  
 Winter Garden FL 34787-6229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 JLR Medical Group

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

06 / 08 / 2015

**Transaction ID : C3021572**

Amount of Each Receipt this Period

50.00

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

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

183.34

# **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**

Full Name (Last, First, Middle Initial)

**A. Maxine M. Lee M.D., M.B.**

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 28 / 2015

Transaction ID : C3039122

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Marc L. Leib M.D.**

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

self-employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

Transaction ID : C3017319

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Michael C. Lewis M.D.**

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

Transaction ID : C3017346

Amount of Each Receipt this Period

83.34

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

250.02

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Drew E. Lieberman M.D.**

Mailing Address 179 Bal Cross Dr.

City

Bal Harbour

State

FL

Zip Code

33154-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Broward Count

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017495**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kristen L. Lienhart M.D.**

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

University of Arkansas for Medical Sci

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3024173**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Asa C. Lockhart M.D.**

Mailing Address 2106 Kennebunk Ln.

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Texas Anesthesiology Assc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3022523**

Amount of Each Receipt this Period

83.34

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

416.68

# **SCHEDULE 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**

Full Name (Last, First, Middle Initial)

**A. Anthony LoMonaco D.O.**

Mailing Address 3 Hilltop Dr

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beverly Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : C3040495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John J. Long D.O.**

Mailing Address 2110 Hidden Harbor

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2015

Transaction ID : C3039295

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Michael A. Long M.D.**

Mailing Address 3941 Foxfire Ln

City

Kingsport

State

TN

Zip Code

37664-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2015

Transaction ID : C3039600

Amount of Each Receipt this Period

83.34

**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 PageFOR LINE NUMBER: PAGE 96 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Allison R. Losey M.D.**

Mailing Address 8710 Crest Ridge Cir

City  
AustinState  
TXZip Code  
78750-3016FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Anesthesiology AssociationOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

**Transaction ID : C3027840**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Joshua L. Lumbley M.D.**

Mailing Address 4356 Olentangy Blvd

City  
ColumbusState  
OHZip Code  
43214FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NorthStar AnesthesiaOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024545**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Moises Lustgarten M.D.**

Mailing Address 3201 NE 183rd St Apt 1506

City  
AventuraState  
FLZip Code  
33160-2593FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Pain ManagementOccupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019711**

Amount of Each Receipt this Period

41.67

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

125.01



# SCHEDULE 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

Full Name (Last, First, Middle Initial)

A. John Lydon M.D.

Mailing Address 403 Miami Ave

City

Indialantic

State

FL

Zip Code

32903-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brevard Professionals Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2015

Transaction ID : C3031266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

Mailing Address Dept of Anesthesiology  
619 S. 19th St., JT845

City

Birmingham

State

AL

Zip Code

35249-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Department of Anesthesiolog

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

Transaction ID : C3017347

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Gregory Marino M.D.

Mailing Address 2626 E 66th St

City

Tulsa

State

OK

Zip Code

74136-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue cross oklahoma

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2015

Transaction ID : C3022452

Amount of Each Receipt this Period

50.00

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

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

633.34

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

Full Name (Last, First, Middle Initial)

**A. Kurt W. Markgraf M.D.**

Mailing Address 3663 McKinley Ave

City	State	Zip Code
Fort Myers	FL	33901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : C3021573

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. John J. Marshall M.D.**

Mailing Address 5 Bridgewater Ct

City	State	Zip Code
Reno	NV	89509-6828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assoc. Anesthesiologists of Reno

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039565

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alfred J. Martello M.D.**

Mailing Address 4912 Nobles Pond Dr NW

City	State	Zip Code
Canton	OH	44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036527

Amount of Each Receipt this Period

41.67

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

625.01

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

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

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Martin M.D.**

Mailing Address 116 Hidden Cove Ct

City

Seneca

State

SC

Zip Code

29672-9139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants of the Upstate

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024546**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Nicole D. Martin M.D.**

Mailing Address 8880 SW 113th Ave

City

Miami

State

FL

Zip Code

33176-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2015

**Transaction ID : C3024602**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. George Mashour M.D., Ph.D**Mailing Address Department of Anes  
1500 E Medical Center Dr

City

Ann Arbor

State

MI

Zip Code

48109-5048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**Transaction ID : C3040520**

Amount of Each Receipt this Period

1000.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. Veronica L. Massey M.D.**

Mailing Address 54 R. Burroughs St

City

Jamaica Plain

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FGTBA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	1	5		

**Transaction ID : C3039291**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Anil T. Mathew M.D.**

Mailing Address 8 Azalea Trail Ln

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**Transaction ID : C3040499**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Donald M. Mathews M.D.**

Mailing Address 40 College St., #501

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : C3036528**

Amount of Each Receipt this Period

83.34

**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 PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fredric J. Matlin M.D.**

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

Long Island Anesthesia Physicians, LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023651**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jean-Paul Matter M.D.**

Mailing Address PO Box 43381

City

Cincinnati

State

OH

Zip Code

45243-0381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seven Hills Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3017541**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Maria E. Matuszczak M.D.**

Mailing Address 6431 Fannin St Msb 5.020

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Texas Medical School

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : C3034268**

Amount of Each Receipt this Period

41.67

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

170.01

**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  
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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**

Full Name (Last, First, Middle Initial)

**A. Bill C. Maupin M.D.**

Mailing Address 801 N.W. 145th Cir.

City

Edmond

State

OK

Zip Code

73013-1876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : C3022122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Eric M. May M.D.**

Mailing Address 20810 W 81st Pl

City

Lenexa

State

KS

Zip Code

66220-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Lukes Hospital of Kansas City

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036529

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Philip J. McArdle M.B.,B.Ch.**

Mailing Address 3746 Dunbarton Dr

City

Mountain Brook

State

AL

Zip Code

35223-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034269

Amount of Each Receipt this Period

83.34

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

666.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Michael L. McCartney M.D.**

Mailing Address 15001 Linden St

City

Leawood

State

KS

Zip Code

66224-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Physician 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
0	6		2	5		2	0	1	5		

**Transaction ID : C3036530**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Stacey J. McClarty M.D.**

Mailing Address 8505 Rambling Rose Dr

City

Ooltewah

State

TN

Zip Code

37363-7115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACE Anesthesiology Dept of Anesthesiol

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	5		

**Transaction ID : C3039123**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Patrick O. McConville M.D.**Mailing Address Department of Anesthesiology  
1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Tennessee Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	5		

**Transaction ID : C3017866**

Amount of Each Receipt this Period

500.00

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

625.01

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

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew M. McCord M.D.**

Mailing Address 5400 Timber Bend Dr.

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Mercy Health System

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : C3036100**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Joel E. McCreary D.O.**

Mailing Address 4595 E Calle Redonda

City

Phoenix

State

AZ

Zip Code

85018-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024547**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. William A. McDade M.D., Ph.D**Mailing Address 5801 S Ellis Ave Rm 514  
Dept of Anes and Critical Care

City

Chicago

State

IL

Zip Code

60637-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of Chicago

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022912**

Amount of Each Receipt this Period

41.67

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

225.01

**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  
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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**

Full Name (Last, First, Middle Initial)

**A. Stephanie R. McGuire M.D.**

Mailing Address 304 Huntington Rd

City

Kansas City

State

MO

Zip Code

64113-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

**Transaction ID : C3027379**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Peggy P. McNaul M.D.**

Mailing Address 137 Colvard Park Dr

City

Durham

State

NC

Zip Code

27713-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC at Chapel Hill Dept of Anesthesiol

Occupation

MD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	5

**Transaction ID : C3034225**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Richard R. McNeer M.D.**

Mailing Address 18340 SW 122 St.

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : C3034838**

Amount of Each Receipt this Period

83.34

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Michael J. Meddows M.D.**

Mailing Address 8508-B Atlantic Ave.

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Anesthesia

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019714**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Melville M. Mercer Jr., M.D.**

Mailing Address 3020 S. Wheeling

City

Tulsa

State

OK

Zip Code

74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

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
06	/	17	/	2015

**Transaction ID : C3028530**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Matthew T. Merrell M.D.**

Mailing Address 291 Southhall Ln

City

Maitland

State

FL

Zip Code

32751-7274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

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
06	/	29	/	2015

**Transaction ID : C3039545**

Amount of Each Receipt this Period

250.00

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

791.67

**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 PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James R. Mesrobian M.D.**

Mailing Address 827 E Birch Ave

City

Whitefish Bay

State

WI

Zip Code

53217-5360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019715**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Brigitte M. Messenger M.D.**

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

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022913**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Robert K. Michaels M.D.**

Mailing Address 3632 Beech Tree Dr

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020952**

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

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 (check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Eugene C. Miller M.D.**

Mailing Address 3165 Timber Ln

City

Verona

State

WI

Zip Code

53593-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madison Anesthesiology Consultants,LLP

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : C3031304

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Michael D. Miller M.D.**

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

anesthesia consultants of indianapolis

Occupation

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
06	/	26	/	2015

Transaction ID : C3038154

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mitchell F. Minana M.D.**

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : C3027380

Amount of Each Receipt this Period

50.00

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

175.01

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 PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul S. Mintz M.D.**

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

Reading Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

**Transaction ID : C3021593**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Brian Mitchell M.D.**

Mailing Address 3710 SW US Veterans Hospital Rd

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Portland VA Medical Center P3- ANES

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

**Transaction ID : C3022914**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Larkin H. Mitchell M.D.**

Mailing Address 309 S Gamwyn Park Dr

City

Greenville

State

MS

Zip Code

38701-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2015

**Transaction ID : C3039090**

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia A. Moesner M.D.**

Mailing Address 1135 Shelby St Apt 2611

City  
DetroitState  
MIZip Code  
48226-2633FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michigan Interventional Pain Center

Occupation

Interventional pain specialist

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
06	/	13	/	2015

**Transaction ID : C3024548**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Tibor G. Mohacsi M.D.**

Mailing Address 11008 W 125th St

City

Overland Park

State

KS

Zip Code

66213-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLPS

Occupation

MD

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
06	/	24	/	2015

**Transaction ID : C3036102**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Richard C. Month M.D.**

Mailing Address 2001 Hamilton St Apt 2307

City

Philadelphia

State

PA

Zip Code

19130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania Dept. of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3022525**

Amount of Each Receipt this Period

83.34

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

Full Name (Last, First, Middle Initial)

**A. Barry Moody M.D.**Mailing Address 216 Marengo St.,  
Suite F

City	State	Zip Code
Florence	AL	35630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barry J. Moody,DMD,MD,PC

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : C3023652

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James Moore M.D.**Mailing Address 757 Westwood Plaza, Suite 3325  
Department of Anesthesiology

City	State	Zip Code
Los Angeles	CA	90095-7403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024549

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Matthew L. Morgan M.D.**

Mailing Address 115 9th Ave S Unit 7B

City	State	Zip Code
Jacksonville Beach	FL	32250-6573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACI

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039546

Amount of Each Receipt this Period

500.00

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

666.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

Full Name (Last, First, Middle Initial)

**A. Gregg K. Motonaga M.D.**

Mailing Address 340 Diane Ln

City	State	Zip Code
Soldotna	AK	99669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039293

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Troy E. Mott M.D.**Mailing Address 2006 Franklin St SE Ste 301  
Attn: Debbie Miller

City	State	Zip Code
Huntsville	AL	35801-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3023628

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John P. Mrachek M.D.**

Mailing Address 4520 W. Woodland Rd.

City	State	Zip Code
Edina	MN	55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : C3036531

Amount of Each Receipt this Period

83.34

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

1083.34

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



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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Joel H. Mumford M.D.**

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2015

Transaction ID : C3022916

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Robert F. Murray III, M.D.**

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2015

Transaction ID : C3024551

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Ross J. Musumeci M.D., M.B.**

Mailing Address 98 Wayne Rd

City

Needham

State

MA

Zip Code

02494-1770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anes. Assoc. of Massachusetts

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 11 / 2015

Transaction ID : C3022917

Amount of Each Receipt this Period

41.67

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

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

208.35

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Trevor Myers M.D.**

Mailing Address 1701 N. George Mason Dr.

City	State	Zip Code
Arlington	VA	22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dominion Anesthesia Virginia Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : C3022278

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Peter A. Nagi M.D.**

Mailing Address 4036 Old Leeds Circle

City	State	Zip Code
Mountain Brk	AL	35213-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022918

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Peter A. Nagi M.D.**

Mailing Address 4036 Old Leeds Circle

City	State	Zip Code
Mountain Brk	AL	35213-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3040176

Amount of Each Receipt this Period

83.34

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

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

1125.01

**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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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anil G. Nair M.D.**

Mailing Address 1257 Armorlite Drive Apt 102

City

San Marcos

State

CA

Zip Code

92069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants of California M

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

**Transaction ID : C3024603**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Steven K. Nakata M.D.**

Mailing Address 2080 S Cherrywood Ct

City

New Berlin

State

WI

Zip Code

53151-2394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven K Nakata MD SC

Occupation

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
06	/	30	/	2015

**Transaction ID : C3040523**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Samer N. Narouze M.D., Ph.D**

Mailing Address 2183 Chuckery Ln

City

Akron

State

OH

Zip Code

44333-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Pain Medicine, Summa Wester

Occupation

Pain physician

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
06	/	29	/	2015

**Transaction ID : C3039289**

Amount of Each Receipt this Period

500.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. Michael S. Nichols A.A.-C**

Mailing Address 2580 Hillandale Cir

City

Cumming

State

GA

Zip Code

30041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

**Transaction ID : C3020953**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Andrew E. Nicoli D.O.**

Mailing Address 1262 Marina Dr

City

Grafton

State

WI

Zip Code

53024-9334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care Medical Group

Occupation

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
0	6		0	2		2	0	1	5		

**Transaction ID : C3018174**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Melissa O Nikolaidis M.D.**

Mailing Address 2230 McClendon St

City

Houston

State

TX

Zip Code

77030-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	1	5		

**Transaction ID : C3022118**

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Heather C. Nixon M.D.**

Mailing Address 1740 W. Taylor Ave

Suite 3200: Anesthesiology Depart

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Illinois

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : C3039603**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Peter H. Norman M.D.**

Mailing Address 3922 Amherst St.

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT MD ANDERSON CANCER CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3022919**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Randa K. Noseir M.D.**

Mailing Address 18265 Prairie Falcon Ln

City

Brookfield

State

WI

Zip Code

53045-6317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

**Transaction ID : C3022939**

Amount of Each Receipt this Period

250.00

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

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

341.67

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

Full Name (Last, First, Middle Initial)

**A. Joseph M. Nounou M.D.**

Mailing Address 668 Lakeside Dock Dr

City  
KingsportState  
TNZip Code  
37663-4109FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022920**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Richard P. O'Flynn M.D.**

Mailing Address 10 White Pine Ln.

City  
Rose ValleyState  
PAZip Code  
19063FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022921**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Douglas A. Olin M.D.**

Mailing Address 5270 Vista Club Run

City  
SanfordState  
FLZip Code  
32771-7153FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAP-JLR Division

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018663**

Amount of Each Receipt this Period

83.34

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Kimberlee Olsen M.D.**

Mailing Address 1236 E Elizabeth St Ste 1

City	State	Zip Code
Fort Collins	CO	80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Colorado Anesthesia Professio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : C3027362**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rafael E. Padilla M.D.**

Mailing Address 71 Daniel T. Church Rd.

City	State	Zip Code
Tiverton	RI	02878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

anesthesia care

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020751**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Rafael E. Padilla M.D.**

Mailing Address 71 Daniel T. Church Rd.

City	State	Zip Code
Tiverton	RI	02878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

anesthesia care

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

**Transaction ID : C3039180**

Amount of Each Receipt this Period

41.67

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

333.34

**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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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sam L. Page M.D.**

Mailing Address 17 Windsor Terrace Ln

City

Creve Coeur

State

MO

Zip Code

63141-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : C3022526

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Juhan Paiste M.D.**

Mailing Address JT 845

619 19th St S

City

Birmingham

State

AL

Zip Code

35249-6810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB, Department of Anesthesiology

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : C3017320

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Parag Pandya M.D.**

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : C3019716

Amount of Each Receipt this Period

83.34

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

250.02

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Parag Pandya M.D.**

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : C3034271**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Huiling Pang M.D., Ph.D**

Mailing Address 16225 Burt St.

City

Omaha

State

NE

Zip Code

68118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Nebraska Medical Center Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3021988**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John L. Pappas M.D.**

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027383**

Amount of Each Receipt this Period

83.34

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

191.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Haresh D. Patel M.D.**

Mailing Address 1120 Enclave Rd

City

Chattanooga

State

TN

Zip Code

37415-5650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**Transaction ID : C3039605**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mina A. Patel M.D.**

Mailing Address 3625 Winding Lake Cir.

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3017889**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Y. Pauker M.D.**

Mailing Address 18 Sierra Vista

City

Laguna Niguel

State

CA

Zip Code

92677-7952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

caamg, inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024553**

Amount of Each Receipt this Period

83.34

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

666.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Benjamin Peng M.D.**

Mailing Address 8735 W 142nd Pl

City

Orland Park

State

IL

Zip Code

60462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : C3040522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Emily Peoples M.D.**

Mailing Address 1500 E Medical Center Dr Spc 5048

City

Ann Arbor

State

MI

Zip Code

48109-5048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 12 / 2015

Transaction ID : C3023654

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Feyce M. Peralta M.D.**

Mailing Address 251 E Huron St # F5-704

City

Chicago

State

IL

Zip Code

60611-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2015

Transaction ID : C3024554

Amount of Each Receipt this Period

83.34

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

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

375.01

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Jeremie J. Perry M.D.**

Mailing Address 2410 Whispering Oaks Ct.

City

Abilene

State

TX

Zip Code

79606-4366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027384**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Kathy M. Perryman M.D.**

Mailing Address 11412 Canterbury Cir.

City

Shawnee Mission

State

KS

Zip Code

66211-2935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates of KC

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022922**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Lara Pesavento M.D.**

Mailing Address 7327 N. ILLINOIS ST

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

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
06	/	22	/	2015

**Transaction ID : C3034272**

Amount of Each Receipt this Period

41.67

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Raymond M. Pesso M.D.**

Mailing Address 278 Round Swamp Rd

City

Melville

State

NY

Zip Code

11747-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	4		2	0	1	5		

**Transaction ID : C3024605**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mark C. Phillips M.D.**

Mailing Address 619 19th St S

University of Alabama- Birmingham

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama- Birmingham

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	5		

**Transaction ID : C3024555**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Estee Piehl M.D.**

Mailing Address 7859 E 28th Pl

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado Denver Anesthes

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	6		2	0	1	5		

**Transaction ID : C3021501**

Amount of Each Receipt this Period

41.67

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Margaret A. Pitts M.D.**Mailing Address 1 Pillsbury St Ste 202  
Suite 202

City	State	Zip Code
Concord	NH	03301-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : C3020954

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Dean Polce D.O.**

Mailing Address 3092 Red Arrow Dr

City	State	Zip Code
Las Vegas	NV	89135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
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
06	/	26	/	2015

Transaction ID : C3038156

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Roma C. Polce M.D.**

Mailing Address 3092 Red Arrow Dr.

City	State	Zip Code
Las Vegas	NV	89135-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : C3024673

Amount of Each Receipt this Period

83.34

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

266.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Jason Porter M.D.**

Mailing Address 622 Geier Ave

City

St Henry

State

OH

Zip Code

45883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercer Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2015

Transaction ID : C3034839

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Karl A. Poterack M.D.**

Mailing Address 5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2015

Transaction ID : C3039606

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. George M. Powell M.D.**

Mailing Address PO Box 189

City

Saint Charles

State

IL

Zip Code

60174-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kane Anesthesia Associates, SC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2015

Transaction ID : C3024606

Amount of Each Receipt this Period

83.34

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

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

216.68

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

Full Name (Last, First, Middle Initial)

**A. Johnathan L. Pregler M.D.**

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

UCLA Department of Anesthesiology and

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : C3019717

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jacob S. Pugsley M.D.**

Mailing Address 123 Second Ave # 901

City

Salt Lake City

State

UT

Zip Code

84103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2015

Transaction ID : C3039126

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Steven Pusker M.D.**

Mailing Address 67 Creekside Park Ct.

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

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
06	/	30	/	2015

Transaction ID : C3040516

Amount of Each Receipt this Period

500.00

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

625.01

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Queen M.D.**

Mailing Address 909 Hayslope Dr

City

Knoxville

State

TN

Zip Code

37919-7226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Childrens Anesthesiologists PC

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : C3017493**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Theodore J. Quilligan M.D.**

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

Allied Anesthesia Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : C3022453**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Nathan M. Rachman M.D.**

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : C3017321**

Amount of Each Receipt this Period

41.67

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

1091.67

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

Full Name (Last, First, Middle Initial)

**A. Melissa M. Rader M.D., M.P.**

Mailing Address 130 Walnut Cir SW

City

Marietta

State

GA

Zip Code

30064-3285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017322**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Thomas F. Rahlfs M.D.**

Mailing Address 11406 Chartreuse Ct

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.T. M.J. Anderson Cancer Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022923**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Navdip S. Rangi M.D.**

Mailing Address 10191 W. Shrewsbury Run

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020753**

Amount of Each Receipt this Period

83.34

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

191.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. David A. Raphael M.D.**

Mailing Address PO Box 3036

City

Eldorado Springs

State

CO

Zip Code

80025-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

High Plains Anesthesia Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : C3040521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sally Raty M.D.**

Mailing Address 6414 Rutgers Ave

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Director Residency Training

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
0	6		1	3		2	0	1	5		

Transaction ID : C3024557

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. J. Ann Rea M.D.**

Mailing Address P.O. Box 70

City

Summit

State

MS

Zip Code

39666-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeanne Ann Rea, MD

Occupation

physician

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
0	6		1	3		2	0	1	5		

Transaction ID : C3024558

Amount of Each Receipt this Period

50.00

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

591.67

**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 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**

Full Name (Last, First, Middle Initial)

**A. Zed Reagan M.D.**

Mailing Address 514 W Pueblo St Fl 2

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anes. Medical Group of Santa Barbara

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	5

**Transaction ID : C3024559**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Jeffrey M. Ricketts D.O.**

Mailing Address 880 Bradford Holw NE

City

Grand Rapids

State

MI

Zip Code

49525-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

**Transaction ID : C3017542**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Joseph M. Rifici A.A.-C**Mailing Address Lakeside ANES 2532 LKS5007  
11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : C3022924**

Amount of Each Receipt this Period

83.34

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. John C. Rivard M.D.**

Mailing Address 2104 Copley Ave.

City	State	Zip Code
Ann Arbor	MI	48104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANES ASSOC ANN ARBOR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : C3043415

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Paul G. Robertie M.D.**

Mailing Address 2860 SW 58th St

City	State	Zip Code
Ocala	FL	34471-9510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocala Heart Institute

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039554

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kevin W. Roberts M.D.**

Mailing Address 240 Walnut Ln.

City	State	Zip Code
Slingerlands	NY	12159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : C3029888

Amount of Each Receipt this Period

83.34

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

633.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Michael W. Roberts II, M.D.**

Mailing Address 430 W Symmes St

City

Norman

State

OK

Zip Code

73069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : C3027842

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Beemeth Robles M.D.**

Mailing Address 7122 N 23rd Pl

City

Phoenix

State

AZ

Zip Code

85020-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

B Robles MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : C3040079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Scott T. Roethle M.D.**

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAKC

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022925

Amount of Each Receipt this Period

83.34

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

666.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 191

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne T. Rogers M.B.,Ch.B.**

Mailing Address 6005 River Rd

City

Norfolk

State

VA

Zip Code

23505-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Anesthesia Inc

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020955**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Anne T. Rogers M.B.,Ch.B.**

Mailing Address 6005 River Rd

City

Norfolk

State

VA

Zip Code

23505-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Anesthesia Inc

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : C3022883**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. David L. Rogers M.D.**

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

Old Pueblo Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2015

**Transaction ID : C3034226**

Amount of Each Receipt this Period

50.00

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

180.00

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

Full Name (Last, First, Middle Initial)

**A. Olivia B. Romano M.D.**

Mailing Address 4022 Osceola St

City

Denver

State

CO

Zip Code

80212-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : C3034274**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Frank Rosemeier M.D.**

Mailing Address 10004 Crystalline Ct

City

Orlando

State

FL

Zip Code

32836-6024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Attending Anesthesiologists

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : C3021523**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Gerald P. Rosen M.D.**

Mailing Address 4300 Alton Rd # 1401

City

Miami Beach

State

FL

Zip Code

33140-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miami Beach Anesthesiology Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024560**

Amount of Each Receipt this Period

41.67

**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 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

Full Name (Last, First, Middle Initial)

**A. Michael J. Rosenfeld M.D.**

Mailing Address 145 Shale Bank Rd

City

Marion

State

VA

Zip Code

24354-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Highlands Anesthesia

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

Transaction ID : C3024182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian S. Rothman M.D.**

Mailing Address 1301 Medical Center Dr # 4648

City

Nashville

State

TN

Zip Code

37232-0028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Associate Professor - Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2015

Transaction ID : C3039091

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jeffrey M. Rusheen M.D.**

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

County of Los Angeles

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024561

Amount of Each Receipt this Period

41.67

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

583.34

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory D. Rypel M.D.**

Mailing Address 2430 Wilder St

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3019267**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan R. Sadler M.D.**

Mailing Address 221 Devon Dr

City

Birmingham

State

AL

Zip Code

35209-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2015

**Transaction ID : C3019266**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mandy M. Sander-Prather M.D.**

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2015

**Transaction ID : C3017323**

Amount of Each Receipt this Period

83.34

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gabriel E. Sarah M.D.**

Mailing Address 4075 17th St

City

San Francisco

State

CA

Zip Code

94114-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2015

Transaction ID : C3029889

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mahesh P. Sardesai M.D.**

Mailing Address 1304 Fairstead Lane

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2015

Transaction ID : C3024607

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Thomas F. Sawyer M.D.**

Mailing Address 6326 N. 4th Dr.

City

Phoenix

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

District Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2015

Transaction ID : C3017543

Amount of Each Receipt this Period

41.67

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

208.35

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

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

PAGE 140 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gina M. Scarboro A.A.**

Mailing Address 112 Samuel Lyon Way

City

Savannah

State

GA

Zip Code

31411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South University

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022849**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. David G. Schaner M.D.**

Mailing Address 8 Spruce St Apt 20A

City

New York

State

NY

Zip Code

10038-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017324**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Joseph Schianodicola M.D.**

Mailing Address 218 Center St

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Methodist Hospital

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017308**

Amount of Each Receipt this Period

500.00

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

583.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 191  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael L. Schmitz M.D.**

Mailing Address 8500 Barrett Road

City  
RolandState  
ARZip Code  
72135-9282FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. Arkansas for Medical Sciences, D

Occupation

Pediatric Cardiac 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
06	/	14	/	2015

Transaction ID : C3024608

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. David M. Schneider M.D.**

Mailing Address 7015 Yellowstone Pl

City  
BillingsState  
MTZip Code  
59106FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Partners of Montana

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024662

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Greg K. Schroeder D.O.**

Mailing Address 3280 Lake Shore Dr

City  
OrlandoState  
FLZip Code  
32803FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : C3027843

Amount of Each Receipt this Period

41.67

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

591.67

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 PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mickel B. Sharp M.D.**

Mailing Address 1878 E Somerset Ridge Dr

City  
DraperState  
UTZip Code  
84020-9133FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mickel Sharp MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017348**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Bret E. Shipley M.D.**

Mailing Address 6918 Melrose Lane

City

Oklahoma City

State

OK

Zip Code

73127-6140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bret E. Shipley, M.D.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : C3022120**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Mark J. Shulkosky M.D.**

Mailing Address 2880 Valley View Circle

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

**Transaction ID : C3034241**

Amount of Each Receipt this Period

250.00

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

341.67

**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 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**

Full Name (Last, First, Middle Initial)

**A. Karen S. Sibert M.D.**

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Karen S. Sibert MD Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

**Transaction ID : C3020956**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Karen S. Sibert M.D.**

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Karen S. Sibert MD Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

**Transaction ID : C3034275**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Rod Silverman M.D.**

Mailing Address 710 W. Main St

City

Washington

State

NC

Zip Code

27889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**Transaction ID : C3039302**

Amount of Each Receipt this Period

250.00

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

416.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael B. Simon M.D.**

Mailing Address 35 Gellatly Dr

City

Wappingers Falls

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : C3021989

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Michael B. Simon M.D.**

Mailing Address 35 Gellatly Dr

City

Wappingers Falls

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : C3022528

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Jean A. Simonson M.D.**

Mailing Address 924 N 20th Avenue Cir

City

Blair

State

NE

Zip Code

68008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	5

Transaction ID : C3039092

Amount of Each Receipt this Period

41.67

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

208.35

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Thomas F. Slaughter M.D.**Mailing Address Department of Anesthesiology  
Medical Center Boulevard

City Winston-Salem State NC Zip Code 27157-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest School of MedicineOccupation  
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  
06 / 29 / 2015

Transaction ID : C3039556

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jonathan H. Slonin M.D., M.B.**

Mailing Address 5191 SW Longspur Lane

City Palm City State FL Zip Code 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TeamHealth AnesthesiaOccupation  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : C3019718

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Robert H. Small M.D.**Mailing Address 410 W 10th Ave  
Dept of Anes - N411 Doan Hall

City Columbus State OH Zip Code 43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ohio State UniversityOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : C3022927

Amount of Each Receipt this Period

100.00

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

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

683.34

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

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blair Smith M.D.**

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama Health Services

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2015

**Transaction ID : C3017325**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Phillip J. Smith M.D.**

Mailing Address 1016 15th Ave NW

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unifour Anesthesia Associates

Occupation

Physician

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
06		21		2015

**Transaction ID : C3034249**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Don E. Sokolik M.D.**

Mailing Address 2757 Kinsington Circle

City

Weston

State

FL

Zip Code

33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

physician

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
06		08		2015

**Transaction ID : C3022881**

Amount of Each Receipt this Period

250.00

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

375.01

**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 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**

Full Name (Last, First, Middle Initial)

**A. Shannon M. Sorah D.O.**

Mailing Address 11743 Couch Mill Road

City

Knoxville

State

TN

Zip Code

37932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Med. Ctr. Anes. Gr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : C3029890**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Kortnee L. Sorbin M.D.**

Mailing Address 10718 W 163rd Ter

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAKC-Menorah Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : C3039184**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Roy G. Soto M.D.**

Mailing Address 355 Sycamore Ct

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022928**

Amount of Each Receipt this Period

41.67

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Michael J. Souter M.B.,Ch.B.**Mailing Address 325 9th Ave, Box 359724  
Box 359724

City	State	Zip Code
Seattle	WA	98104-2499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harborview Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022929**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Spiro G. Spanakis D.O.**

Mailing Address 65 Lake Ave Apt 1005

City	State	Zip Code
Worcester	MA	01604-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMASS Memorial Medical Group

Occupation

Assistant Professor of Anesthesiology

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
06	/	12	/	2015

**Transaction ID : C3023656**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. David C. Spann M.D.**

Mailing Address 3940 Pointe Dr

City	State	Zip Code
Lakeland	TN	38002-9888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3024174**

Amount of Each Receipt this Period

41.67

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

166.68

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. Brian C. Spence M.D.**Mailing Address 1 Medical Center Dr  
DHMC - Anesthesiology

City	State	Zip Code
Lebanon	NH	03756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Anesthesiologist MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018188**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Brian C. Spence M.D.**Mailing Address 1 Medical Center Dr  
DHMC - Anesthesiology

City	State	Zip Code
Lebanon	NH	03756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Center

Occupation

Anesthesiologist MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : C3034250**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**c. John C. Spivak M.D.**

Mailing Address 3104 Bradford Place

City	State	Zip Code
Birmingham	AL	35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesiologists Associated, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : C3018158**

Amount of Each Receipt this Period

500.00

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

556.67

**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 PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew N. Springer M.D.**

Mailing Address 410 W 10th Ave

Dept of Anes N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2015

Transaction ID : C3034227

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. James Stangl M.D.**

Mailing Address 314 Martin Luther King Jr Way Ste

City

Tacoma

State

WA

Zip Code

98405-4292

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates, P.S.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022930

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Erica Stein M.D.**

Mailing Address 410 W 10th Ave., Anes. Dept.

N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

Transaction ID : C3024563

Amount of Each Receipt this Period

83.34

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

250.02

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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**

Full Name (Last, First, Middle Initial)

**A. John H. Stephenson M.D.**Mailing Address 5671 Peachtree Dunwoody Road  
Suite 610

City	State	Zip Code
Atlanta	GA	30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : C3019719**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Marjorie Stiegler M.D.**

Mailing Address 10817 Round Brook Cir

City	State	Zip Code
Raleigh	NC	27617-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of NC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024564**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Richard J. Stilz M.D.**

Mailing Address 1354 Herschel Ave

City	State	Zip Code
Cincinnati	OH	45208-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

anesthesia associates of cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : C3022931**

Amount of Each Receipt this Period

41.67

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

208.35

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

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

PAGE 152 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Luke D. Stoltzfus M.D.**

Mailing Address 915 E 1st St

Anesthesiology Department

City

Duluth

State

MN

Zip Code

55805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Lukes Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : C3022932

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Kenneth R. Stone M.D.**

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

Bridgeport Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : C3017326

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Major James E. Stormo M.D.**

Mailing Address 8424 Mayport Dr

City

Las Vegas

State

NV

Zip Code

89131-6701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mike OCallaghan Federal Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	5		

Transaction ID : C3017505

Amount of Each Receipt this Period

83.34

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

216.68

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



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

PAGE 153 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erin A Sullivan M.D.**Mailing Address Dept of Anes PUH C-224  
200 Lothrop St.

City	State	Zip Code
Pittsburgh	PA	15213-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pittsburgh Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : C3022121

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. George Sullivan D.O.**

Mailing Address 2321 Butler Bay Dr. N.

City	State	Zip Code
Windermere	FL	34786-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : C3019720

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Stephen D. Surgenor M.B.A., M.**

Mailing Address 1 Medical Center Dr

City	State	Zip Code
Lebanon	NH	03756-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth Hitchcock Medical Center

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : C3036107

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

FOR LINE NUMBER: PAGE 154 OF 191

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjamin J. Sutlive M.D.**

Mailing Address 8 Montevallo Terrace

City State Zip Code  
Birmingham AL 35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2015

**Transaction ID : C3039130**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Benjamin J. Sutlive M.D.**

Mailing Address 8 Montevallo Terrace

City State Zip Code  
Birmingham AL 35213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : C3039571**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Steven L. Sween M.D.**

Mailing Address 240 Marchand Ct NW

City State Zip Code  
Atlanta GA 30328-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia PC

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

**Transaction ID : C3017349**

Amount of Each Receipt this Period

83.34

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

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

233.34

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

Full Name (Last, First, Middle Initial)

**A. Steven L. Sween M.D.**

Mailing Address 240 Marchand Ct NW

City	State	Zip Code
Atlanta	GA	30328-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia PC

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : C3038157

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Matthew L. Swenson M.D.**

Mailing Address 7720 S 92nd East Ave

City	State	Zip Code
Tulsa	OK	74133-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Resident

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
0	6		2	6		2	0	1	5		

Transaction ID : C3038158

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Samuel E. Talsma M.D.**

Mailing Address 2110 Dorset Rd

City	State	Zip Code
Ann Arbor	MI	48104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

anesthesia assoc of ann arbor

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	5		

Transaction ID : C3039132

Amount of Each Receipt this Period

83.34

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 156 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Travis J. Teetor M.D.**

Mailing Address 19309 Briggs St

City	State	Zip Code
Omaha	NE	68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boys Town National Research Hospital

Occupation

Staff 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
06	/	02	/	2015

Transaction ID : C3018167

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sherif H. Tewfik M.D.**

Mailing Address 7365 NW 107th St

City	State	Zip Code
Grimes	IA	50111-1078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024609

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Nikhil Thakkar M.B.,B.S.**

Mailing Address 759 Chesnut St.

Baystate Medical Center Dept of An

City	State	Zip Code
Springfield	MA	01199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Medical Center Dept of Anes.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : C3022445

Amount of Each Receipt this Period

401.00

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

584.34

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 PageFOR LINE NUMBER: PAGE 157 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Sydney I. Thomson M.D.**

Mailing Address 6224 Hidden Meadow Ct

City

San Jose

State

CA

Zip Code

95135-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coast Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C3022933

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Sebastian E. Tongson M.D.**

Mailing Address 2656 Meeting Pl

City

Orlando

State

FL

Zip Code

32814-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group USAP

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : C3034276

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Laurence Torsher M.D.**Mailing Address Dept of Anesthesiology  
200 First Street SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

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
06	/	29	/	2015

Transaction ID : C3039301

Amount of Each Receipt this Period

500.00

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

625.01

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Troy Tortorici M.D.**

Mailing Address 17401 Hawks View Ct

City	State	Zip Code
Edmond	OK	73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024565**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Christopher A. Troianos M.D.**

Mailing Address 427 Heights Dr

City	State	Zip Code
Gibsonia	PA	15044-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : C3017327**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Gary L. Trummel M.D.**

Mailing Address 5940 Mount Normandale Dr

City	State	Zip Code
Minneapolis	MN	55438-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018664**

Amount of Each Receipt this Period

83.34

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 191

(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**

Full Name (Last, First, Middle Initial)

**A. Christopher Turner M.D., Ph.D**

Mailing Address 600 Highland Ave B6 319 CSC

Dept of Anesthesiology

City

Madison

State

WI

Zip Code

53792-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2015

**Transaction ID : C3039133**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Judi A. Turner M.D., Ph.D**

Mailing Address 1002 Franklin Street

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023657**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Katja R. Turner M.D.**

Mailing Address 410 West 10th Ave

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2015

**Transaction ID : C3024566**

Amount of Each Receipt this Period

83.34

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

208.35

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Gary F. Tzeng M.D.**

Mailing Address 582 S Rex Blvd

City

Elmhurst

State

IL

Zip Code

60126-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept. of Veteran's Affairs

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

**Transaction ID : C3024175**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Jeffrey Uppington M.D.**Mailing Address 4150 V St  
PSSB Suite 1200

City

Sacramento

State

CA

Zip Code

95817-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of California Davis Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	2		2	0	1	5		

**Transaction ID : C3018173**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Chadron J. Vassar**

Mailing Address 64 Cherry St

City

Danville

State

PA

Zip Code

17821-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Medical Student

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
0	6		1	6		2	0	1	5		

**Transaction ID : C3027387**

Amount of Each Receipt this Period

41.67

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

375.01



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Jennifer R. Vaughn M.D.**

Mailing Address 272 Flanders Drive

City	State	Zip Code
Indialantic	FL	32903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brevard Physician Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Todd A Versteegh M.D.**Mailing Address 116 Rosedowne Bend  
Department of Anesthesiology

City	State	Zip Code
Madison	MS	39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : C3038159

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Juan P. Villani M.D.**

Mailing Address 160 Green Glades

City	State	Zip Code
Ridgeland	MS	39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Mississippe Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024610

Amount of Each Receipt this Period

41.67

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

583.34

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

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

PAGE 162 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Salvatore G. Vitale M.D.**

Mailing Address 26 Ramblewood Ct

City

Niskayuna

State

NY

Zip Code

12309-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai-Beth Israel campus

Occupation

Director Section of Cardiac Anesthesia

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
0	6		0	1		2	0	1	5		

**Transaction ID : C3017328**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Annette Vizona M.D.**

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	1	5		

**Transaction ID : C3043412**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. J. Michael Vollers M.D.**Mailing Address 1 Childrens Way  
Slot 203, S-319

City

Little Rock

State

AR

Zip Code

72202-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : C3022529**

Amount of Each Receipt this Period

83.34

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

175.01

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Oleg Vosicher M.D.**

Mailing Address 2001 Hercules Dr

City

Los Angeles

State

CA

Zip Code

90046-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BVAMG

Occupation

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
06	/	27	/	2015

**Transaction ID : C3039094**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Terri W. W M.D.**

Mailing Address 4600 Anderson Way

City

Bellingham

State

WA

Zip Code

98226-7938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027388**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Aaron D. Wallace M.D.**Mailing Address 22244 Safe Harbor Ct  
Suite B

City

Corona

State

CA

Zip Code

92883-5938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Medical Group of Riverside

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3024176**

Amount of Each Receipt this Period

41.67

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

191.67

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

PAGE 164 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James J. Walsh M.D.**

Mailing Address 166 83rd St.

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAPA

Occupation

Medical Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

**Transaction ID : C3021526**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Travis A. Warner M.D.**Mailing Address 10730 N. Oracle Road  
Unit 5101

City

Oro Valley

State

AZ

Zip Code

85737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

**Transaction ID : C3018665**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Smitha Warriar M.D.**

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

university of utah

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

**Transaction ID : C3021972**

Amount of Each Receipt this Period

500.00

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

583.34

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Erikka L. Washington M.D.**Mailing Address 6431 FANNIN  
msb 5.020

City	State	Zip Code
HOUSTON	TX	77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSC-Houston Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : C3031308**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Gregory J. Waters M.D.**

Mailing Address 42 Bullseye Pl

City	State	Zip Code
Bozeman	MT	59718-9658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : C3027389**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Barbara E. Waud M.D.**

Mailing Address 17 Lantern Ln.

City	State	Zip Code
Shrewsbury	MA	01545-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

umass med school

Occupation

retired

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
06	/	30	/	2015

**Transaction ID : C3039914**

Amount of Each Receipt this Period

250.00

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

375.01

**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 PageFOR LINE NUMBER: PAGE 166 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. Paul S. Webster M.D.**

Mailing Address 825 E Oak St

City

Kissimmee

State

FL

Zip Code

34744-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors Pain Management Associates

Occupation

Medical Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : C3024177

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Ivan Jared Weiner M.D.**

Mailing Address 10527 Emerald Chase Dr

City

Orlando

State

FL

Zip Code

32836-5862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3039612

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Toby Weingarten M.D.**Mailing Address Department of Anesthesiology  
200 First St. SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : C3029891

Amount of Each Receipt this Period

41.67

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

208.35

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

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

PAGE 167 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alan Weiss M.D.**

Mailing Address 960 Royal Arms Dr

City	State	Zip Code
Girard	OH	44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

**Transaction ID : C3022530**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Steve Weissman M.D.**

Mailing Address 155 Baltic Circle

City	State	Zip Code
Tampa	FL	33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sheridan GFA

Occupation

Anesthsiologist

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
06	/	11	/	2015

**Transaction ID : C3022934**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Lynda Torfreda Wells M.D.**

Mailing Address 4098 Wood Ln

City	State	Zip Code
Keswick	VA	22947-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023658**

Amount of Each Receipt this Period

83.34

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

208.35

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 191  
(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**

Full Name (Last, First, Middle Initial)

**A. Ezekiel J. Wetzel M.D.**Mailing Address 3315 Deborah Dr  
Suite 401

City	State	Zip Code
Monroe	LA	71201-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parish Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : C3020958**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. James H. Williams M.D.**Mailing Address N2201 UNC Hospitals, Campus Box 70  
Dept of Anesthesiology

City	State	Zip Code
Chapel Hill	NC	27599-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Carolina Hospitals

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2015

**Transaction ID : C3021556**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Johnny J Wirth M.D.**Mailing Address 100 E MacArthur Blvd  
Unit 319

City	State	Zip Code
Santa Ana	CA	92707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

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
06	/	23	/	2015

**Transaction ID : C3034840**

Amount of Each Receipt this Period

41.67

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 169 OF 191

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. W.Bradley Worthington M.D.**

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Surgery and Recovery Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : C3039614**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Becky B. Wright M.D.**

Mailing Address 2782 E Levee Oaks

City

Collierville

State

TN

Zip Code

38017-8926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Jude Childrens Res Hosp Dept Anes

Occupation

pediatric 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
06		01		2015

**Transaction ID : C3017356**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Crystal C. Wright M.D.**

Mailing Address 3032 Jarrard St.

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine Dept. of An

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

**Transaction ID : C3024178**

Amount of Each Receipt this Period

83.34

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

416.68

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

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

PAGE 170 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James K. York M.D.**

Mailing Address 129-4 Hidden Creek Circle

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : C3031309**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Man Dick Young M.D.**

Mailing Address 6134 N Bay Ridge Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Medical Group Anesthesiology

Occupation

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
06	/	30	/	2015

**Transaction ID : C3039568**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Matthew W. Zeleznik M.D.**

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City

Atlanta

State

GA

Zip Code

30342-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : C3023659**

Amount of Each Receipt this Period

41.67

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

1125.01

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew W. Zeleznik M.D.**

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City	State	Zip Code
Atlanta	GA	30342-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : C3039188

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. John A. Zelisko M.D.**

Mailing Address 11 Hillwood Ct.

City	State	Zip Code
Columbia	SC	29212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3040498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Keren Ziv M.D.**

Mailing Address 24833 Paseo Del Rancho

City	State	Zip Code
Calabasas	CA	91302-3084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA MED CTR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C3043416

Amount of Each Receipt this Period

250.00

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

541.67

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 PageFOR LINE NUMBER: PAGE 172 OF 191  
(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

Full Name (Last, First, Middle Initial)

**A. David A. Zvara M.D.**

Mailing Address Campus Box 7010 - N2201 UNC Hospit

City	State	Zip Code
Chapel Hill	NC	27599-7010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of North Carolina School ofOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2015

Transaction ID : C3024611

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

83.34

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

86622.59

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

PAGE 173 OF 191

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Revolution**

Mailing Address 1020 Princess St

City

Alexandria

State

VA

Zip Code

22314-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3386.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : C3050948

Amount of Each Receipt this Period

3386.59

Partial refund of media buy from Schedule E for media that did not air.

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

3386.59

3386.59

**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 174 OF 191

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address P.O. Box 6600

City	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement  
Credit Card Merchant Fees

003

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Credit Card Merchant

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : D167058**

Amount of Each Disbursement this Period

5669.55
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

5669.55

5669.55

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

2500.00

Category/  
Type☐ Primary ☐ General  
☒ Other (specify) ▼

State:  District:  2015 Contribution

MM / DD / YYYY

011

Category/  
Type☐ Primary ☐ General  
☒ Other (specify) ▼

State:	District:	2015 Contribution
--------	-----------	-------------------

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2015' with four squares above it. The displays are separated by slashes.

5000.00

Category/  
Type☐ Primary ☐ General  
☒ Other (specify) ▼

State:  District:  2015 Contribution

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)

PAGE 176 OF 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN RICE FOR CONGRESS**

Mailing Address 410 JERICHO TURNPIKE SUITE 200

City Jericho	State NY	Zip Code 11753
-----------------	-------------	-------------------

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Ms. Kathleen Rice**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : D166892**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LAHOOD FOR CONGRESS**

Mailing Address P.O. BOX 10735

City Peoria	State IL	Zip Code 61612
----------------	-------------	-------------------

Purpose of Disbursement  
2015 Special Primary

Candidate Name

**Rep. Darin LaHood**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2015 Special Primary

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : D166886**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. MORE CONSERVATIVES PAC**Mailing Address 228 S WASHINGTON ST  
Suite 115

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement  
2015 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2015 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

**Transaction ID : D166505**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

## A. PAC TO THE FUTURE

Mailing Address PMB 3230  
268 Bush Street

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement	2015 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☐ Primary ☐ General

☒ Other (specify) ▼

2015 Contribution

Date of Disbursement



Transaction ID : D166887

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

## B. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City	State	Zip Code
OTTAWA	IL	61350

Purpose of Disbursement	2016 Primary Contribution

Candidate Name

Rep. Adam Kinzinger

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : D166882

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

### C. BERA FOR CONGRESS

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758-0042

Purpose of Disbursement	2016 Primary Contribution
1. <b>Administrative</b> 2. <b>Capital</b> 3. <b>Construction</b> 4. <b>Debt</b> 5. <b>Debt Service</b> 6. <b>Development</b> 7. <b>Education</b> 8. <b>Health</b> 9. <b>Human Resources</b> 10. <b>Information</b> 11. <b>Infrastructure</b> 12. <b>International</b> 13. <b>Legal</b> 14. <b>Management</b> 15. <b>Marketing</b> 16. <b>Medical</b> 17. <b>Other</b> 18. <b>Research</b> 19. <b>Security</b> 20. <b>Technical</b> 21. <b>Training</b> 22. <b>Transportation</b> 23. <b>Utilities</b> 24. <b>Waste</b> 25. <b>Water</b> 26. <b>Weather</b> 27. <b>Wildlife</b> 28. <b>Work</b> 29. <b>Workforce</b> 30. <b>Workshop</b> 31. <b>Workshop</b> 32. <b>Workshop</b> 33. <b>Workshop</b> 34. <b>Workshop</b> 35. <b>Workshop</b> 36. <b>Workshop</b> 37. <b>Workshop</b> 38. <b>Workshop</b> 39. <b>Workshop</b> 40. <b>Workshop</b> 41. <b>Workshop</b> 42. <b>Workshop</b> 43. <b>Workshop</b> 44. <b>Workshop</b> 45. <b>Workshop</b> 46. <b>Workshop</b> 47. <b>Workshop</b> 48. <b>Workshop</b> 49. <b>Workshop</b> 50. <b>Workshop</b> 51. <b>Workshop</b> 52. <b>Workshop</b> 53. <b>Workshop</b> 54. <b>Workshop</b> 55. <b>Workshop</b> 56. <b>Workshop</b> 57. <b>Workshop</b> 58. <b>Workshop</b> 59. <b>Workshop</b> 60. <b>Workshop</b> 61. <b>Workshop</b> 62. <b>Workshop</b> 63. <b>Workshop</b> 64. <b>Workshop</b> 65. <b>Workshop</b> 66. <b>Workshop</b> 67. <b>Workshop</b> 68. <b>Workshop</b> 69. <b>Workshop</b> 70. <b>Workshop</b> 71. <b>Workshop</b> 72. <b>Workshop</b> 73. <b>Workshop</b> 74. <b>Workshop</b> 75. <b>Workshop</b> 76. <b>Workshop</b> 77. <b>Workshop</b> 78. <b>Workshop</b> 79. <b>Workshop</b> 80. <b>Workshop</b> 81. <b>Workshop</b> 82. <b>Workshop</b> 83. <b>Workshop</b> 84. <b>Workshop</b> 85. <b>Workshop</b> 86. <b>Workshop</b> 87. <b>Workshop</b> 88. <b>Workshop</b> 89. <b>Workshop</b> 90. <b>Workshop</b> 91. <b>Workshop</b> 92. <b>Workshop</b> 93. <b>Workshop</b> 94. <b>Workshop</b> 95. <b>Workshop</b> 96. <b>Workshop</b> 97. <b>Workshop</b> 98. <b>Workshop</b> 99. <b>Workshop</b> 100. <b>Workshop</b>	

Candidate Name

Rep. Ami Bera M.D.

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D166874

Amount of Each Disbursement this Period

2000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILL JOHNSON FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Mailing Address 3755 HUNTERS HILL

City	State	Zip Code
POLAND	OH	44514

**Transaction ID : D166501**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Bill Johnson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: OH	District: 06	

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BLAINE FOR CONGRESS 2012**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

**Transaction ID : D166893**Purpose of Disbursement  
2016 Primary ContributionCategory/  
Type

Amount of Each Disbursement this Period

Candidate Name

**Rep. Blaine Luetkemeyer**

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: MO	District: 03	

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. POLIQUIN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Mailing Address PO BOX 50

City	State	Zip Code
OAKLAND	ME	04963

**Transaction ID : D166507**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Bruce Poliquin**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: ME	District: 02	

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DUTCH RUPPERSBERGER FOR CONGRESS**

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. C.A. Ruppensberger**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : D166877**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Cheri Bustos**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : D166502**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CORRINE BROWN**

Mailing Address PO BOX 40087

City	State	Zip Code
JACKSONVILLE	FL	32203

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Corrine Brown**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : D166868**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAVID SCOTT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Mailing Address P.O. BOX 960821

City	State	Zip Code
RIVERDALE	GA	30296

**Transaction ID : D166497**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. David Scott**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DENNIS ROSS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Mailing Address PO BOX 7310

City	State	Zip Code
LAKELAND	FL	33807

**Transaction ID : D166397**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Dennis A. Ross**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

2500.00

Full Name (Last, First, Middle Initial)

**C. EDDIE BERNICE JOHNSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Mailing Address 3102 Maple Avenue, Suite 605

City	State	Zip Code
Dallas	TX	75201

**Transaction ID : D166400**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Eddie Bernice Johnson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 30

1000.00

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

6000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CLEAVER FOR CONGRESS**

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Emanuel Cleaver II**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : D166598**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CLEAVER FOR CONGRESS**

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Emanuel Cleaver II**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : D166500**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Evan H Jenkins**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : D166873**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILIRAKIS FOR CONGRESS**

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Gus Bilirakis**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : D166894**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JACKIE SPEIER FOR CONGRESS**

Mailing Address Post Office Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Jackie Speier**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : D166880**

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : D166498**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Jeff Denham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

**Transaction ID : D166399**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JEFF MILLER FOR CONGRESS**

Mailing Address P. O. BOX 126

City	State	Zip Code
PENSACOLA	FL	32591

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Jeff Miller**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : D166884**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHN CARTER FOR CONGRESS**

Mailing Address 1717 NORTH IH-35

City	State	Zip Code
ROUND ROCK	TX	78664

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. John Carter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : D166879**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address PO BOX 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement  
2016 General Contribution

011

Candidate Name

**Rep. Marc Allison Veasey**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: TX	District: 33	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : D166503**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE BISHOP FOR CONGRESS**

Mailing Address PO BOX 1148

City	State	Zip Code
BRIGHTON	MI	48116

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Mike Bishop**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: MI	District: 08	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

**Transaction ID : D166506**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City	State	Zip Code
CHRISTIANSBURG	VA	24068

Purpose of Disbursement  
2016 Primary Contribution

011

Candidate Name

**Rep. Morgan Griffith**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2016
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: VA	District: 09	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : D166885**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAUL COOK FOR CONGRESS**

Mailing Address PO BOX 365

City	State	Zip Code
YUCCA VALLEY	CA	92286

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Paul Cook**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 08

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : D166855**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL GOSAR FOR CONGRESS**

Mailing Address 2222 E. Cedar Ave.

City	State	Zip Code
Flagstaff	AZ	86004

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Paul Gosar**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

**Transaction ID : D166871**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City	State	Zip Code
BURLINGTON	VT	05402

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Peter Welch**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VT	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : D166890**

Amount of Each Disbursement this Period

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

6000.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RALPH ABRAHAM FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Mailing Address P.O. BOX 270

City	State	Zip Code
ARCHIBALD	LA	71218

**Transaction ID : D166867**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Ralph Abraham**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 05

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HUDSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Mailing Address PO BOX 5053

City	State	Zip Code
CONCORD	NC	28027

**Transaction ID : D166870**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard Hudson**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 08

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

**Transaction ID : D166872**Purpose of Disbursement  
2016 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Ron Kind**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 03

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Susan W. Brooks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

**Transaction ID : D166600**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COLE FOR CONGRESS**

Mailing Address P.O. Box 722256

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement  
2016 Primary Election

Candidate Name

**Rep. Tom Cole**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

**Transaction ID : D166599**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City	State	Zip Code
LOS ANGELES	CA	90010

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Rep. Tony Cardenas**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : D166888**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SEAGRASS PAC**

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
2015 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: 2015 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : D166889**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BLUMENTHAL FOR CONNECTICUT**Mailing Address 777 Summer St  
Ste 103

City	State	Zip Code
Stamford	CT	06901-1085

Purpose of Disbursement  
2016 Primary Contribution

Candidate Name

**Sen. Richard Blumenthal**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

**Transaction ID : D166499**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

7500.00
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103500.00
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**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Oliverson**

Mailing Address 1 E Greenway Plaza Ste 225

City	State	Zip Code
Houston	TX	77046

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Non-Federal Contribu

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

**Transaction ID : D166602**

Amount of Each Disbursement this Period

10000.00
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Full Name (Last, First, Middle Initial)

**B. Republican Attorney's General Association**Mailing Address 1201 F St NW  
Ste 675

City	State	Zip Code
Washington	DC	20004-1218

Purpose of Disbursement  
2015 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2015 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

**Transaction ID : D166635**

Amount of Each Disbursement this Period

-25000.00
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Full Name (Last, First, Middle Initial)

**C. Republican Attorney's General Association**Mailing Address 1201 F St NW  
Ste 675

City	State	Zip Code
Washington	DC	20004-1218

Purpose of Disbursement  
2015 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2015 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : D166508**

Amount of Each Disbursement this Period

25000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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10000.00
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