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 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00255752

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☒ Oct 20 (M10)	☐ Jan 31 (YE)

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 09 / 01 / 2015 through 09 / 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 Conway, Thomas, , Mr.,

Signature of Treasurer *Conway, Thomas, , Mr.,* ***[Electronically Filed]*** Date 10 / 24 / 2016

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		590980.74
(b) Cash on Hand at Beginning of Reporting Period	738282.52	
(c) Total Receipts (from Line 19)	327787.59	1535585.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1066070.11	2126566.66
7. Total Disbursements (from Line 31)	139633.85	1200130.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	926436.26	926436.26
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: 09 / 01 / 2015 To: 09 / 30 / 2015

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)	257569.17	1196685.24
(ii) Unitemized	70218.42	335514.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	327787.59	1532199.33
(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) ▶	327787.59	1532199.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	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)) ▶	327787.59	1535585.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	327787.59	1535585.92

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1685.52	26465.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1685.52	26465.33
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	126000.00	828200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4448.33	5298.39
(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)) ▶	4448.33	5298.39
29. Other Disbursements (Including Non-Federal Donations)	7500.00	340166.68
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	139633.85	1200130.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	139633.85	1200130.40

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	327787.59	1532199.33
34. Total Contribution Refunds (from Line 28(d))	4448.33	5298.39
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	323339.26	1526900.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1685.52	26465.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3386.59
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1685.52	23078.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbey, Kenneth, R., , M.D., J.D.

Mailing Address 3710 SW US Veterans Hospital Road

City: Portland | State: OR | Zip Code: 97207-1034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Portland VA Medical Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087651

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address Dept of General Anesthesiology E-3
9500 Euclid Ave.

City: Cleveland | State: OH | Zip Code: 44195-0001

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091932

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 309 Mallard Rd

City: Weston | State: FL | Zip Code: 33327-1117

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland clinic
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106453

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abenstein, John, P., , M.S.E.E.,

Mailing Address 10978 Eleventh Ave N.W.

City: Oronoco | State: MN | Zip Code: 55960-2110

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mayo Clinic
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087652

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 4303 Evergreen Elm Ct

City: Houston | State: TX | Zip Code: 77059-3120

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3084993

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 2151 Old Rocky Ridge Rd Ste 106

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106115

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1166.68

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adams, Melissa, R., , M.D.

Mailing Address 335 Cherry St

City: Mountain Brk | State: AL | Zip Code: 35213-3747

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107211

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adanin, Simon, M, , D.O.

Mailing Address 2516 Waukegan Rd #353

City: Glenview | State: IL | Zip Code: 60025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAP LLC

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087639

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adelman, Bruce, T, , M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City: West Bloomfield | State: MI | Zip Code: 48323-2378

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Henry Ford Health System

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 466.70

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099216

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

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ITEMIZED RECEIPTS

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

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

Mailing Address 940 Jamestown cres

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Anesthesia, Inc.

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 800.06

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092128

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 653 W 77th St

City: Tulsa | State: OK | Zip Code: 74132

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists, Inc.

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108640

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 58991 290th St

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): McFarland Clinic

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 19 / 2015

Transaction ID : C3099171

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Amancharla, Maneesh, R., , M.D.

Mailing Address 5304 Mount Bonnell Rd

City: Austin | State: TX | Zip Code: 78731-4608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor College of Medicine
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093521

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ambekar, Sucheta, K., , D.O.

Mailing Address 4098 Breakwater Dr.

City: Okemos | State: MI | Zip Code: 48864

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106476

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 262 Bread and Cheese Hollow Road

City: Northport | State: NY | Zip Code: 11768-2606

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Christopher Ambroze, MD PC
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105877

Amount of Each Receipt this Period: 400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 2389 Leda Ln

City: Santa Clara | State: UT | Zip Code: 84765

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105782

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andrews, Thomas, W., , M.D.

Mailing Address 1821 Alaqua Dr.

City: Longwood | State: FL | Zip Code: 32779

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092181

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Angus, Shane, C., , 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 (for Individual): Case Western Reserve University
Occupation (for Individual): Professor

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107957

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 683.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anton, James, M., , 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 (for Individual): Baylor St. Lukes Medical Center

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087728

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Mailing Address 1376 Midland Ave., #201

City: Bronxville | State: NY | Zip Code: 10708-6853

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montefiore Medical Center

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107178

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arnold, Sara, L., , M.D.

Mailing Address 3654 Richwood Circle

City: Kannapolis | State: NC | Zip Code: 28081

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPS

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107020

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 52 Lake St

City: Wakefield | State: RI | Zip Code: 02879-4116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lifespan Physicians Group
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1010.06

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099172

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 504 Medical Center Blvd

City: Conroe | State: TX | Zip Code: 77304-2808

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Houston Anesthesiologists
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092040

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ashcraft, Scott, E., , M.D.

Mailing Address 8900 Indian Creek Pkwy Ste 500

City: Overland Park | State: KS | Zip Code: 66210-1556

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3102985

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1108.34

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 1229 Leeward Way

City: Weston | State: FL | Zip Code: 33327-2304

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): SHERIDAN HEALTHCORPS INC
Occupation (for Individual): PEDIATRIC ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093578

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 15200 Memorial Dr Unit 2306

City: Houston | State: TX | Zip Code: 77079-2642

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3106403

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 41 Mall Rd

City: Burlington | State: MA | Zip Code: 01805-0001

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1416.78

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092041

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1333.34

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atkins, Joshua, H., , M.D., Ph.D

Mailing Address 120 Spruce St

City: Philadelphia | State: PA | Zip Code: 19106-4315

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2015

Transaction ID : C3087703

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Atwater, Robert, J., , 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 (for Individual): Sheridan Healthcare
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3095920

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address S4460 Rygg Rd

City: Eau Claire | State: WI | Zip Code: 54701-9757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mayo School of Grauate Eduaction
Occupation (for Individual): Resident Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100410

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Babiash, Kimberly, H., , M.D.

Mailing Address 3414 N Beach Club Cir

City: Wichita | State: KS | Zip Code: 67205-2532

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087654

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baggett, Jason, , , D.O.

Mailing Address 1725 Woodmere Dr
Attn: Shri Amin

City: Jacksonville | State: FL | Zip Code: 32210-2233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104113

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 7322 21ST AVE NE

City: Seattle | State: WA | Zip Code: 98115

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physicians Anesthesia Service
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085103

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bailey, Bridget, A., , D.O.

Mailing Address 5725 E 17th Avenue Pkwy

City: Denver | State: CO | Zip Code: 80220

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP-CO
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 733.38

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103327

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 9 Ryedale Ct

City: Greenville | State: SC | Zip Code: 29615-6037

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3095915

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Balser, Jeffrey, S., , M.D.

Mailing Address 1532 Westover Ln

City: Chattanooga | State: TN | Zip Code: 37405-2149

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): aai of chattanooga
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106342

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 1713 Cortez Street

City: Coral Gables | State: FL | Zip Code: 33134

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099503

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

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

City: Philadelphia | State: PA | Zip Code: 19107-4824

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 475.03

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090468

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 19 Thistle Ln.

City: Warren | State: NJ | Zip Code: 07059-5564

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self employed
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3099144

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

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ITEMIZED RECEIPTS

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

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

Mailing Address 3504 Cold Harbor Ln

City: Mountain Brk | State: AL | Zip Code: 35223-1636

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107293

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 1000 Johnson Ferry Rd

City: Atlanta | State: GA | Zip Code: 30342-1606

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Anesthesiology Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105848

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barrie, Kristen, P., , 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 (for Individual): Greater Florida Anesthesiologists

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 433.36

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090470

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1541.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barron, James, R., , M.D.

Mailing Address 1833 Lakeshore Drive N

City: Fleming Island | State: FL | Zip Code: 32003

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104059

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bartkowski, Richard, R., , M.D., Ph.D

Mailing Address 408 Rogers Lane

City: Wallingford | State: PA | Zip Code: 19086

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jefferson U Physicians
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099247

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barton, William, P., , M.D.

Mailing Address 820 Prudential Dr Ste 606

City: Jacksonville | State: FL | Zip Code: 32207-8208

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 08 / 2015
Transaction ID : C3089085

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 1809 Nicklaus Dr

City: Clinton | State: MO | Zip Code: 64735-9066

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Golden Valley Memorial Hospital

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087729

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beaudrie, Michael, L., , D.O.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3101897

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address B6/319 Clinical Science Center
600 Highland Ave

City: Madison | State: WI | Zip Code: 53792-3272

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UWSMPH and UWMF

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 17 / Y Y Y Y 2015

Transaction ID : C3095193

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beckstrom, Kathryn, J., , M.D.

Mailing Address 257 Summerglen Ct

City: Chapin | State: SC | Zip Code: 29036-9687

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 10 / 2015

Transaction ID : C3090172

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bedell, Wayne, E., , D.O.

Mailing Address 2140 N. Yasimin Ct

City: Midland | State: MI | Zip Code: 48642

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MidMichigan Anesthesiology PC

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108212

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 110 Irving St. NW #G-226

City: Washington | State: DC | Zip Code: 20010-3017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medstar Washington Hospital Center

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 09 / 2015

Transaction ID : C3090165

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Begin, Eileen, V., , M.D.

Mailing Address 110 Irving St. NW #G-226

City: Washington | State: DC | Zip Code: 20010-3017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medstar Washington Hospital Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3093497

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 520 S Avenida De Palmas

City: Tucson | State: AZ | Zip Code: 85716-5856

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Steve Behr, MD, PC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103994

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Belmont, Richard, E., , JR

Mailing Address E4155 Nicole Ct

City: Eleva | State: WI | Zip Code: 54738-9446

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100411

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1541.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berding, Herbert, C., , JR

Mailing Address 2814 Jefferson St SE

City: Roanoke | State: VA | Zip Code: 24014-3320

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105746

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 7 Sandra Ct.
7 Sandra Ct.

City: Glen Cove | State: NY | Zip Code: 11542

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 416.68

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3093516

Amount of Each Receipt this Period: 83.33

☐ Memo Item

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

Mailing Address 7 Plymouth Ln

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091933

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bevis, Kevin, P., , M.D.

Mailing Address 7134 Old Overton Club Dr

City: Vestavia | State: AL | Zip Code: 35242-2501

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107757

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bible, Jason, R., , D.O.

Mailing Address 12605 W 130th Ter

City: Overland Park | State: KS | Zip Code: 66213-5000

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3100402

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bicknell, Bennett, W., , M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City: Memphis | State: TN | Zip Code: 38120-4398

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105838

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1462 Chantilly Blvd

City: Highland Park | State: IL | Zip Code: 60035

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1500.12

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087655

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 1462 Chantilly Blvd

City: Highland Park | State: IL | Zip Code: 60035

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1500.12

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090471

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bissing, Mary Kay, , , D.O.

Mailing Address 420 W. Westleigh Rd.

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Midwest anesthesia partners
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 666.66

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099517

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

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

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

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

Mailing Address 1720 Louisiana Blvd., NE, #401

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of New Mexico
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104024

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Black, Joshua, G., , M.D.

Mailing Address 6839 S Canton Ave

City: Tulsa | State: OK | Zip Code: 74136-3402

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated anesthesiologist
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104136

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blackburn, Terri, 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 (for Individual): Bellingham Anesthesia Associates
Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093552

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bobholz, Scott, F., , M.D.

Mailing Address 3220 Chasewod Ln

City: Eau Claire | State: WI | Zip Code: 54701-6024

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mayo Clinic
Occupation (for Individual): Resident

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100405

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boehm, Jason, A., , 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 (for Individual): Mercy Clinic Anesthesiology
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099298

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 1133 Midland Avenue
3G

City: Bronxville | State: NY | Zip Code: 10708-6472

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): James J. Peters VA Medical Center
Occupation (for Individual): Doctor

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3087762

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 3 Homer Sands Dr

City: Scarborough | State: ME | Zip Code: 04074-7644

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106375

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bomer, Shauna, W., , M.D.

Mailing Address 264 Sandoeshire Ln

City: Chambersburg | State: PA | Zip Code: 17201-8797

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Summit Physician Services
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 08 / 2015
Transaction ID : C3087763

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 2699 Lee Rd Ste 510

City: Winter Park | State: FL | Zip Code: 32789-1742

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiologists of Greater Orlando
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103077

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boswell, Bruce, B., , D.O.

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants

Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104120

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boublik, Jan, , , M.D., Ph.D

Mailing Address 301 E 17th St
C-222

City: New York | State: NY | Zip Code: 10003

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): New York University Anesthesiology H

Occupation (for Individual): Physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3100416

Amount of Each Receipt this Period: 25.00

☐ Memo Item

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

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3101894

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1025.00

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

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

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

Mailing Address 7619 Halcyon Pointe Dr

City: Montgomery | State: AL | Zip Code: 36117-7028

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085402

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 4400 Skyview Dr

City: Southside | State: AL | Zip Code: 35907

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates, P.A.
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : C3106406

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradford, William, S., , M.D.

Mailing Address 535 W 2nd Ave

City: Windermere | State: FL | Zip Code: 34786-8514

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Retired
Occupation (for Individual): Retired

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105842

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

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

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

Mailing Address 4952 Prince Edward Rd

City: Jacksonville | State: FL | Zip Code: 32210-8122

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104118

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brainin-Mattos, Josue, , , M.D.

Mailing Address 820 Prudential Dr, Suite 606

City: Jacksonville | State: FL | Zip Code: 32207

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085432

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brakke, Tara, R., , M.D.

Mailing Address 18932 Boyle Cir

City: Elkhorn | State: NE | Zip Code: 68022-3953

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Nebraska Medical center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105392

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Branam, K. Page, P, , 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 (for Individual): Southern States Anesthesia, LLC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 09 / Y Y Y Y 2015

Transaction ID : C3090171

Amount of Each Receipt this Period: 200.00

☐ Memo Item

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

Mailing Address 3004 Harris Blvd.

City: Austin | State: TX | Zip Code: 78703

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capitol Anesthesiology Association

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3097649

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 5671 Peachtree Dunwoody Rd NE Ste

City: Atlanta | State: GA | Zip Code: 30342-5005

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists In Anes, PC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093553

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 741.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brister, Steve, L., , M.D.

Mailing Address 2650 Northplace Dr

City: Tupelo | State: MS | Zip Code: 38804-5019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): tupelo anesthesis group

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103740

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brodt, Jessica, L., , M.B.,B.S.

Mailing Address Department of Anesthesia
300 Pasteur Dr

City: Stanford | State: CA | Zip Code: 94305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Stanford Hospital and Clinics

Occupation (for Individual): Physician anesthesiologist

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

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3092129

Amount of Each Receipt this Period: 20.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Broussard, Jeffrey, K., , M.D.

Mailing Address 610 Cherokee Blvd

City: Knoxville | State: TN | Zip Code: 37919-6616

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mednax

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105855

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 770.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Ronald, S., , Jr., M.D.

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

City: Mobile | State: AL | Zip Code: 36607-3522

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services Mobile Alabama

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107960

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 860 Sunny Way

City: Lafayette | State: CO | Zip Code: 80026-8929

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Colorado Permanente Medical Group

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104036

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 1500 E. Medical Center Dr.
UH1 H247 SPC 5048

City: Ann Arbor | State: MI | Zip Code: 48109-5048

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan

Occupation (for Individual): Anesthesiologist Pain Physician Resear

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106423

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1108.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 4709 Denali Dr

City: Glen Allen | State: VA | Zip Code: 23060-6192

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MCV Hospital
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108603

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address Pediatric Anesthesia
1600 7th Ave. S., Suite #420

City: Birmingham | State: AL | Zip Code: 35233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Anesthesia Assoc
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106377

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 2151 Old Rocky Ridge Rd Ste 106
Anes. Serv. of Birmingham PC

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham PC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107951

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burch, James, R., , 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 (for Individual): Medical Anesthesia Group

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092042

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burgess, Elizabeth, J., , M.D.

Mailing Address 2769 High Pt

City: Cincinnati | State: OH | Zip Code: 45244-2169

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Seven Hills Anesthesia

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092169

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burgess, Frederick, W., , 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 (for Individual): Providence VAMC

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086917

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burnbaum, Brian, R., , 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 (for Individual): Cleveland Clinic Florida

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104042

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

Mailing Address 301 Magnolia Road

City: Maitland | State: FL | Zip Code: 32751

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108454

Amount of Each Receipt this Period: 350.00

☐ Memo Item

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

Mailing Address 1890 Lester River Rd

City: Duluth | State: MN | Zip Code: 55804-3030

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Essentia Health

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105995

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 60 Plantation Ln.

City: Saunderstown | State: RI | Zip Code: 02874-2742

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Providence Anesthesiologists, Inc

Occupation (for Individual): staff anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106451

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Caldwell, Matthew, W., , M.D.

Mailing Address 40 Hummel Blvd

City: Grove City | State: PA | Zip Code: 16127-6134

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPMC UPP

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092111

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 5900 Knightwood Pl

City: Chesterfield | State: VA | Zip Code: 23832-9271

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): VCU Health System

Occupation (for Individual): Assistant Professor of Anesthesiology

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108622

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 5093 Via Cinta

City: San Diego | State: CA | Zip Code: 92122-3906

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108689

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cao, Xiqing, Cathy, , 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 (for Individual): Medstar Washington Hospital Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3087764

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Capell, Gail, B., , M.D.

Mailing Address 84 Stockman Rd

City: Prosperity | State: SC | Zip Code: 29127-7848

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108440

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Capone, Nicholas, , , 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 (for Individual): JLR
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092043

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carithers, Mark, , , 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 (for Individual): Greenville Health System
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085413

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carlsen, James, , , 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 (for Individual): USAP
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107788

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carney, John, , , 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 (for Individual): North American Partners in Anesthesia

Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086918

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Caroli, Debra, L., , 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 (for Individual): LCAA

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085120

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carollo, Dominic, S., , 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 (for Individual): Ochsner

Occupation (for Individual): Physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 03 / 2015

Transaction ID : C3085936

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carter, Keith, L., , M.D.

Mailing Address 2417 E Northside Dr

City: Jackson | State: MS | Zip Code: 39211-4925

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jackson Anesthesia Associates

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3091922

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 325 N.E. Chelmsford Ct.

City: Lees Summit | State: MO | Zip Code: 64064

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108557

Amount of Each Receipt this Period: 900.00

☐ Memo Item

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

Mailing Address 339 Consort Dr

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WAAI

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 533.36

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093555

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1441.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cavallo, Martyn, J., , M.D.

Mailing Address 110-29TH Ave. North, #301

City: Nashville | State: TN | Zip Code: 37203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Group

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105378

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chambers, Donn, A., , 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 (for Individual): Physician Specialists in Anesthesia, P

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105805

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chan, Chun, K., , M.D.

Mailing Address 168 Riverwalk Pl

City: Memphis | State: TN | Zip Code: 38103

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092130

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 108.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chance, Joseph, W., , M.D.

Mailing Address 335 Bluff Ridge Cove

City: Cordova | State: TN | Zip Code: 38018

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108441

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chance, Joshua, C., , 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 (for Individual): Baptist Health, Little Rock
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092044

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chapman, Andrew, W., , M.D.

Mailing Address 329 N Humphrey Ave

City: Oak Park | State: IL | Zip Code: 60302-2516

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Virginia commonwealth university
Occupation (for Individual): Resident

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

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091934

Amount of Each Receipt this Period: 20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 353.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204-3819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104563

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chen, Baixi Tom, , , M.D., Ph.D

Mailing Address 4459 Glen Kernan Pkwy E

City: Jacksonville | State: FL | Zip Code: 32224-5629

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104115

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cherry, Samuel, A., , 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 (for Individual): Birmingham VA Medical Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3095923

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 15 Osprey Ln

City: York | State: ME | Zip Code: 03909-5853

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): York Hospital
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103280

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clark, Cantwell, , , V

Mailing Address 6 Clement Road

City: Hanover | State: NH | Zip Code: 3755

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3099272

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 968 County Road 15

City: Mountain Home | State: AR | Zip Code: 72653-6460

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090220

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clarke, Sarah, G., , 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 (for Individual): Thomas Jefferson Hospital
Occupation (for Individual): Resident

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085433

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 619 E Lowes Creek Rd

City: Eau Claire | State: WI | Zip Code: 54701-7259

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100413

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coffey, Jordan, T., , M.D.

Mailing Address 4470 Tuckahoe Rd

City: Memphis | State: TN | Zip Code: 38117-3129

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105827

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coffman, Traci, L., , M.D.

Mailing Address 2003 Day St

City: Ann Arbor | State: MI | Zip Code: 48104-3605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): 2006 Hogback Rd
Occupation (for Individual): MD

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

Aggregate Year-to-Date ▼ 229.18

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090435

Amount of Each Receipt this Period: 20.83

☐ Memo Item

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

Mailing Address 2003 Day St

City: Ann Arbor | State: MI | Zip Code: 48104-3605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): 2006 Hogback Rd
Occupation (for Individual): MD

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

Aggregate Year-to-Date ▼ 229.18

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091935

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 32630 Bingham Rd

City: Bingham Farms | State: MI | Zip Code: 48025-2430

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 391.69

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103328

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 104.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 333 W Hampden Ave Ste 600

City: Englewood | State: CO | Zip Code: 80110-2336

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3105368

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colligan, Joseph, F., , JR

Mailing Address 1330 Wild Rose Ln.

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105975

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 1775 Dempster St

City: Park Ridge | State: IL | Zip Code: 60068-1143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Midwest Anesthesia Partners
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3093518

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 1775 Dempster St

City: Park Ridge | State: IL | Zip Code: 60068-1143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Midwest Anesthesia Partners
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093613

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Compton, Clare, H., , M.D.

Mailing Address 501 Tulane Dr SE

City: Albuquerque | State: NM | Zip Code: 87106-1518

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Veterans administration
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108605

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conde, Jennifer, F., , M.D.

Mailing Address 8218 Bahia Blanca Ct

City: Jacksonville | State: FL | Zip Code: 32256-7392

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anes. Cons.
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104119

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.33

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 3585 North 440 West

City: Provo | State: UT | Zip Code: 84604

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3105882

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conner, Robin, K., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd.
Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106383

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Anthony, B., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd., #106

City: Birmingham | State: AL | Zip Code: 35216-6106

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106378

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 991 Somerset Dr.

City: Atlanta | State: GA | Zip Code: 30327

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlanta VA Medical Center
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105834

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 5339 S. Toledo

City: Tulsa | State: OK | Zip Code: 74135-6201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): associated anesthesiologists
Occupation (for Individual): physcian

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100397

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooper, George, N., , JR

Mailing Address 3368 Highway 280

City: Alexander City | State: AL | Zip Code: 35010-3393

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham
Occupation (for Individual): MDA

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108174

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address PO Box 3294

City: Tupelo | State: MS | Zip Code: 38803-3294

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103821

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 877 Jefferson Ave, Chandler Buildi
SUITE 600

City: Memphis | State: TN | Zip Code: 38103-2807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UNIVERSITY OF TENNESSEE COLLEGE OF MED
Occupation (for Individual): PHYSICIAN ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107961

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooper, Raymond Lebron, , , M.D.

Mailing Address 877 Jefferson Ave, Chandler Buildi
SUITE 600

City: Memphis | State: TN | Zip Code: 38103-2807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UNIVERSITY OF TENNESSEE COLLEGE OF MED
Occupation (for Individual): PHYSICIAN ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108181

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cordell, Clayton, W., , III

Mailing Address 4435 Ridgeway Dr

City: Belden | State: MS | Zip Code: 38826-9760

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tupelo anesthesia group

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100381

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 1514 Jefferson Hwy

City: New Orleans | State: LA | Zip Code: 70121-2429

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Medical Center

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 311.69

Date of Receipt: M M 09 / D D 04 / Y Y Y Y 2015

Transaction ID : C3086920

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 2400 Highlands Landing

City: Edmond | State: OK | Zip Code: 73013-8693

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self employed

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106105

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 1924 Alcoa Highway, Box U-109
UT Medical Center, Dept. of Anesth

City: Knoxville | State: TN | Zip Code: 37920

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists
Occupation (for Individual): Physican

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092045

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cox, Jerral, W., , M.D.

Mailing Address Pediatric Anesthesia
1600 7th Ave. S., Suite #420

City: Birmingham | State: AL | Zip Code: 35233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Aneshtesia Associates
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106101

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 1924 Alcoa Hwy # U109
Dept. of Anesthesiology

City: Knoxville | State: TN | Zip Code: 37920-1511

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists2681
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 583.36

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103329

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1924 Alcoa Hwy # U109
Dept. of Anesthesiology

City: Knoxville | State: TN | Zip Code: 37920-1511

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists2681
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 583.36

Date of Receipt: 09 / 25 / 2015
Transaction ID : C3105972

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crawley, Stuart, W., , M.D.

Mailing Address 602 Rainey Rd.

City: Starr | State: SC | Zip Code: 29684

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): palmetto anesthesia associates
Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104023

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crone, Robert, A., , 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 (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092046

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 619 S 19th St # JT845

City: Birmingham | State: AL | Zip Code: 35249-1900

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3097671

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crosta, Alan, M., , JR

Mailing Address 4 Allen Way

City: Randolph | State: NJ | Zip Code: 7869

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAM
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108138

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 22 Bramhall St

City: Portland | State: ME | Zip Code: 04102-3134

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3099709

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cunningham, Edwin, D., , JR

Mailing Address 4098 Raleigh Millington Rd

City: Memphis | State: TN | Zip Code: 38128

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3099154

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Daly, William, J., , JR

Mailing Address 5501 Cherlyn Dr

City: New Orleans | State: LA | Zip Code: 70124-1136

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Health System

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090440

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 14101 Clear Water Ln

City: Fort Myers | State: FL | Zip Code: 33907-8099

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP

Occupation (for Individual): Anesthesiologyst

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090234

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

Mailing Address 2720 Westwood Parkway

City: Flint | State: MI | Zip Code: 48503

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 367.24

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3093481

Amount of Each Receipt this Period: 6.94

☐ Memo Item

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

Mailing Address 2216 Terranova Ct

City: Lexington | State: KY | Zip Code: 40513

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bluegrass Anesthesia Services
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3107963

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Darrow, Sharon, M., , 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 (for Individual): Northwest Anesthesia
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105756

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 131.95

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, David, F., , III

Mailing Address 4242 Medical Dr., Suite #3100

City: San Antonio | State: TX | Zip Code: 78229-5642

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tejas Anesthesia
Occupation (for Individual): M.D.

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090411

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 11 Louise Street

City: Delmar | State: NY | Zip Code: 12054-3039

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3093496

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
De Ruyter, Martin, L., , 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 (for Individual): Kansas Univ. Medical Center
Occupation (for Individual): physician anesthesiologist

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

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105908

Amount of Each Receipt this Period: 45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 586.67

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Defreese, Travis, W., , M.D.

Mailing Address 1600 7th Ave., South
Suite 420 ACC

City: Birmingham | State: AL | Zip Code: 35233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Anesthesia Associates
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103259

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DelCampo, Louis, Joseph, , M.D.

Mailing Address 1101 W. Jackson St SW

City: Gravette | State: AR | Zip Code: 72736

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3095924

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deloach, Julia, K., , M.D.

Mailing Address 1804 Kalurna Ct
apt 5031

City: Orlando | State: FL | Zip Code: 32806-3058

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiologists of Greater Orlando
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108636

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Delph, Matthew, C., , 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 (for Individual): General Anesthesia Services
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 09 / Y Y Y Y 2015

Transaction ID : C3089078

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 795 Arlington Blvd

City: Ann Arbor | State: MI | Zip Code: 48104-2727

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia associates of Ann Arbor
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.02

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093557

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 795 Arlington Blvd

City: Ann Arbor | State: MI | Zip Code: 48104-2727

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia associates of Ann Arbor
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.02

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106442

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dench, Edward, H., , JR

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 (for Individual): Pocono Anesthesia Associates PC

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092131

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 604 Barbara Ln
Suite 201

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Advanced pain care

Occupation (for Individual): Pain physician

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

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104127

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 445 General John Payne Blvd

City: Georgetown | State: KY | Zip Code: 40324-9168

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kentucky Anesthesia Group, PSC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3091914

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Desai, Abhijit, , , 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 (for Individual): Milford Anesthesia Associates, Inc Ane

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086921

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 2650 Ridge Ave

City: Evanston | State: IL | Zip Code: 60201-1718

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NorthShore

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3099091

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 4125 SE 39th Circle

City: Ocala | State: FL | Zip Code: 34480

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Care Team

Occupation (for Individual): physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105379

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Devore, William, G., , M.D.

Mailing Address 363 Twin Oaks Dr.

City: Spartanburg | State: SC | Zip Code: 29306-6639

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Foothills Anesthesia Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091972

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dhillon, Sabrina, K., , M.D.

Mailing Address 4509 Hanover Ave

City: Richmond | State: VA | Zip Code: 23221-1821

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): VCU Department of Anesthesiology

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108627

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Di Capua, John, F., , M.D.

Mailing Address 74 Byram Ridge Road

City: Armonk | State: NY | Zip Code: 10504-1210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Shore University Hospital Anesth

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099218

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address PO Box 8305

City: Gadsden | State: AL | Zip Code: 35902

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates, PA

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3106405

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 7915 SW 55 Avenue

City: Miami | State: FL | Zip Code: 33143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Miami

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 760.06

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091936

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 324 Gannett Dr Ste 200

City: South Portland | State: ME | Zip Code: 04106-3266

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 625.05

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3087849

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dixon, Cheryl, L., , M.D.

Mailing Address 144 Sea Island Drive

City: Ponte Vedra Beach | State: FL | Zip Code: 32082-3734

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106358

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dodge, Rhett, A., , 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 (for Individual): Greenville Hospital System
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103276

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address PO Box 410914

City: Saint Louis | State: MO | Zip Code: 63141-0914

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Western Anesthesiology Assoc.
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108534

Amount of Each Receipt this Period: 350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1636 St Elizabeth Sq

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates

Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085327

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address Department of Anesthesiology
1959 NE Pacific St # 356540

City: Seattle | State: WA | Zip Code: 98195-0001

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Washington

Occupation (for Individual): Professor

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108701

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donovan, Kevin, L., , M.D.

Mailing Address 7690 Smullian Trl. W.

City: Jacksonville | State: FL | Zip Code: 32217-3502

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104143

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 3333 Evergreen Drive N.E.

City: Grand Rapids | State: MI | Zip Code: 49525-9756

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Anesthesia Practice Consultants, P.C.

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 291.67

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3087765

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Downs, Donald, Dean, , 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 (for Individual): Anesthesia Practice Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105909

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 3155 N Point Pkwy
Suite 100, Building F

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

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Northside Anes Consultants LLC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 340.02

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086922

Amount of Each Receipt this Period: 10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 101.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 3155 N Point Pkwy
Suite 100, Building F

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 340.02

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099173

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 547 Linwood Ave. NE

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087656

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dressler, Brian, P., , D.O.

Mailing Address 4048 Evans Ave Ste 303

City: Fort Myers | State: FL | Zip Code: 33901-9390

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP - MAPMC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108462

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Elizabeth, B.S., , M.D.

Mailing Address 9165 Grey Pointe Drive

City: Knoxville | State: TN | Zip Code: 37922

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists
Occupation (for Individual): Physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090447

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 826 La Cima

City: Irving | State: TX | Zip Code: 75039-3068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UT Southwestern
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108593

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dudley, Michael, E., , M.D.

Mailing Address 246 Cayman Ct

City: Jacksonville Beach | State: FL | Zip Code: 32250

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104060

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1481 N Bowman Ter
Coffee Reg Med Ctr

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcare
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099203

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dunkerley, Christopher, J., , M.D.

Mailing Address 49 McCormack Rd

City: Slingerlands | State: NY | Zip Code: 12159-9647

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AGAPC
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108550

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dunn, John, S., , D.O.

Mailing Address 1291 Claret Ct

City: Fort Myers | State: FL | Zip Code: 33919-3413

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP/JLR/MAPMC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108632

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 8012 Belinder Rd

City: Leawood | State: KS | Zip Code: 66206-1152

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The University of Kansas Hospital

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085315

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 8140 N MO Pac Expy Ste 3-210

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mednax

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 764.18

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092047

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 8140 N MO Pac Expy Ste 3-210

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mednax

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 764.18

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099507

Amount of Each Receipt this Period: 7.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 340.42

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Earley, James, R., , M.D.

Mailing Address 13321 N Meridian Ave Ste 402

City: Oklahoma City | State: OK | Zip Code: 73120-8356

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Affiliated Anesthesiologists, LLC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3103258

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ebener, Robert, V., , D.O.

Mailing Address 7854 Monterey Bay Dr

City: Jacksonville | State: FL | Zip Code: 32256-2936

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104054

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 12401 E 17th Ave
Leprino Building, B113, Anes Dept

City: Aurora | State: CO | Zip Code: 80045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado Denver

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3084994

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Edelman, Anthony, L., , M.D.

Mailing Address 1309 Baldwin Ave

City: Ann Arbor | State: MI | Zip Code: 48104-3624

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105806

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ehrenclou, Jesse, O., , M.D.

Mailing Address 398 Poindexter Ln

City: Lexington | State: SC | Zip Code: 29072-7858

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lexington Medical center

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 10 / 2015

Transaction ID : C3090236

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 2151 Old Rocky Ridge Rd.
Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3106345

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1541.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Elmassian, Kenneth, , , 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 (for Individual): Capital Area Anesthesia

Occupation (for Individual): Physician Anesthesiologist

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

Aggregate Year-to-Date ▼ 751.06

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3084995

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Engels, Emil, D., , 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 (for Individual): Mednax

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085030

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
England, Michael, R., , 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 (for Individual): Tufts Medical Center

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103330

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Epstein, Lawrence, , , 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 (for Individual): Icahn School Of Medicine @ Mt Sinai
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 03 / 2015
Transaction ID : C3085937

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Erian, Ralph, F., , M.D.

Mailing Address 338 Branch Oak Way

City: San Antonio | State: TX | Zip Code: 78230-5606

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Star Anesthesia, P.A.
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087657

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 12520 Catalina St

City: Leawood | State: KS | Zip Code: 66209-2649

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associate of Kansas City
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087704

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Esparza, Luis, , , 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 (for Individual): Old Pueblo Anesthesia
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 896.66

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099509

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Espinosa, Monique, , , 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 (for Individual): University of Miami
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 08 / 2015
Transaction ID : C3087766

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 824 N 48th St

City: Omaha | State: NE | Zip Code: 68132

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085300

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Etzel, Eric, D., , D.O.

Mailing Address 3701 Timber Creek Ct

City: Eau Claire | State: WI | Zip Code: 54701-5633

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3101899

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, David, H., , M.D.

Mailing Address 13 Woodmere Drive

City: Dothan | State: AL | Zip Code: 36305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): SAMC
Occupation (for Individual): Chronic Pain Management

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105739

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, James, , , 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 (for Individual): Trinity Clinic Anesthesia
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085435

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, James, , , 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 (for Individual): Trinity Clinic Anesthesia

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085436

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Evans, James, C., , D.O.

Mailing Address 8765 Clark rd

City: Grand Ledge | State: MI | Zip Code: 48837

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Elite Anesthesia Services, PLLC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103820

Amount of Each Receipt this Period: 400.00

☐ Memo Item

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

Mailing Address 625 Shoreline Ct

City: Eau Claire | State: WI | Zip Code: 54703-2057

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3100798

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1507 Cherokee Ln SE

City: Decatur | State: AL | Zip Code: 35601-6502

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Decatur, PC

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105858

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address P.O. Box 8305

City: Gadsden | State: AL | Zip Code: 35902-8305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates P. A.

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3106401

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 2804 E Old Orchard Trl

City: Sioux Falls | State: SD | Zip Code: 57103-4371

FEC ID number of contributing federal political committee. C

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

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105910

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 7330 E. Bayaud Ave.

City: Denver | State: CO | Zip Code: 80230

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP-CO
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108585

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 1111 W. Lee, Suite 236

City: Oklahoma City | State: OK | Zip Code: 73103

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3106404

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 320 Jade Ct.

City: Madisonville | State: LA | Zip Code: 70447-3128

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology and Perioperative Medic
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3087767

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferrell, Claude, Lee, , III

Mailing Address PO Box 50414

City: Nashville | State: TN | Zip Code: 37205

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105798

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 9837 gladiolus bulb loop

City: Fort Myers | State: FL | Zip Code: 33908

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia and Pain Management
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087689

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fiasconaro, Gregory, , , 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 (for Individual): Anesthesiology of Middletown
Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103331

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 341.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 936 Nottingham Rd

City: Greenville | State: NC | Zip Code: 27858-6251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): East Carolina Pain Consultants
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090427

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fisher, James, K., , 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 (for Individual): South Central Regional Medical Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099299

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Mailing Address 2151 Old Rocky Ridge Rd.
Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Servisces of Birmingham
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106108

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 5013 W 146th St

City: Leawood | State: KS | Zip Code: 66224

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Midwest Anesthesia Associates

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2015

Transaction ID : C3094995

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flacke, Gerhardt, W., , 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 (for Individual): Old Pueblo Anesthesia

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3087768

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Mailing Address 3713 Burnt Pine Dr

City: Jacksonville | State: FL | Zip Code: 32224-0855

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants

Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104053

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flowerdew, Richard, M., , 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 (for Individual): Spectrum Medical Group
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 933.39

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090474

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flowerdew, Richard, M., , 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 (for Individual): Spectrum Medical Group
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 933.39

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092747

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flynn, Michael, R., , 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 (for Individual): University Anesthesiologists
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 833.40

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091937

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 9571 Carissa Rd.

City: Boynton Beach | State: FL | Zip Code: 33436

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcorp
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103253

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 2151 Twilight Pass

City: Holt | State: MI | Zip Code: 48842

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capital Area Anesthesia PC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092715

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fox, John Alan, , , M.D.

Mailing Address 50 Hearthstone Way

City: Hanover | State: MA | Zip Code: 02339

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brigham and Women's Hospital
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106395

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frame, William, A., , 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 (for Individual): Associated Anesthesiologists of Decatu

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090475

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address P.O. Box 9779

City: Coral Springs | State: FL | Zip Code: 33075

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105807

Amount of Each Receipt this Period: 25.00

☐ Memo Item

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

Mailing Address 412 E. Seven Oaks Dr.

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Palmetto Anesthesia Associates

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103787

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 358.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freid, Eugene, , , 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 (for Individual): JLR Medical Group/US Anesthesia Partne

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 15 / 2015

Transaction ID : C3093072

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 8 Prospect St.

City: Nashua | State: NH | Zip Code: 03060

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Nashua Anesthesia Partners

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 26 / 2015

Transaction ID : C3105757

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address PO Box 8305

City: Gadsden | State: AL | Zip Code: 35902-8305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108554

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 4013 N Ridge Rd Ste 100

City: Wichita | State: KS | Zip Code: 67205-8858

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Heartland Anesthesia Associates, PA

Occupation (for Individual): physician anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105380

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frodl, Brett, J., , M.D.

Mailing Address E4140 Cedar Rd

City: Eleva | State: WI | Zip Code: 54738-5019

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mayo Clinic

Occupation (for Individual): Resident

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3100796

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fuqua, Jeffery, L., , 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 (for Individual): American Anesthesiology of TN

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105911

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 683.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 5777 E Mayo Blvd - Anesthesiology
Mayo Clinic Arizona Hospital

City: Phoenix | State: AZ | Zip Code: 85054-4502

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099123

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 17 Chapel Street Apt 704

City: Albany | State: NY | Zip Code: 12210-2712

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albany Medical Center
Occupation (for Individual): Pediatric anesthesiologist

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

Aggregate Year-to-Date ▼ 215.01

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087690

Amount of Each Receipt this Period: 15.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garcia, Gloria, T., , M.D.

Mailing Address 1415 Hounds Hollow Ct.

City: Lutz | State: FL | Zip Code: 33549-5711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100393

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1015.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garrett, David, G, , M.D.

Mailing Address 148 Warren Street

City: Newton | State: MA | Zip Code: 2459

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107763

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gayer, Steven, I., , M.D., M.B.

Mailing Address 90 Alton Road #2710

City: Miami Beach | State: FL | Zip Code: 33139

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Miami
Occupation (for Individual): Anestheisologists

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087659

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 1614 Timber Ln.

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091938

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 608.34

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

Mailing Address 707 SW Washington St., Suite 700

City: Portland | State: OR | Zip Code: 97205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oregon Anesthesiology Group
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105740

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 8 S 311 Blackthorne Lane

City: Naperville | State: IL | Zip Code: 60540

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Edward Hospital
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087731

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gerry, Timothy, R., , M.D.

Mailing Address 3024 Coltman Ln.

City: Eau Claire | State: WI | Zip Code: 54701-5803

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100409

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gevirtz, Clifford, M., , 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 (for Individual): Resource Anesthesia Associates
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106425

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 9801 Edgeview Pl

City: Las Vegas | State: NV | Zip Code: 89134-6692

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consultants, Inc
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099100

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 6537 Brompton Rd.
2411 Fountain View, Suite 200

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090180

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100799

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Glance, Laurent, G., , M.D.

Mailing Address 10 Ambergate Rise

City: Pittsford | State: NY | Zip Code: 14534

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Strong Memorial Hospital
Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3094875

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 2 Hope Ln

City: Glen Head | State: NY | Zip Code: 11545-2324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): General Anesthesia Services, LLP
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3094876

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

Mailing Address 2693 E ST RT 73

City: Waynesville | State: OH | Zip Code: 45068

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3107798

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 1395 Corinne Lane

City: Menlo Park | State: CA | Zip Code: 94025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2015

Transaction ID : C3092944

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 7894 E 126th St S Apt 1036

City: Bixby | State: OK | Zip Code: 74008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St John Medical Center
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090582

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 1453 SW 156th Way

City: Pembroke Pines | State: FL | Zip Code: 33027-2379

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcare
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 225.01

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3100418

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Marilyn, J., , M.D.

Mailing Address 412 Ridgepoint Court

City: Piney Flats | State: TN | Zip Code: 37686

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3114266

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldzweig, Peter, , , D.O.

Mailing Address 942 Wood Hollow Ln

City: Ridgewood | State: NJ | Zip Code: 07450-2230

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085031

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldzweig, Peter, , , D.O.

Mailing Address 942 Wood Hollow Ln

City: Ridgewood | State: NJ | Zip Code: 07450-2230

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103350

Amount of Each Receipt this Period: 41.67

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gosney, Michael, C., , M.D.

Mailing Address 108 Chase Dr

City: Muscle Shoals | State: AL | Zip Code: 35661-2950

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Consultants, LLC
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 1000.06

Date of Receipt: 09 / 07 / 2015
Transaction ID : C3087719

Amount of Each Receipt this Period: 83.34

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graves, Donald, W., , M.D.

Mailing Address 1301 Indiana St # 302

City: San Francisco | State: CA | Zip Code: 94107-3485

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 529.17

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099109

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graves, Donald, W., , M.D.

Mailing Address 1301 Indiana St # 302

City: San Francisco | State: CA | Zip Code: 94107-3485

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 529.17

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099113

Amount of Each Receipt this Period: 29.17

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greene, Roger, W., , M.D.

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204-3819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan
Occupation (for Individual): MD Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104108

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 20201 E Country Club Drive #2810

City: Aventura | State: FL | Zip Code: 33180-3780

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Enhance Healthcare
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 03 / 2015
Transaction ID : C3085932

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 779.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 9175 Old Southwick Pass

City: Alpharetta | State: GA | Zip Code: 30022-6253

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Anesthesiology Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085297

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 6402 Dry Bend Cv

City: Austin | State: TX | Zip Code: 78731-3925

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capitol Anesthesiology

Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092748

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 2215 Lakeshore Dr., N

City: Fleming Island | State: FL | Zip Code: 32003-8611

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104052

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 8780 NW 98TH CT

City: Doral | State: FL | Zip Code: 33178

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan HealthCorp

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 07 / 2015

Transaction ID : C3087720

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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

Mailing Address 220 Brighton Rd. NE

City: Atlanta | State: GA | Zip Code: 30309-1523

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists in Anesthesia

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107786

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 6855 Lakeshore

City: Dallas | State: TX | Zip Code: 75214

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3105344

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

City: Maywood | State: IL | Zip Code: 60153

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loyola Department of Anesthesiology

Occupation (for Individual): Associate Professor of Anesthesiology

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

Aggregate Year-to-Date ▼ 301.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3101908

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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

Mailing Address 112 Trappers Ct

City: Naperville | State: IL | Zip Code: 60565-5441

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): DuPage Valley Anesthesiologists, LTD

Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3095925

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 525 E. 68th St., Box 124

City: New York | State: NY | Zip Code: 10021

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Weill Cornell Medical College

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 17 / 2015

Transaction ID : C3095010

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guyton, Thomas, S., , 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 (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105868

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hagan, Douglas, S., , M.D.

Mailing Address 2134 E. Terrace Dr

City: Highlands Ranch | State: CO | Zip Code: 80126-2695

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): South Denver Anesthesiologists, P.C.
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103286

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hagen, Douglas, W., , 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 (for Individual): Anesthesia Associates of Kansas City,
Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 1250.10

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085032

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hagen, Douglas, W., , 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 (for Individual): Anesthesia Associates of Kansas City,

Occupation (for Individual): PHYSICIAN

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

Aggregate Year-to-Date ▼ 1250.10

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106426

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 1547 Babler Park Drive

City: Glencoe | State: MO | Zip Code: 63038

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WAAI

Occupation (for Individual): Pediatric Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3095926

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 1778 Neotomas Ave

City: Santa Rosa | State: CA | Zip Code: 95405-8335

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAMGI

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104991

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 1307 E. Jefferson Blvd.

City: South Bend | State: IN | Zip Code: 46617-3317

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAC
Occupation (for Individual): MD

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092120

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammer, Michael, S., , D.O.

Mailing Address 1411 Place Picardy

City: Winter Park | State: FL | Zip Code: 32789-1386

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Orlando Anesthesia Consultants, PA
Occupation (for Individual): anesthesiologist

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087660

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammond, Aaron, , , D.O.

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

City: Tucson | State: AZ | Zip Code: 85719

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southern Arizona Anesthesia Services
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087640

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 383.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 670 Croswell Ave SE

City: East Grand Rapids | State: MI | Zip Code: 49506

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Practice Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3087769

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hancock, James, E., , JR

Mailing Address 18905 Craggy Meadows Ct

City: Davidson | State: NC | Zip Code: 28036-8858

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northeast Anesthesia and Pain Speciali

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108559

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hanlon, Philip, R., , M.D.

Mailing Address 4250 Wilkinson Way

City: Mobile | State: AL | Zip Code: 36608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AnesthesiaCare PC

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085404

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 9465 E 109th St

City: Tulsa | State: OK | Zip Code: 74133-6374

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106411

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204-3819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Information Requested
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104141

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address PO Box 235019

City: Montgomery | State: AL | Zip Code: 36123-5019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates, PC
Occupation (for Individual): ANESTHESIOLOGIST

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085401

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harkness, Peter, J., , M.D.

Mailing Address 9551 E Lake Cir

City: Greenwood Village | State: CO | Zip Code: 80111-5219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP Colorado
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2015
Transaction ID : C3095002

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harline, Corbin, D., , D.O.

Mailing Address 3046 44th Avenue Dr NE

City: Hickory | State: NC | Zip Code: 28601-9762

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3102864

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harned, Michael, E., , M.D.

Mailing Address 1223 Summit Dr

City: Lexington | State: KY | Zip Code: 40502-2272

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086142

Amount of Each Receipt this Period: 20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1020.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harris, David, K., , M.D.

Mailing Address 948 Upper Elgin River Rd

City: Webberville | State: TX | Zip Code: 78621-5556

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capitol Anesthesiology Association
Occupation (for Individual): Medical Doctor

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108123

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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

Mailing Address 7825 Holiston Ct

City: Dublin | State: OH | Zip Code: 43016-8659

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ohio State University
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 750.05

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090417

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hartman, Dorothy, I., , M.D.

Mailing Address 4905 W Tilghman St Ste 250

City: Allentown | State: PA | Zip Code: 18104-9131

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Allentown anesthesia Assoc
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108597

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harvey, Kaley, B, , A.A.-C

Mailing Address 650 Poinsettia Rd

City: Belleair | State: FL | Zip Code: 33756-1525

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kaley Harvey
Occupation (for Individual): Anesthesiologist Assistant

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093558

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

Mailing Address 4122 Silvery Minnow Pl NW

City: Albuquerque | State: NM | Zip Code: 87120-4743

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105733

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hattamer, Steven, , , 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 (for Individual): North American Partners in Anesthesia
Occupation (for Individual): Physician

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

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085033

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hauck, Steven, J., , M.D.

Mailing Address 714 September Chase

City: Wellford | State: SC | Zip Code: 29385-9228

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Foothills Anesthesia Consultants

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108625

Amount of Each Receipt this Period: 750.00

☐ Memo Item

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

Mailing Address 6841 Frontier Drive

City: Morgan | State: UT | Zip Code: 84050

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): John Larry Haws MD PC

Occupation (for Individual): physician

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

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104129

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hayes, Francis, M., , JR

Mailing Address 237 Foggy Cut Lane

City: Landrum | State: SC | Zip Code: 29356-3137

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates

Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2015

Transaction ID : C3093575

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1275.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 303 W Juniper Avenue

City: Flagstaff | State: AZ | Zip Code: 86001

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090181

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heath, John, F., , M.D.

Mailing Address 13450 Welby Mews

City: Midlothian | State: VA | Zip Code: 23113

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA of Virginia, LLC
Occupation (for Individual): Anesthesiologist

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105796

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 117 Periwinkle Dr

City: Middlebury | State: CT | Zip Code: 06762-3235

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emcare
Occupation (for Individual): MD

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103081

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 3901 Rainbow Blvd

City: Kansas City | State: KS | Zip Code: 66103-2937

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3087607

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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

Mailing Address 12401 E 17th Ave Ste B113
Department of Anesthesiology

City: Aurora | State: CO | Zip Code: 80045

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107964

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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

Mailing Address 14617 Mistletoe Dr

City: Oklahoma City | State: OK | Zip Code: 73142

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106024

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1541.67

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

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Henry, Richard, L., , M.D.

Mailing Address 3046 Obrien Dr

City: Tallahassee | State: FL | Zip Code: 32309-2751

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates of Tallahass

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091939

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Henslee, Christopher, S., , M.D.

Mailing Address 1850 N Central Ave Ste 1600

City: Phoenix | State: AZ | Zip Code: 85004-4633

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley Anesthesiology Consultants

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092132

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hepner, David, L., , M.D.

Mailing Address 75 Francis St # L1
Department of Anesthesiology

City: Boston | State: MA | Zip Code: 02115-6110

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brigham and Women's Hospital

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103333

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herlich, Andrew, , , M.D.

Mailing Address 116 Haverford Cir

City: Pittsburgh | State: PA | Zip Code: 15228-2380

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Pittsburgh School of Med

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090182

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herrick, David, P., , M.D.

Mailing Address P.O. Box 241348

City: Montgomery | State: AL | Zip Code: 36124

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Center for Pain of Montgomery

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105686

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hertzberg, Linda, B., , M.D.

Mailing Address 6622 N. Forkner Ave.

City: Fresno | State: CA | Zip Code: 93711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Linda B Hertzberg MD Inc

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 850.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090476

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hetmaniuk, Mali, , , M.D.

Mailing Address 6206 44th Avenue NE

City: Seattle | State: WA | Zip Code: 98115

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Information Requested
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087661

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heyendal, Richard, N., , M.D.

Mailing Address 86 Plaza De Las Flores

City: San Juan Capistrano | State: CA | Zip Code: 92675

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Calif. Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103316

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hickey, Kirk, B., , M.D.

Mailing Address 17104 Saddlecreek Way

City: Edmond | State: OK | Zip Code: 73012-7424

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099125

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hicks, Michael, R., , M.D.

Mailing Address 631 Creekway Drive

City: Irving | State: TX | Zip Code: 75039

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Texas Health Scien

Occupation (for Individual): EVP for Clinical Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108699

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Higley, Thomas, , , M.D.

Mailing Address 1755 Kirby Pkwy # 3330

City: Memphis | State: TN | Zip Code: 38120-8300

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106356

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hilton, Ebony, J., , M.D.

Mailing Address 167 Ashley Ave Ste 301

City: Charleston | State: SC | Zip Code: 29425-8905

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Med Univ of SC Dept of Anes

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092048

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1583.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hisghman, Jonathan, G., , D.O.

Mailing Address 4462 39th Street S

City: ST PETERSBURG | State: FL | Zip Code: 33711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiologist Associates PA

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087662

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hof, Douglas, A., , M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City: Memphis | State: TN | Zip Code: 38120-4398

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 866.72

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3093517

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hollinger, Ingrid, B., , M.D.

Mailing Address 1 Gustave L Levy Pl # 1010

City: New York | State: NY | Zip Code: 10029-6504

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mount Sinai Medical Center

Occupation (for Individual): physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 19 / 2015

Transaction ID : C3099174

Amount of Each Receipt this Period: 41.67

☐ Memo Item

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hondorp, Marilyn, , ,

Mailing Address 2931 Pioneer Club, S.E.

City: Grand Rapids | State: MI | Zip Code: 49506

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): self
Occupation (for Individual): homemaker

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
Transaction ID : C3090583

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hook, Kevin, M., , M.D.

Mailing Address 7202 E 112th Pl S

City: Bixby | State: OK | Zip Code: 74008-2154

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Associated Anesthesiologists, Inc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2015
Transaction ID : C3093533

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horton, April, C., , M.D., Ph.D

Mailing Address 390 Clinton Corners Rd

City: Clinton Corners | State: NY | Zip Code: 12514-2004

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): North American Partners in Anesthesia
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015
Transaction ID : C3107965

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 591.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Horton, William, H., , M.D.

Mailing Address 104 Rock Creek Dr.

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Palmetto Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3104995

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hosking, Michael, P., , M.D.

Mailing Address 1907 Rufford Ln.

City: Knoxville | State: TN | Zip Code: 37922-8568

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103302

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hough, Robert, H., , M.D.

Mailing Address PO Box 561

City: Barnstable | State: MA | Zip Code: 02630-0561

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108090

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Houseman, Timothy, W., , 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 (for Individual): Eastern Shore Anesthesia
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 03 / Y Y Y Y 2015

Transaction ID : C3085938

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hove, Martin, A., , M.D.

Mailing Address 1215 Pleasant St., suite 400

City: Des Moines | State: IA | Zip Code: 50309

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106470

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hubbs, Peter, R., , M.D.

Mailing Address 18 Belfield Rd

City: Cape Elizabeth | State: ME | Zip Code: 04107-1612

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105821

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hudson, David, W., , M.D.

Mailing Address 410 Conifer Pl

City: Concord | State: NC | Zip Code: 28025-2771

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northeast Anesthesia and Pain Speciali

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105820

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hudson, Mark, E., , M.D.

Mailing Address 70 Barr Rd

City: Finleyville | State: PA | Zip Code: 15332

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Pittsburgh

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092049

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hudson, Randall, B., , 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 (for Individual): Saint Luke's Physician Specialists

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 875.03

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105381

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hudson, Randall, B., , 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 (for Individual): Saint Luke's Physician Specialists
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 875.03

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108556

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huffnagle, H. Jane, , , D.O.

Mailing Address 18 N Edmonds Ave

City: Havertown | State: PA | Zip Code: 19083-5024

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108319

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huffnagle, Suzanne, L., , D.O.

Mailing Address 1141 Cornell Ave

City: Drexel Hill | State: PA | Zip Code: 19026-3217

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108447

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Hayden, R., , 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 (for Individual): uab
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015
Transaction ID : C3085035

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Jonathan, R., , M.D.

Mailing Address 350 Blountville Hwy Ste 207

City: Bristol | State: TN | Zip Code: 37620-1671

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bristol Anesthesia Services
Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015
Transaction ID : C3090183

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunt, Catherine, O., , M.D.

Mailing Address 7 Niblick Ln

City: Greenland | State: NH | Zip Code: 03840-2623

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Amoskeag Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015
Transaction ID : C3105758

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunt, Sean, , , 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 (for Individual): Dartmouth-Hitchcock
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105759

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hunter, James, M., , JR

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City: Birmingham | State: AL | Zip Code: 35249

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAHSF
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099497

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huntington, John, H., , M.D.

Mailing Address 3333 Evergreen Dr., NE

City: Grand Rapids | State: MI | Zip Code: 49525

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Consultants, PC
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 07 / 2015
Transaction ID : C3087732

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 175.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hwang, Jaemy, M., , 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 (for Individual): Southeast Anesthesiologists PC

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092133

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hynes, John, J., , M.D.

Mailing Address 900 Glyndon St SE

City: Vienna | State: VA | Zip Code: 22180-5917

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108656

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ilupeju, Fatai, A., , M.D.

Mailing Address 253 East St.

City: Westwood | State: MA | Zip Code: 02090

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Massachusetts

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108572

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Impastato, Robert, , , 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 (for Individual): Information Requested
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106427

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ingold, Venesa, J., , M.D.

Mailing Address 640 S 73rd Place
Mail Stop 1034

City: Kansas City | State: KS | Zip Code: 66111

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kansas University Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099300

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ingram, Charles, C., , M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City: Memphis | State: TN | Zip Code: 38120-4398

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105371

Amount of Each Receipt this Period: 500.00

☐ Memo Item

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Irwin, Matthew, J., , M.D.

Mailing Address 3317 Evergreen Lanen

City: Eau Claire | State: WI | Zip Code: 54701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Wisconsin Dept of Anesth

Occupation (for Individual): Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100412

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Isaac, Mark, T., , D.O.

Mailing Address 1459 Lexington Ontario Rd

City: Mansfield | State: OH | Zip Code: 44903-8631

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Avita Health System

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092050

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jacobs, Jeffrey, S., , 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 (for Individual): Cleveland Clinic

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090477

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jaffer, Aliraza, G., , 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 (for Individual): American Anesthesiology of Michigan

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090478

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Michael, L., , M.D.

Mailing Address Department of Anesthesiology
Box 3094 DUMC

City: Durham | State: NC | Zip Code: 27710

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Duke University

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 483.33

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2015

Transaction ID : C3087717

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Janik, Daniel, J., , M.D.

Mailing Address 27735 E. Moraine Drive

City: Aurora | State: CO | Zip Code: 80016

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Physicians Inc

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 433.36

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090479

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Janosy, Norah, R., , M.D.

Mailing Address 13123 E 16th Ave # B090

City: Aurora | State: CO | Zip Code: 80045-7106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Childrens Hospital Colorado Dept of An

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 06 / 2015

Transaction ID : C3087705

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jayne, J L, Lawrence, , JR

Mailing Address 350 Blountville Highway
Suite 207

City: Bristol | State: TN | Zip Code: 37620

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bristol Anesthesia Services

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090462

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jefferies, Michael, D., , M.D.

Mailing Address 2415 Aspen Ct

City: La Crosse | State: WI | Zip Code: 54601-3066

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gundersen Health

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3105323

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jellish, W., Scott, , M.D., Ph.D

Mailing Address 2160 S 1st Ave
Bldng 103 3102

City: Maywood | State: IL | Zip Code: 60153-3328

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loyola University Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 458.35

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099501

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenson, Cynthia, L., , M.D.

Mailing Address 434 Main St

City: Waterville | State: ME | Zip Code: 04901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Lewiston
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.72

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103334

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jimenez, J., F., , M.D.

Mailing Address 116 Seven Iron Ct.

City: Ponte Vedra Beach | State: FL | Zip Code: 32082-3134

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jacksonville Anesthesia Corporation
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107796

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Brian, D., , M.D.

Mailing Address 11415 Blair Rd.

City: Apison | State: TN | Zip Code: 37302-9577

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Consultants Exchange
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092051

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Katherine, H., , M.D.

Mailing Address 147 Academy Ln

City: Winchester | State: VA | Zip Code: 22601-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WAI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108663

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Philip, C., , M.D.

Mailing Address 3419 Windsor Blvd

City: Birmingham | State: AL | Zip Code: 35209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiologists Associated PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108219

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson-Williams, Tara, C., , M.D.

Mailing Address 109-G Gainsborough Sq # 182

City: Chesapeake | State: VA | Zip Code: 23320-1707

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Anesthesia Inc

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085634

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnston, Paul, M., , M.D.

Mailing Address 51270 Park Place Dr

City: Northville | State: MI | Zip Code: 48167-9112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): long lake anesthesia consultants

Occupation (for Individual): anesrthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108308

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jolley, Broughton, D., , M.D.

Mailing Address 1001 Fiddlers Way

City: Kingsport | State: TN | Zip Code: 37664-5472

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mednax

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105891

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Collette, , , M.D.

Mailing Address 3418 W 103rd St N

City: Sperry | State: OK | Zip Code: 74073-4220

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Saint John Anesthesia Services

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3100419

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, D. Kurt, K., , M.D.

Mailing Address 2043 Alaqua Lakes Blvd

City: Longwood | State: FL | Zip Code: 32779

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 03 / 2015

Transaction ID : C3085939

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Gary, P., , A.A.

Mailing Address 2580 Hillandale Circle
Suite 480

City: Cumming | State: GA | Zip Code: 30041

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAK Anesthesia

Occupation (for Individual): Anesthetist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 516.68

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3093478

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, James, W., , M.D.

Mailing Address 367 Bluff Ridge Cv

City: Cordova | State: TN | Zip Code: 38018-7618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): medical anesthesia group

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 791.69

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3106120

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Keith, A., , M.D.

Mailing Address 619 19th St S # JT804

City: Birmingham | State: AL | Zip Code: 35249-1900

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAB

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3103310

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Lucian, R., , M.D.

Mailing Address 64846 Casa Ct

City: Bend | State: OR | Zip Code: 97701-8822

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bend Anesthesiology Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108681

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Zachary, S., , 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 (for Individual): Metropolitan Aensthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085438

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones-Kenol, Cynthia, , , M.D.

Mailing Address 6579 Prestwick Dr.

City: Highland | State: MD | Zip Code: 20777-9792

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): First Colonies Anesthesia Assoc.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3099145

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jordan, William, M., , M.D.

Mailing Address 1859 Ridge Ave

City: Montgomery | State: AL | Zip Code: 36106-1840

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085426

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jorgensen, Nathan, H., , M.D.

Mailing Address 774 Middle St
Apt 1

City: Portsmouth | State: NH | Zip Code: 03801-5114

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085121

Amount of Each Receipt this Period: 10.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jorgensen, Nathan, H., , M.D.

Mailing Address 774 Middle St
Apt 1

City: Portsmouth | State: NH | Zip Code: 03801-5114

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105761

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jorgensen, Nathan, H., , M.D.

Mailing Address 774 Middle St
Apt 1

City: Portsmouth | State: NH | Zip Code: 03801-5114

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3105948

Amount of Each Receipt this Period: 1.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 36.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jorgensen, Nathan, H., , M.D.

Mailing Address 774 Middle St
Apt 1

City: Portsmouth | State: NH | Zip Code: 03801-5114

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107791

Amount of Each Receipt this Period: 18.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Joshi, Wandana, , , D.O.

Mailing Address 35 Sean Louis Cir

City: West Springfield | State: MA | Zip Code: 01089-4561

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Holyoke Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3104041

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Judge, Daniel, G., , M.D.

Mailing Address 11869 Range Line Rd

City: Berrien Springs | State: MI | Zip Code: 49103-9205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eden Anesthesia Services PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3099104

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 768.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kane, Chris, J., , D.O.

Mailing Address 4853 Long Bow Road

City: Jacksonville | State: FL | Zip Code: 32210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104562

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kannan, Geetha, , , M.D.

Mailing Address 249 Maison Ct

City: Altamonte Springs | State: FL | Zip Code: 32714-5905

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiologists Of Greater Orlando

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 475.03

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093559

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kapla, Steven, , , M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100797

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kasper, Kenneth, C., , JR

Mailing Address 4917 Fairfield Cir

City: Memphis | State: TN | Zip Code: 38117-4209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103279

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keller, Jason, D., , 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 (for Individual): university anesthesiology
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103335

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Jessica, M., , M.D.

Mailing Address 2340 Jordan Creek Rd NE

City: Solon | State: IA | Zip Code: 52333-9669

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Linn County Anesthesiologists
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103080

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Raymond Scott, , , M.D.

Mailing Address 5 Zamia Pl.

City: Palm Coast | State: FL | Zip Code: 32164

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self employed
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106409

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelly, Molly, , , M.D.

Mailing Address 1100 E Norris Dr

City: Ottawa | State: IL | Zip Code: 61350-1604

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): OSF Saint Elizabeth's Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3105341

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelly, Richard, , , M.D.

Mailing Address 101 The City Drive South
Route 81A, Building 53, Room 203

City: Orange | State: CA | Zip Code: 92868

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of California - Irvine
Occupation (for Individual): Cardiothoracic Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087664

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 441.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kenaston, Jessica, , , 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 (for Individual): North American Partners in Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3095927

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kercheville, Scott, , , 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 (for Individual): Tejas Anesthesia

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090480

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kernisan, Gregory, L., , M.D.

Mailing Address 521 Overlook Rd.

City: Glastonbury | State: CT | Zip Code: 06033-3731

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): IAA

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104006

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kerr, James, K, , III

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204-3819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants P

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.06

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2015

Transaction ID : C3092980

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kersh, Jay, , , M.D.

Mailing Address 1644 N Campbell Ave

City: Chicago | State: IL | Zip Code: 60647-5204

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northwestern University

Occupation (for Individual): Anesthesiologist (MD)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108683

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kesterson, Georgina, O., , 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 (for Individual): Medical anesthesia group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092052

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kezar, Edwin, P., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd., #106

City: Birmingham | State: AL | Zip Code: 35216-6101

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia services of birmingham

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106460

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kheterpal, Sachin, , , M.D., M.B.

Mailing Address 1500 E Medical Center Dr Spc 5048
Department of Anesthesiology

City: Ann Arbor | State: MI | Zip Code: 48109-5048

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): university of michigan

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108615

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kidwell, Matthew, , , 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 (for Individual): Linn County Anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107967

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kihlstrom, Laura, , , M.D.

Mailing Address 915 Larchmont Cres.

City: Norfolk | State: VA | Zip Code: 23508

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Anesthesia, Inc.
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093560

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kim, Michelle, , , M.D.

Mailing Address 1850 N Central Ave. #1600

City: Phoenix | State: AZ | Zip Code: 85004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley Anesthesiology
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103765

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kimball, Matthew, , , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Ste 106
Dept of Anesthesiology

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106603

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klatt, Jonathan, L., , 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 (for Individual): Holy Family Memorial Medical Center

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105382

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kliewer, David, J., , M.D.

Mailing Address 136 McGuire Rd

City: Winchester | State: VA | Zip Code: 22603-4351

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Winchester Anesthesiologists, Inc.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106466

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knight, Andrew, A., , M.D.

Mailing Address 224 Cheval Lane

City: Walnut Creek | State: CA | Zip Code: 94596-6037

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MACMGI

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 09 / 2015

Transaction ID : C3089079

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knight, Stephania, G., , 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 (for Individual): Anesthesia Physicians, Ltd

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105809

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knox, Paul, J., , M.D.

Mailing Address 7400 1st Ave. South

City: St. Petersburg | State: FL | Zip Code: 33707-1105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090565

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knox, Richard, , , 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 (for Individual): Greenville Health System

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108643

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kodali, Nagendra, S., , M.D.

Mailing Address 5961 Davenhill Dr

City: Plano | State: TX | Zip Code: 75093-4347

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 266.66

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099188

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koebert, Robert, F., , 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 (for Individual): Aurora Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 757.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090481

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koebert, Robert, F., , 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 (for Individual): Aurora Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 757.00

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092117

Amount of Each Receipt this Period: 6.94

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.61

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koehler, David, C., , M.D.

Mailing Address 3136 Winslow Sq.

City: Jacksonville | State: FL | Zip Code: 32207-4276

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104564

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kogan, Robert, L., , M.D., Ph.D

Mailing Address 2106 Ari Ln

City: Los Angeles | State: CA | Zip Code: 90049-6818

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): RLK Anesthesia Inc
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 266.66

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099505

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kohrs, Rainer, , , M.D.

Mailing Address 6819 E 116th St

City: Bixby | State: OK | Zip Code: 74008-8251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists, Inc
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3105331

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.33

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kothapa, Vinod, K., , 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 (for Individual): California Anesthesia Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104130

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kouri, Mary, E., , M.D.

Mailing Address 400 E Pioneer Ste 101

City: Puyallup | State: WA | Zip Code: 98372-3256

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rainier Anesthesia Associates

Occupation (for Individual): Medical Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106446

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koveleskie, Joseph, , , 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 (for Individual): Ochsner Medical Center

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 800.06

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087665

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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 Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kreher, Susan, D., , M.D.

Mailing Address 7719 Wynlakes Blvd.

City: Montgomery | State: AL | Zip Code: 36117

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085394

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Krhovsky, David, M., , 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 (for Individual): Spectrum Health Hospital Group
Occupation (for Individual): VP, Medical Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 850.06

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2015

Transaction ID : C3087691

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ku, James, C., , M.D.

Mailing Address 726 River Rd.

City: Hillsborough | State: NJ | Zip Code: 08844

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consultants of New Jersey
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087733

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1125.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kutner, Michael, , , M.D.

Mailing Address 6916 Avondale Ct

City: Nichols Hills | State: OK | Zip Code: 73116-5009

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NWA
Occupation (for Individual): Physian

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104030

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuzel, Robert, M., , 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 (for Individual): Mid Michigan Anesthesiology Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105916

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuzmic, Jon, , , 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 (for Individual): IN Univ Med Ctr-Wishard Mem Hosp
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087706

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lace, Christopher, J., , M.D.

Mailing Address 12401 E 17th Ave Ste B113

City: Aurora | State: CO | Zip Code: 80045-2548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087707

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lagorio, John, E., , 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 (for Individual): Mednax
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085122

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lagorio, John, E., , 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 (for Individual): Mednax
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092119

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 216.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lamberg, James, J., , 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 (for Individual): Penn State Hershey Medical Center
Occupation (for Individual): Physician Fellow

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085036

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lambrecht, Bradley, D., , M.D.

Mailing Address 12719 S. 2nd Street

City: Jenks | State: OK | Zip Code: 74037

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107772

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Landau, Steven, N., , 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 (for Individual): Anesthesia Associates of Ann Arbor, PC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.05

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092083

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Landrum, Alice, L., , 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 (for Individual): University of Missouri Healthcare
Occupation (for Individual): MD Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090482

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Landrum, Alice, L., , 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 (for Individual): University of Missouri Healthcare
Occupation (for Individual): MD Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091963

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Laochamroonvorapongse, Dean, L., , 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 (for Individual): Oregon Health and Science University
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103336

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 141.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Larson, Matthew, R., , M.D.

Mailing Address 2369 Cherrywood Rd

City: Minnetonka | State: MN | Zip Code: 55305-2314

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ridges Anesthesia, PA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087666

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lasiter, Nathan, , , 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 (for Individual): Northwest Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 03 / 2015

Transaction ID : C3085940

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lau, Mark, T, , M.D.

Mailing Address 1111 N Lee Ave Ste 236
Anesthesia Scheduling Services, PC

City: Oklahoma City | State: OK | Zip Code: 73103-2620

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mark Lau MD

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3099120

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, John, P., , 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 (for Individual): University of Cincinnati
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090184

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Le, Phong, H., , D.O.

Mailing Address 3361 Hollow Spring Dr

City: Dewitt | State: MI | Zip Code: 48820-8722

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capital Area Anesthesia, P.C.
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 17 / 2015
Transaction ID : C3095739

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leach, Sean, M., , M.D.

Mailing Address 6410 S 66th St

City: Lincoln | State: NE | Zip Code: 68516-3654

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Assoc Anesthesiologists, P.C.
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108185

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1291.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leduc, Laura, H., , M.D.

Mailing Address 163 Reserve Drive

City: Piedmont | State: SC | Zip Code: 29673

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Greenville Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 673.66

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107773

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Edward, M., , M.B.

Mailing Address 2165 Herschel St

City: Jacksonville | State: FL | Zip Code: 32204-3819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104121

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Jeffrey, A., , M.D.

Mailing Address 6650 Pasture Lands Pl.

City: Winter Garden | State: FL | Zip Code: 34787-6229

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.68

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3087770

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 633.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Lorri, , , M.D.

Mailing Address Dept. of Anesthesiology
Vanderbilt University Medical Cent

City: Nashville | State: TN | Zip Code: 37232

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vanderbilt University Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099121

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Maxine, M., , 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 (for Individual): ACV, Inc
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105917

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, Thomas, C., , M.D.

Mailing Address 951 Sage Brush Ln

City: Walnut | State: CA | Zip Code: 91789-4391

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091971

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 633.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leggett, David, C., , M.D.

Mailing Address 2389 Brook Hollow Cv

City: Memphis | State: TN | Zip Code: 38119-7631

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAG
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105751

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leib, Marc, L., , 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 (for Individual): Self Employed
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085037

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leib, Marc, L., , 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 (for Individual): Self Employed
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 03 / 2015
Transaction ID : C3086138

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Levi, Marc, L., , M.D.

Mailing Address 803 Clausun Drive

City: Durham | State: NC | Zip Code: 27713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of North Carolina at Chapel
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103337

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Gordon, W., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106353

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Michael, C., , M.D.

Mailing Address 2799 W Grand Blvd Rm 339
Professor Chair Anesthesiology

City: Detroit | State: MI | Zip Code: 48202-2689

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Henry Ford Health System
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 853.38

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3105710

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1108.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Li, Li, , , M.D.

Mailing Address 31 Lanoche Ct

City: Buffalo | State: NY | Zip Code: 14221-1977

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Roswell Park Cancer Institute

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099234

Amount of Each Receipt this Period: 177.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lienhart, Kristen, L., , 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 (for Individual): UAMS

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091940

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lingaraju, Rajiv, , , M.D.

Mailing Address 2200 Arch Street #602

City: Philadelphia | State: PA | Zip Code: 19103

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): West Jersey Anesthesia Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 226.68

Date of Receipt: 09 / 17 / 2015

Transaction ID : C3095011

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 302.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Liu, Shaoxiong, , , M.D.

Mailing Address 91 Prospect Hill Dr

City: Tewksbury | State: MA | Zip Code: 01876-1254

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Plexus/Hole Family Hosp

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108119

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Llera, Rene, A., , JR

Mailing Address PO Box 235019

City: Montgomery | State: AL | Zip Code: 36123-5019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085329

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lockhart, Asa, C., , 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 (for Individual): Golden Caduceus Consultants

Occupation (for Individual): Physician advocate

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090185

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lodahl, James, , , M.D.

Mailing Address E2855 Hailey Ln

City: Eau Claire | State: WI | Zip Code: 54701-8882

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3101895

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Logan, Lajuana, S., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd.
Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anes. Serv. of Birmingham PC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108180

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Long, Allison, C., , M.D.

Mailing Address 507 W Princeton Circle

City: Glenwood Springs | State: CO | Zip Code: 81601

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Glenwood Anesthesia Professionals, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3102980

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Long, Michael, A., , 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 (for Individual): Bristol Anesthesia Services

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107968

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Longlais, Brett, J., , M.D.

Mailing Address 5408 Woodland St

City: Stevens Point | State: WI | Zip Code: 54482-8612

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ascension

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3103305

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Looke, Thomas, D., , M.D., Ph.D

Mailing Address 4609 Jetty St

City: Orlando | State: FL | Zip Code: 32817-3182

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP Florida

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107784

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Losey, Allison, R., , M.D.

Mailing Address 8710 Crest Ridge Cir

City: Austin | State: TX | Zip Code: 78750-3016

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capitol anesthesiology association

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3092405

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Losey, Allison, R., , M.D.

Mailing Address 8710 Crest Ridge Cir

City: Austin | State: TX | Zip Code: 78750-3016

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Capitol anesthesiology association

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 17 / Y Y Y Y 2015

Transaction ID : C3095012

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loubser, Paul, G., , M.D.

Mailing Address 15338 Oyster Creek Lane

City: Sugar land | State: TX | Zip Code: 77478

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Metrowest Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099211

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lowery, Susan, I., , M.D.

Mailing Address 73 Cotswold Close

City: Glastonbury | State: CT | Zip Code: 06033-3733

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Integrated Anesthesiology Associate

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3102866

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lucas, Lannon, E., , M.D.

Mailing Address 67 Creekside Park Ct
Greenville Anesthesiology

City: Greenville | State: SC | Zip Code: 29615-4810

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Greenville Health System

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107403

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ludwikosky, Mikel, A., , M.D.

Mailing Address 3409 Ironhorse Court

City: Shawnee Mission | State: KS | Zip Code: 66224

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAKC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108318

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lumbley, Joshua, L., , M.D.

Mailing Address 61 W. Weisheimer Rd

City: Columbus | State: OH | Zip Code: 43214

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NorthStar Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015
Transaction ID : C3092053

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lustgarten, Moises, , , M.D.

Mailing Address 3201 NE 183rd St Apt 3107

City: Aventura | State: FL | Zip Code: 33160-2593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): IRSF
Occupation (for Individual): Medical Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
Transaction ID : C3093504

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maggioncalda, Joseph, A., , M.D.

Mailing Address 134 North Gate Road

City: Myrtle Beach | State: SC | Zip Code: 29572

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CAMG LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015
Transaction ID : C3099098

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mahajan, Aman, , , M.D., Ph.D

Mailing Address 757 Westwood Plz,
Suite 2331L

City: Los Angeles | State: CA | Zip Code: 90095-8358

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UCLA
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108449

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Makrides, John, , , M.D.

Mailing Address 324 Gannett Drive
Suite 200

City: South Portland | State: ME | Zip Code: 04106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107518

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malhotra, Anita, K., , M.D.

Mailing Address 1680 sherwood dr

City: Hummelstown | State: PA | Zip Code: 17036

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Hershey medical center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2015

Transaction ID : C3093530

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malto, Eranio, U., , M.D.

Mailing Address 8022 McCandlish Rd

City: Grand Blanc | State: MI | Zip Code: 48439-7411

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108568

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mandabach, Mark, , , 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 (for Individual): UAB Dept of Anesthesiology
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085123

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maniscalco, Joe, M., , M.D.

Mailing Address 3111 Preserve Rookery Boulevard

City: Panama City | State: FL | Zip Code: 32408

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Health Care
Occupation (for Individual): Staff Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087667

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 425.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Alan, T., , D.O.

Mailing Address 76 Bright Spot St

City: Pike Road | State: AL | Zip Code: 36064-3853

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MUSC Anes Dept

Occupation (for Individual): Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085325

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manske, Westley, T., , D.O.

Mailing Address 2319 Rivers Edge Dr

City: Altoona | State: WI | Zip Code: 54720-1496

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3101896

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mantell, Scott, , , M.D.

Mailing Address 430 Morton Plant Street
Suite 210

City: Clearwater | State: FL | Zip Code: 33756-3810

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): GFA

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099258

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marcovitz, Michael, J., , M.D.

Mailing Address 4483 Ford Rd.

City: Ann Arbor | State: MI | Zip Code: 48105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Ann Arbor, PC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 316.68

Date of Receipt: 09 / 15 / 2015

Transaction ID : C3092981

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Margolies, Scott, S., , M.D.

Mailing Address 2535 Aberdeen Rd.

City: Birmingham | State: AL | Zip Code: 35223

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southern Perioperative Services

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103345

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markgraf, Kurt, W., , M.D.

Mailing Address 3663 McKinley Ave

City: Fort Myers | State: FL | Zip Code: 33901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia and Pain Management

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 850.06

Date of Receipt: 09 / 08 / 2015

Transaction ID : C3087771

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 633.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martello, Alfred, J., , M.D.

Mailing Address 4912 Nobles Pond Dr NW

City: Canton | State: OH | Zip Code: 44718

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ohio Anesthesia Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105383

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martindale, Ty, A., , D.O.

Mailing Address 6516 Hackberry Trl

City: Edmond | State: OK | Zip Code: 73034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oklahoma Heart Hospital

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108466

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mason, Clinton, K., , M.D.

Mailing Address 11594 S 66th East Ave

City: Bixby | State: OK | Zip Code: 74008-8223

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists, Inc

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2015

Transaction ID : C3099187

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matevosian, Rima, , , M.D.

Mailing Address 1934 Rimcrest Dr.

City: Glendale | State: CA | Zip Code: 91207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): OVMC
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106389

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mathews, Donald, M., , 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 (for Individual): University of Vermont
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105384

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matika, Ryan, W., , M.D.

Mailing Address 1081 E Calle Mariposa

City: Tucson | State: AZ | Zip Code: 85718-2949

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Arizona
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3094884

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 633.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matlin, Fredric, J., , 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 (for Individual): Long Island Anesthesia Physicians, LLP
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092055

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matter, Jean-Paul, , , 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 (for Individual): Seven Hills Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085440

Amount of Each Receipt this Period: 45.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matus, Nora, , ,

Mailing Address 4511 Delmont Lane

City: Bethesda | State: MD | Zip Code: 20814

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ASA
Occupation (for Individual): Director, congressional and political

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090186

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 153.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Matuszczak, Maria, E., , 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 (for Individual): UT Health Science Center
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3100421

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maxwell, Scott, W., , M.D.

Mailing Address 16305 Scotland Way

City: Edmond | State: OK | Zip Code: 73013

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Affiliated Anesthesiologists, LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086143

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
May, Eric, M., , M.D.

Mailing Address 4401 Worrall Road

City: Kansas City | State: MO | Zip Code: 64111

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Saint Lukes Hospital of Kansas City
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 25 / 2015
Transaction ID : C3105385

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
May, Keith, A., , M.D.

Mailing Address 1107 Thornehill Dr

City: Anderson | State: SC | Zip Code: 29621-1574

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Anderson

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103274

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maze, Aubrey, , , M.D.

Mailing Address 1850 N Central Ave Ste 1600
Valley Anesthesia Consultants, Ltd

City: Phoenix | State: AZ | Zip Code: 85004-4633

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley Anesthesiology & Pain Consultan

Occupation (for Individual): CEO & Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3089067

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Maze, Stephen, C., , M.D.

Mailing Address 1550 Boyson Rd.
Linn County Anesthesiologists

City: Hiawatha | State: IA | Zip Code: 52233-2310

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Linn County Anesthesiologists

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085408

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAllister, Brian, G., , M.D.

Mailing Address 39 Rangers Way

City: Cumberland | State: ME | Zip Code: 04021

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104980

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCartney, Michael, L., , 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 (for Individual): University of Kansas Medical Center

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105386

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McClarty, Philip, P., , M.D.

Mailing Address 1200 autumn ridge NE

City: Ada | State: MI | Zip Code: 49301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APCPC

Occupation (for Individual): Anesthesiologits

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108667

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McClarty, Stacey, J., , 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 (for Individual): ACE Anesthesiology Dept of Anesthesiol

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105918

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McComas, Gregory, B., , M.D.

Mailing Address 6578 Canyon Cove Pl

City: Salt Lake City | State: UT | Zip Code: 84121-6307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mountain West Anesthesia

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106479

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McConville, Anne, P., , M.D.

Mailing Address 5347 Coliseum St

City: New Orleans | State: LA | Zip Code: 70115-3052

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tulane School of Medicine

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086144

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCord, Matthew, M., , 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 (for Individual): St. Joseph Mercy Health System
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104132

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCreary, Joel, E., , 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 (for Individual): Valley Anesthesiology Consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092056

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCrery, Dennis, L, , JR

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anesthesiologists
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100406

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 683.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDade, William, A., , 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 (for Individual): The University of Chicago
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015
Transaction ID : C3090483

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McGinnis, Michael, D., , M.D.

Mailing Address 1632 Saratoga Way

City: Edmond | State: OK | Zip Code: 73003-3550

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015
Transaction ID : C3107017

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McGuire, Stephanie, R., , 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 (for Individual): Anesthesia Associates of Kansas City
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015
Transaction ID : C3093561

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McIlrath, Samuel, T., , M.D.

Mailing Address 1933 Hickory Glen Rd

City: Knoxville | State: TN | Zip Code: 37932-1953

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105870

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McKeown, Jason, L., , M.D.

Mailing Address 1755 Kirby Parkway
Suite 330

City: Memphis | State: TN | Zip Code: 38120

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group PA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099246

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullan, Eddrice, M., , M.D.

Mailing Address 6900 Howells Ferry Rd., #6

City: Mobile | State: AL | Zip Code: 36618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of South Alabama Hospitals

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092108

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNaull, Peggy, P., , 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 (for Individual): UNC
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 336.70

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099221

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNaull, Peggy, P., , 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 (for Individual): UNC
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 336.70

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099520

Amount of Each Receipt this Period: 1.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meddows, Michael, J., , 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 (for Individual): ATLANTIC ANESTHESIA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 04 / Y Y Y Y 2015

Transaction ID : C3086924

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 85.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meeder, Lee, D., , M.D.

Mailing Address 105 Carson Road

City: Easley | State: SC | Zip Code: 29642

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Blue Ridge Anesthesia Associates, P.A.

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092082

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merchant, Sameer, R., , M.B.

Mailing Address 12 Jacob Arnold Rd.

City: Morristown | State: NJ | Zip Code: 7960

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAM, NJ

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3105360

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merritt, Lauren, N., , M.D.

Mailing Address 6032 Evensong Cove

City: Memphis | State: TN | Zip Code: 38120

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of Tenness

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3101903

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mesrobian, James, R., , 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 (for Individual): TeamHealth Anesthesia
Occupation (for Individual): Regional Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086925

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mesrobian, James, R., , 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 (for Individual): TeamHealth Anesthesia
Occupation (for Individual): Regional Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086938

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Messenger, Brigitte, M., , 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 (for Individual): University of Tennessee
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090484

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meyer, David, E., , M.D.

Mailing Address 339 Consort Dr

City: Ballwin | State: MO | Zip Code: 63011-4439

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): WAAI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108220

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Michaels, Robert, K., , 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 (for Individual): JLR Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087668

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, David, , , M.D.

Mailing Address 619 19th St Bldg Jt
Dept of Anesthesiology

City: Birmingham | State: AL | Zip Code: 35249-1900

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Alabama at Birmingham
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108473

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1341.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Douglas, T., , M.D.

Mailing Address 2699 Lee Rd Ste 510

City: Winter Park | State: FL | Zip Code: 32789-1742

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AGO
Occupation (for Individual): Medical Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107745

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Eugene, C., , 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 (for Individual): Madison Anesthesiology Consultants,LLP
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099176

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Michael, D., , 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 (for Individual): Aci, llc
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105764

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Patrick, T., , M.D.

Mailing Address 7105 S Brookshire Ct

City: Spokane | State: WA | Zip Code: 99223-6229

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Providence Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103814

Amount of Each Receipt this Period: 750.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Vincent, , , M.D.

Mailing Address 333 Southfield Dr

City: Williston | State: VT | Zip Code: 05495-5213

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Vermont Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 271.85

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087734

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Vincent, , , M.D.

Mailing Address 333 Southfield Dr

City: Williston | State: VT | Zip Code: 05495-5213

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Vermont Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 271.85

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091960

Amount of Each Receipt this Period: 3.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 795.17

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Milz, Michael, Q., , M.D.

Mailing Address 5211 Terre Bone Trl

City: Eau Claire | State: WI | Zip Code: 54701-9380

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anes
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100408

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Minana, Mitchell, F., , 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 (for Individual): Providence
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093562

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mintz, Paul, S., , 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 (for Individual): reading anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3087772

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 591.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Brian, , , 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 (for Individual): VA
Occupation (for Individual): Staff Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090485

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Jason, S., , M.D.

Mailing Address 1748 Primrose Lane

City: Glenview | State: IL | Zip Code: 60026-7766

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northshore University Healthsystem
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104989

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchell, Larkin, H., , 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 (for Individual): Premier Anesthesia
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105810

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mobley, Edward, , , M.D.

Mailing Address PO Box 51947

City: Knoxville | State: TN | Zip Code: 37950-1947

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): university Anesthesiologists

Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104012

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moesner, Patricia, A., , M.D.

Mailing Address 1135 Shelby St Apt 2611

City: Detroit | State: MI | Zip Code: 48226-2633

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Michigan Interventional Pain Center

Occupation (for Individual): Interventional pain specialist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092057

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mohacsi, Tibor, G., , 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 (for Individual): SLPS

Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3104134

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Monaco, Joseph, , , D.O.

Mailing Address 6105 NW Hickory Pl

City: Parkville | State: MO | Zip Code: 64152-8712

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Union Hill Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107797

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Monterosso, Dominic, D., , D.O.

Mailing Address 7634 Somerhill Ln

City: Clarkston | State: MI | Zip Code: 48348-4381

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of MI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106399

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Month, Richard, C., , M.D.

Mailing Address 751 S Hicks St

City: Philadelphia | State: PA | Zip Code: 19146-2135

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Pennsylvania
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1250.06

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090187

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Montiague, Raul, R., , M.D.

Mailing Address 7803 Railyard Dr SW

City: Byron Center | State: MI | Zip Code: 49315-9525

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Consultants, PC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090584

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Montoya, Oliver, , , M.D.

Mailing Address PO Box 826

City: Jeffersonville | State: IN | Zip Code: 47131-0826

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): One Anesthesia

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107803

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Montoya, Ruben, S., , II

Mailing Address 710 Lexington Ave

City: Indianapolis | State: IN | Zip Code: 46203

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consultants of Indianapolis

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : C3105919

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 433.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moody, Barry, , , M.D.

Mailing Address 216 Marengo St., Suite F

City: Florence | State: AL | Zip Code: 35630

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Barry J Moody DMD MD PC

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091941

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Patrick, A., , M.D.

Mailing Address 3939 J St Ste 310

City: Sacramento | State: CA | Zip Code: 95819-3666

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sacramento Anesthesia Medical Group

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3100384

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Thomas, A., , II

Mailing Address 1748 Vestwood Hills Dr

City: Vestavia | State: AL | Zip Code: 35216-1366

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Alabama School of Medici

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104977

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moret, Jason, A., , 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 (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104523

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morgan, Kabel, A., , M.D.

Mailing Address 9222 Adenleigh Way #3106

City: Knoxville | State: TN | Zip Code: 37922

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiology
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090430

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morgan, Kelly, A., , M.D.

Mailing Address 431 Hammond St

City: Bangor | State: ME | Zip Code: 04401-4612

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103266

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Caroline, , , M.D.

Mailing Address 2797 Fox Creek Dr.

City: Germantown | State: TN | Zip Code: 38138

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3105712

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Jason, E., , M.D.

Mailing Address 2797 Fox Creek Dr.

City: Germantown | State: TN | Zip Code: 38138-5723

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Anesthesia Group
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3105713

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morrow, Scott, C., , M.D.

Mailing Address 220 Genius Drive

City: Winter Park | State: FL | Zip Code: 32789

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): JLR Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092058

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moss, William, E., , D.O.

Mailing Address 3142 Rock Park Dr

City: Fort Collins | State: CO | Zip Code: 80528-9483

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NCAP
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 516.70

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085441

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Muetterties, Craig, L., , M.D.

Mailing Address 238 Martins Ln

City: Media | State: PA | Zip Code: 19063-5853

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EMCARE
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 233.35

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087669

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullooly, Gina, M., , M.D.

Mailing Address 812 Manchester Ct.

City: Neenah | State: WI | Zip Code: 54956

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Association of Hospital Anesthesiologi
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107771

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mumford, Joel, H., , 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 (for Individual): Dept.. Veteran's Affairs

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090486

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Marshall, J., , M.D.

Mailing Address 188 Chapman Rd

City: Greenville | State: SC | Zip Code: 29605-3142

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Palmetto Anesthesia Associates

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108564

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murray, Robert, F., , 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 (for Individual): Information Requested

Occupation (for Individual): Physcican

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092059

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Musumeci, Ross, J., , 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 (for Individual): Anaesthesia Associates of MA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 458.36

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090487

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Musumeci, Ross, J., , 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 (for Individual): Anaesthesia Associates of MA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 458.36

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105734

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Myers, Matthew, M., , M.D.

Mailing Address PO Box 3294

City: Tupelo | State: MS | Zip Code: 38803-3294

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tupelo Anesthesia Group PA

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103781

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mysore, Sath, R., , M.D.

Mailing Address 40 Woods Edge Circle

City: London | State: KY | Zip Code: 40741

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Saint Joseph London, KY1 Hospital

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099483

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nachman, Jeffrey, A., , M.D.

Mailing Address 169 Timothy Circle

City: Wayne | State: PA | Zip Code: 19087

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associates in Anesthesia, Inc.

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104135

Amount of Each Receipt this Period: 33.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nagi, Peter, A., , M.D.

Mailing Address 4036 Old Leeds Circle

City: Mountain Brk | State: AL | Zip Code: 35213-2929

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univ. of Alabama at Birmingham

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 625.05

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3107969

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 141.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nagrodzki, Paul, M., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Ste 106
Suite 106

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): anesthesia services of bham
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106102

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nair, Anil, G., , 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 (for Individual): Anesthesia Consultants of California M
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3092136

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nanners, Kenneth, C., , M.D.

Mailing Address 170 Leewood Farms Rd

City: Wheeling | State: WV | Zip Code: 26003

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Business Administration
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106429

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1125.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Natarella, Emily, Bates, , M.D.

Mailing Address 345 Broadmoor Dr

City: Fayetteville | State: GA | Zip Code: 30215-2793

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105765

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Naughton, Norah, N., , M.D.

Mailing Address 1H247 UH SPC 5048
1500 East Medical Center Drive

City: Ann Arbor | State: MI | Zip Code: 48109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093563

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Navori, Emery, , , M.D.

Mailing Address 412 S Paloma Pl

City: Tampa | State: FL | Zip Code: 33609-3712

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Team Health
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100395

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nechin, Kenneth, M., , M.D.

Mailing Address 12605 Tribunal Lane

City: Potomac | State: MD | Zip Code: 20854-1455

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fairfax Anesthesiology Associates

Occupation (for Individual): Physician- Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 358.35

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106430

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neirink, Donald, L., , M.D.

Mailing Address 7018 Oakhurst Ridge Rd

City: Clarkston | State: MI | Zip Code: 48348

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of Michigan

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3105720

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neller, Eric, J., , M.D.

Mailing Address 9316 Autumn Road

City: Oklahoma City | State: OK | Zip Code: 73151

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eric J. Neller MD PLLC

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3092718

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nelson, Timothy, W., , M.D.

Mailing Address 647 Holly Rd.

City: Charleston | State: WV | Zip Code: 25314

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): GAS
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106350

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newcomb, Deborah, , , M.D.

Mailing Address 11722 Chanticleer Ct

City: Pensacola | State: FL | Zip Code: 32507-9166

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Innewvation Anesthesia Solutions, LLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103747

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nguyen, Andy, C., , M.D.

Mailing Address 3004 NW 168th Ct

City: Edmond | State: OK | Zip Code: 73012-6787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ANESTHESIA MEDICAL PROFESSIONALS
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104032

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Michael, S., , A.A.-C

Mailing Address 2580 Hillandale Cir

City: Cumming | State: GA | Zip Code: 30041-6320

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Avance Education Solutions

Occupation (for Individual): Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087670

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicolescu, Teodora-Orhidee, , , M.D.

Mailing Address PO Box 26901
Department of Anesthesia

City: Oklahoma City | State: OK | Zip Code: 73126-0901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ouhsc

Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3104137

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicoli, Daniel, G., , M.D.

Mailing Address 5540 Tanglewood Dr.

City: Ann Arbor | State: MI | Zip Code: 48105-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): A4 Anesthesia

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3100407

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Niederlehner, James, R., , M.D.

Mailing Address 6609 Hidden Woods Ct

City: Roanoke | State: VA | Zip Code: 24018-7489

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ANES CONSULT OF VA
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2015
Transaction ID : C3093539

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nikolaidis, Melissa, O, , 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 (for Individual): Baylor College of Medicine
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 09 / Y Y Y Y 2015
Transaction ID : C3089080

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nino, Mauricio, , , M.D.

Mailing Address 7220 S Cimarron Rd Ste 230
Anesthesiology Consultants, Inc Cr

City: Las Vegas | State: NV | Zip Code: 89113-2173

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ACI
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015
Transaction ID : C3103783

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nixon, Heather, C., , 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 (for Individual): University of Illinois at Chicago
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107971

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nolan, Megan, M., , M.D.

Mailing Address 5835 Long Brake Trail

City: Minneapolis | State: MN | Zip Code: 55439

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Twin Cities Anesthesia Associates
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090444

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nonaka, Daisuke, F., , M.D.

Mailing Address 4650 Cole Ave Apt 213

City: Dallas | State: TX | Zip Code: 75205-4017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UT Southwestern Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093564

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norman, Peter, H., , 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 (for Individual): UT MD Anderson Cancer Center

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 466.66

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3093505

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norris, Frederick, H., , M.D.

Mailing Address 5313 Lake Bluff Terrace

City: Sanford | State: FL | Zip Code: 32771

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107743

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nounou, Joseph, M., , M.D.

Mailing Address 668 Lakeside Dock Dr

City: Kingsport | State: TN | Zip Code: 37663-4109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bristol Anesthesia Services

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.08

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090488

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nova, Hugo, A., , M.D.

Mailing Address 1201 Heritage Acres Blvd

City: Rockledge | State: FL | Zip Code: 32955

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brevard Physician Associates, PLLC

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106431

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Flynn, Richard, P., , M.D.

Mailing Address 10 White Pine Ln.

City: Rose Valley | State: PA | Zip Code: 19063

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090489

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olin, Douglas, A., , M.D.

Mailing Address 5270 Vista Club Run

City: Sanford | State: FL | Zip Code: 32771-7153

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP-JLR Division

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 03 / 2015

Transaction ID : C3085941

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ollis, Jeffery, A., , M.D.

Mailing Address 2020 River Sound Dr

City: Knoxville | State: TN | Zip Code: 37922-5661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of TN
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108666

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olszewski, Robert, F., , Jr., M.D.

Mailing Address 2400 Chestnut St Apt 2609

City: Philadelphia | State: PA | Zip Code: 19103-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services, PA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3107972

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oswalt, Kenneth, E., , M.D.

Mailing Address 2500 N State St # S108-A

City: Jackson | State: MS | Zip Code: 39216-4500

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMMC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100383

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pace, Kevin, A., , D.O.

Mailing Address 231 Charleston Court, South

City: Montgomery | State: AL | Zip Code: 36117

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Assoc.

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085328

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pacelli, Gerald, D., , JR

Mailing Address 7047 Oak Hill Ln

City: Granite Bay | State: CA | Zip Code: 95746

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103996

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Padilla, Rafael, E., , M.D.

Mailing Address 71 Daniel T. Church Rd.

City: Tiverton | State: RI | Zip Code: 02878

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): anesthesia care

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 541.71

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087671

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1291.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Page, Sam, L., , 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 (for Individual): Western Anesthesiology

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090188

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Paiste, Juhan, , , 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 (for Individual): UAB

Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085039

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palacios, Jorge, M., , M.D.

Mailing Address 612 Walnut Bend Dr

City: Mansfield | State: TX | Zip Code: 76063-5850

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2015

Transaction ID : C3087721

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 191.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palmeri, Joseph, M., , M.D.

Mailing Address 7765 S Erie Ave

City: Tulsa | State: OK | Zip Code: 74136

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAI
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108086

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pandya, Parag, , , 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 (for Individual): Finger Lakes Health
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.12

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086926

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pandya, Parag, , , 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 (for Individual): Finger Lakes Health
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1500.12

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3100424

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pang, Leila Mei, , , M.D.

Mailing Address 10 Carlotta Way

City: Demarest | State: NJ | Zip Code: 07627-2501

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Trustees of Columbia University
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108184

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Papalimberis, Theodoros, G., , M.D.

Mailing Address 2 Goldenrod Ln.

City: Falmouth | State: ME | Zip Code: 04105-3823

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104020

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pappas, John, L., , 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 (for Individual): AAMI
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093565

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Park, Chanwang, , , M.D.

Mailing Address 11954 Winners Cir

City: Carmel | State: IN | Zip Code: 46032-4429

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consultants of Indianapolis

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087672

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parr, Harry, G., , D.O.

Mailing Address 4725 Tully Rd.

City: Bloomfield Hills | State: MI | Zip Code: 48302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AMS

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108171

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pastore, Timothy, P., , M.D.

Mailing Address 2183 Stopper Dr.

City: Montoursville | State: PA | Zip Code: 17754-9697

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Williamsport

Occupation (for Individual): Physician/Anesthesiologst

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085411

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Patterson, Sarah, L., , M.D.

Mailing Address 4480 Ortega Forest Dr.

City: Jacksonville | State: FL | Zip Code: 32210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104055

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pauker, Kenneth, Y., , 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 (for Individual): retired
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092062

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearce, Steven, R., , M.D.

Mailing Address 111 Buchanan Dr

City: York | State: PA | Zip Code: 17402-4802

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anes Assoc
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3100394

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearson, Don, R., , JR

Mailing Address 4326 Beechwood Rd

City: Knoxville | State: TN | Zip Code: 37920-6014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.33

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099268

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearson, Don, R., , JR

Mailing Address 4326 Beechwood Rd

City: Knoxville | State: TN | Zip Code: 37920-6014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 583.33

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099270

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Peoples, Emily, , , 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 (for Individual): UMHS

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091942

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perales, Bobby, J., , M.D.

Mailing Address 3409 Citrine Place

City: Round Rock | State: TX | Zip Code: 78681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor Scott & White

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : C3099460

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Peralta, Feyce, M., , 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 (for Individual): Information Requested

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092063

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perkerson, Jace, M., , M.D.

Mailing Address 220 W Jackson Ave Apt 103
Apt 103

City: Knoxville | State: TN | Zip Code: 37902-1073

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTMCK

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2015

Transaction ID : C3099202

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perry, Jeremie, J., , 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 (for Individual): Hendrick Anesthesia Network
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 850.06

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093566

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perryman, Kathy, M., , 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 (for Individual): AAKC
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090490

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pesavento, Lara, , , 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 (for Individual): Anesthesia Consultants of Indianapolis
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 383.36

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3100425

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pesso, Raymond, M., , 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 (for Individual): Information Requested

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 14 / Y Y Y Y 2015

Transaction ID : C3092138

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phillips, Mark, C., , M.D.

Mailing Address 619 19th St S
University of Alabama- Birmingham

City: Birmingham | State: AL | Zip Code: 35249-1900

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UAB

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 775.06

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092064

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Piper, Nancy, , , M.D.

Mailing Address 22436 N. 52nd Pl

City: Phoenix | State: AZ | Zip Code: 85054-7117

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Valley Anesthesiology

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3099124

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 466.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pitts, Margaret, A., , M.D.

Mailing Address 1 Pillsbury St Ste 202
Suite 202

City: Concord | State: NH | Zip Code: 03301-3556

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates PA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087641

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Poage, Jeffrey, A., , M.D.

Mailing Address 211 Roan Dr

City: Danville | State: CA | Zip Code: 94526-1916

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcare
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 575.01

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3105722

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polaner, David, M., , M.D.

Mailing Address 13123 E 16th Ave
Dept. of Anesthesiology, B090

City: Aurora | State: CO | Zip Code: 80045-7106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado School of Medic
Occupation (for Individual): pediatric anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090458

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polce, Dean, , , D.O.

Mailing Address 3092 Red Arrow Dr

City: Las Vegas | State: NV | Zip Code: 89135

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105766

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polce, Roma, C., , M.D.

Mailing Address 3092 Red Arrow Dr.

City: Las Vegas | State: NV | Zip Code: 89135-1303

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): VAMC Southern Nevada
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3092983

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pollak, Edward, W., , M.D.

Mailing Address 24820 Riverwood Dr.

City: Franklin | State: MI | Zip Code: 48025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): William Beaumont Hospital
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099163

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 683.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ponte, Robert, A., , M.D.

Mailing Address 1799 Lakeshore Dr N

City: Orange Park | State: FL | Zip Code: 32003-7729

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anes. Consultants, P.A.

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104112

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, C. Thomas, T, , M.D.

Mailing Address 7 Campeche Estates Dr

City: Galveston | State: TX | Zip Code: 77554-6360

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Texas Medical Branch

Occupation (for Individual): Physician/Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090400

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Jason, , , M.D.

Mailing Address 275 Woody Drive

City: Richmond | State: IN | Zip Code: 47374

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Somnia, Inc

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3103338

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, George, M., , 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 (for Individual): Kane Anethesia Associates, SC

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 14 / 2015

Transaction ID : C3092139

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Prasanna, Praveen, , , M.D.

Mailing Address 1200 E. Broad St.
PO Box 980695

City: Richmond | State: VA | Zip Code: 23298-0695

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Virginia commonwealth university healt

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108645

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pregler, Johnathan, L., , 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 (for Individual): UCLA Department of Anesthesiology

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 800.06

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086927

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pressman, Marc, A., , M.D.

Mailing Address 4605 Jasmine Dr.

City: Rockville | State: MD | Zip Code: 20853-1738

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Safe Sedation, PLLC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093541

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Prokott, Wayne, T., , D.O.

Mailing Address 8418 Misty Meadows

City: Grand Blanc | State: MI | Zip Code: 48439-7428

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105920

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Protas, Kenneth, S., , M.D.

Mailing Address 4810 Rushing Rock Way

City: Marietta | State: GA | Zip Code: 30066-6931

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Veterans Administration
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105829

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 825.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pruitt, Mark, C., , 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 (for Individual): Greenville Health System
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3105881

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pugsley, Jacob, S., , 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 (for Individual): Mountain West Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3105921

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quilligan, Theodore, J., , 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 (for Individual): Allied Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099513

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 591.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rachman, Nathan, M., , 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 (for Individual): Halifax Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085040

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rader, Melissa, M., , 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 (for Individual): Northside Anesthesiology Consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.68

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085041

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rahlfs, Thomas, F., , M.D.

Mailing Address 11406 Chartreuse Ct

City: Houston | State: TX | Zip Code: 77082-6858

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UT MD Anderson Cancer Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090491

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ralston, Alvin, J., , M.D.

Mailing Address 2411 Fountain View Dr Ste 200

City: Houston | State: TX | Zip Code: 77057-4832

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3077945

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ramadhyani, Usha, , , M.D.

Mailing Address 10025 Hyde Pl

City: River Ridge | State: LA | Zip Code: 70123-1521

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099201

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ramey, Jeri, L., , M.D.

Mailing Address 12219 S 14th Court

City: Jenks | State: OK | Zip Code: 74037-4961

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists Inc
Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104044

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rangi, Navdip, S., , 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 (for Individual): Medical Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087673

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raty, Sally, , , 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 (for Individual): Baylor College of Medicine
Occupation (for Individual): Director Residency Training

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092065

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ravikant, Neeju, , , M.D.

Mailing Address 875 W Glengarry Circle

City: Bloomfield Hills | State: MI | Zip Code: 48301-2219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates of Ann Arbor
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093567

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rea, J. Ann, , , 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 (for Individual): Jeanne Ann Rea, MD
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092066

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reading, Kellie, E., , M.D.

Mailing Address 9710 Ravenswood Ct

City: Saline | State: MI | Zip Code: 48176-9803

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Ann Arbor
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091943

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reagan, Zed, , , M.D.

Mailing Address 514 W Pueblo St Fl 2

City: Santa Barbara | State: CA | Zip Code: 93105-6219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Amgsb
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099489

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 133.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reardon, Ann, C., , M.D.

Mailing Address 34 Bellevue Ave.

City: Bangor | State: ME | Zip Code: 04401-5226

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105779

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reed, Jeffrey, , , M.D.

Mailing Address 5201 Verbena Lane

City: Oklahoma City | State: OK | Zip Code: 73142-4000

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): affiliated anesthesiologists, LLC
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085309

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rein, Paul, , , D.O.

Mailing Address 409 Moodys Run

City: Williamsburg | State: VA | Zip Code: 23185-6563

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3107973

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1025.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reitz, Alan, D., , M.D.

Mailing Address 922 10th Ave. North

City: Sartell | State: MN | Zip Code: 56377-2258

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AASC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3092160

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ricketts, Jeffrey, M., , 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 (for Individual): Anesthesia Medical Consultants, P.C.
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085442

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rieker, Robert, P., , JR

Mailing Address 708 Marlowe Rd

City: Raleigh | State: NC | Zip Code: 27609-7024

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology of North Carol
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015

Transaction ID : C3104566

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riess, Matthias, L, , M.D., Ph.D

Mailing Address 1161 21st Avenue South
T4202 MCN

City: Nashville | State: TN | Zip Code: 37232-2520

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Vanderbilt University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091925

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rifici, Joseph, M., , CAA

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City: Cleveland | State: OH | Zip Code: 44106-1716

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Hospitals of Cleveland
Occupation (for Individual): Certified Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090492

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivard, John, C., , M.D.

Mailing Address 2104 Copley Ave.

City: Ann Arbor | State: MI | Zip Code: 48104

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ANES ASSOC ANN ARBOR
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 491.67

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3101909

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 633.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivera, Josue, , , M.D.

Mailing Address 2160 Wallace Ave Apt 1G

City: Bronx | State: NY | Zip Code: 10462-1815

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montefiore Med Ctr
Occupation (for Individual): Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107974

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberts, Michael, W., , II

Mailing Address 430 W Symmes St

City: Norman | State: OK | Zip Code: 73069-5658

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northwest Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 17 / 2015
Transaction ID : C3095013

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roces, Armando, J, , 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 (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104058

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 608.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rodriguez, Leopoldo, V., , M.D.

Mailing Address 1199 S Federal Hwy
Suite 392

City: Boca Raton | State: FL | Zip Code: 33432

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcare Inc
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107976

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roessler, Peter, M., , M.D.

Mailing Address 19031 Hilltop Rd

City: Lake Oswego | State: OR | Zip Code: 97034-7474

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oregon Anesthesiology Group
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099112

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roethle, Scott, T., , 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 (for Individual): AAKC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090493

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roettger, Robert, D., , M.D.

Mailing Address 9051 Itasca Trail North

City: Grant | State: MN | Zip Code: 55082-5285

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Twin Cities Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108178

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogers, David, L., , 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 (for Individual): Old Pueblo Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099222

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Romero, Richard, C., , M.D.

Mailing Address 455 Sherman Street Ste 510

City: Denver | State: CO | Zip Code: 80203-4405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pediatric Anes Consult
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107049

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rondel, Mikhail, , , M.D.

Mailing Address 9 Candle Ln.

City: East Brunswick | State: NJ | Zip Code: 08816

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Information Requested
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2015
Transaction ID : C3104139

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosemeier, Frank, , , M.D.

Mailing Address 8713 Lake Tibet Ct.

City: Orlando | State: FL | Zip Code: 32836

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): JLR Medical Group
Occupation (for Individual): Attending Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2015
Transaction ID : C3087693

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosen, Gerald, P., , 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 (for Individual): Miami Beach Anesthesiology Assoc.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 395.03

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015
Transaction ID : C3092067

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 108.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenberg, Lee, D., , M.D.

Mailing Address 2165 Herschel St.

City: Jacksonville | State: FL | Zip Code: 32205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Florida Anesthesia Consultants
Occupation (for Individual): Physician/Owner

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108674

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenthal, Mark, L., , M.D.

Mailing Address 3312 57th St E

City: Bradenton | State: FL | Zip Code: 34208-6802

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lakewood Ranch Anesthesia
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087710

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Morris, J., , JR

Mailing Address 2655 Bayou Blvd.

City: Pensacola | State: FL | Zip Code: 32503

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PAN
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104110

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rothenberg, David, M., , M.D.

Mailing Address 861 Kimball Rd

City: Highland Park | State: IL | Zip Code: 60035-3618

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rush University Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2015

Transaction ID : C3087674

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rothman, Brian, S., , 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 (for Individual): Vanderbilt University Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105811

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Routman, Justin, , , M.D.

Mailing Address 21 Elm Street
Dept of Anes

City: Birmingham | State: AL | Zip Code: 35213

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106367

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1125.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rowling, Jason, C., , D.O.

Mailing Address 18427 Dembridge Dr

City: Davidson | State: NC | Zip Code: 28036-7819

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPS
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105791

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Royce, Michael, G., , M.D.

Mailing Address 2469 E 33rd St

City: Tulsa | State: OK | Zip Code: 74105-2316

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAI
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107041

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rudulph, James, G., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd.
Suite 106

City: Birmingham | State: AL | Zip Code: 35216

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia services of Birmingham
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106104

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruiz, Judith, , , M.D.

Mailing Address 601 West Dr

City: Memphis | State: TN | Zip Code: 38112-1728

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAG
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107781

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rusheen, Jeffrey, M., , 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 (for Individual): Los Angeles Countiy
Occupation (for Individual): Physician Specialist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 381.69

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3105714

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sabri, Sammy, , , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Ste 106

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108678

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2025.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadovnikoff, Nicholas, , , M.D.

Mailing Address Anesthesiology Department
75 Francis St

City: Boston | State: MA | Zip Code: 02115-6110

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brigham and Wonen's Physician Organizi
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : C3105743

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Salomone, Matthew, M., , M.D.

Mailing Address 7678 Hollyridge Cir.

City: Jacksonville | State: FL | Zip Code: 32256-7130

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104051

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuels, Tashelle, R., , M.D.

Mailing Address 1545 W 102 street pl
Apt 822

City: Kearney | State: NE | Zip Code: 68845

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTMC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086585

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuels, Tashelle, R., , M.D.

Mailing Address 1545 W 102 street pl
Apt 822

City: Kearney | State: NE | Zip Code: 68845

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTMC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090439

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
San Juan, Alberto, C., , JR

Mailing Address 2024 Round Top Ter

City: Honolulu | State: HI | Zip Code: 96822-2075

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self employed
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099161

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sander-Prather, Mandy, M., , 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 (for Individual): AAKC
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085042

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 533.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarah, Gabriel, E., , 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 (for Individual): UCSF
Occupation (for Individual): Pediatric Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3095929

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sardesai, Mahesh, P., , M.D.

Mailing Address 5230 Centre Avenue
Suite 205

City: Pittsburgh | State: PA | Zip Code: 15232

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPMC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092141

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satterfield, John, M., , M.D.

Mailing Address 125 White Sail Dr.

City: Southington | State: CT | Zip Code: 06489-3854

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPA
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085880

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sawtelle, Katarina, , , M.D.

Mailing Address 3 Goose Cove Rd

City: Bath | State: ME | Zip Code: 04530-4017

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum medical group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108591

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sawyer, Thomas, F., , 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 (for Individual): District Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085444

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scarboro, Gina, M., , A.A.

Mailing Address 112 Samuel Lyon Way

City: Savannah | State: GA | Zip Code: 31411-3121

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): South University
Occupation (for Individual): Certified Anesthesiologist Assistant

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090494

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schaner, David, G., , 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 (for Individual): North American Partners in Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085124

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schapire, Phyllis, G., , M.D.

Mailing Address 52 Cedar Hill Ln

City: Media | State: PA | Zip Code: 19063-6310

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associates in anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 17 / 2015
Transaction ID : C3095190

Amount of Each Receipt this Period: 400.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmitz, Michael, L., , M.D.

Mailing Address 8500 Barrett Road

City: Roland | State: AR | Zip Code: 72135-9282

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univ. Arkansas for Medical Sciences, D
Occupation (for Individual): Pediatric Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092142

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 491.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schram, John, J., , D.O.

Mailing Address 18179 N. Fruitport Rd.

City: Spring Lake | State: MI | Zip Code: 49456-2802

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lakeshore anesthesia services

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108187

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schumann, Roman, , , M.D.

Mailing Address 800 Washington Box 298

City: Boston | State: MA | Zip Code: 02111-1552

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tufts Medical Center

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105735

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schuster, Abraham, , , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Ste 106
Anes. Serv. of Birmingham PC

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106462

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1350.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schwalbe, Frank, C., , M.D.

Mailing Address 116 Union Street North

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NAPS
Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105792

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, Reginald, G., , M.D.

Mailing Address 5417 E. 86th St.

City: Tulsa | State: OK | Zip Code: 74137-2951

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3105359

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Serini, Barbara, J., , D.O.

Mailing Address 1070 Cameron Wood Dr.

City: Ada | State: MI | Zip Code: 49301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Medical Consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087711

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sewell, Daniel, W., , M.D.

Mailing Address PO Box 51947

City: Knoxville | State: TN | Zip Code: 37950-1947

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Universtiy Anesthesiologists

Occupation (for Individual): Anesthesiologists

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104114

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shadid, Christopher, C., , M.D.

Mailing Address 837 NW 41st St

City: Oklahoma City | State: OK | Zip Code: 73118-6822

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northwest Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108613

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shah, Maitriyi, N., , M.D.

Mailing Address 75 Francis St

City: Boston | State: MA | Zip Code: 02115-6110

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brigham and Womens Hospital

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104049

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shah, Sunil, , , M.D.

Mailing Address 12900 Lake Ave Apt 1816

City: Lakewood | State: OH | Zip Code: 44107-1557

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): United States Government
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107754

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sharp, Mickel, B., , M.D.

Mailing Address 1878 E Somerset Ridge Dr

City: Draper | State: UT | Zip Code: 84020-9133

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mickel Sharp MD PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085125

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shatz, Matthew, J., , M.D.

Mailing Address 28 Jarombek Dr.

City: Towaco | State: NJ | Zip Code: 07082

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Garden State Anesthesia Services, PA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099239

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaw, Kevin, M., , M.D.

Mailing Address 7 Cobtail Way

City: Simsbury | State: CT | Zip Code: 06070-2530

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Integrated Anesthesiology Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 308.34

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092068

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaw, Kevin, M., , M.D.

Mailing Address 7 Cobtail Way

City: Simsbury | State: CT | Zip Code: 06070-2530

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Integrated Anesthesiology Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 308.34

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099480

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shepler, John, A., , M.D.

Mailing Address 1212 Sherman Ave

City: Madison | State: WI | Zip Code: 53703-1722

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Wisconsin Medical Founda
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3097684

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 566.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sherbert, John, D., , M.D.

Mailing Address 6 Kittery Dr

City: Greenville | State: SC | Zip Code: 29615-7211

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PAA
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3103806

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sherrer, Daniel, M., , M.D.

Mailing Address 2151 Old Rocky Ridge Rd Ste 106

City: Birmingham | State: AL | Zip Code: 35216-7251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services of Birmingham, PC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3106113

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shiloah, Shira, , , M.D.

Mailing Address 1810 Autumn Ave

City: Memphis | State: TN | Zip Code: 38112-5310

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MAG
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : C3105777

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shipley, Bret, E., , 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 (for Individual): Bret E. Shipley, M.D.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.03

Date of Receipt: 09 / 09 / 2015
Transaction ID : C3089082

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shore, Jeffrey, M., , M.D.

Mailing Address 1304 Oak St.

City: Melbourne | State: FL | Zip Code: 32901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BPA
Occupation (for Individual): Medical Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093531

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sibert, Karen, S., , 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 (for Individual): UCLA Dept of Anesthesiology
Occupation (for Individual): Physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1683.46

Date of Receipt: 09 / 05 / 2015
Transaction ID : C3087675

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sibert, Karen, S., , 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 (for Individual): UCLA Dept of Anesthesiology
Occupation (for Individual): Physician anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1683.46

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3100427

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sills, Starla, J., , M.D.

Mailing Address 399 Castle Crest Rd

City: Alamo | State: CA | Zip Code: 94507-2677

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099080

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Silverman, Donald, B., , M.D.

Mailing Address 3854 Teesdale Ct

City: Sandy Springs | State: GA | Zip Code: 30350-5054

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Anesthesiology consultants
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105866

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simkins, Jennifer, Lyn, , M.D.

Mailing Address 28 Avalon Meadows Ln

City: East Amherst | State: NY | Zip Code: 14051

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Maplegate Anesthesiologists, P.C.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 22 / 2015

Transaction ID : C3103272

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simon, Michael, B., , M.D.

Mailing Address 35 Gellatly Dr

City: Wappingers Falls | State: NY | Zip Code: 12590-6452

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcorp

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1583.45

Date of Receipt: 09 / 09 / 2015

Transaction ID : C3089083

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simon, Michael, B., , M.D.

Mailing Address 35 Gellatly Dr

City: Wappingers Falls | State: NY | Zip Code: 12590-6452

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcorp

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1583.45

Date of Receipt: 09 / 09 / 2015

Transaction ID : C3089118

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simon, Michael, B., , M.D.

Mailing Address 35 Gellatly Dr

City: Wappingers Falls | State: NY | Zip Code: 12590-6452

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Healthcorp
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1583.45

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090190

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simons, Marvin, L., , JR

Mailing Address 4009 River View Dr

City: Vestavia | State: AL | Zip Code: 35243-4713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107516

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simonson, Jean, A., , 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 (for Individual): University of Nebraska Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2015

Transaction ID : C3105812

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1125.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simril, James, R., , M.D.

Mailing Address 211 Northbrook Way
Dept of Anesthesiology

City: Greenville | State: SC | Zip Code: 29615-6062

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Palmetto Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093576

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singh, Parvinder, , , M.D.

Mailing Address 2011 Oaks Pl.

City: Arcadia | State: CA | Zip Code: 91006

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PARVINDER SINGH,MD, INC
Occupation (for Individual): PHYSICIAN

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105924

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonin, Jonathan, H., , 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 (for Individual): TeamHealth Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 770.06

Date of Receipt: 09 / 04 / 2015
Transaction ID : C3086928

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 358.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Small, Robert, H., , 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 (for Individual): The Ohio State University
Occupation (for Individual): Professor, Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090495

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Andrew, J., , M.D.

Mailing Address 6431 Bergeson Way

City: Indianapolis | State: IN | Zip Code: 46278-2211

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ACI
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : C3090300

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Blair, , , M.D.

Mailing Address 1046 Lake Colony Ln

City: Vestavia | State: AL | Zip Code: 35242-7405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Alabama Health Services
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085043

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 433.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, David, S., , M.D.

Mailing Address Department of Anesthesiology
3400 Spruce St

City: Philadelphia | State: PA | Zip Code: 19104-4208

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Pennsylvania Hospital
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3101904

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, George, L., , M.D.

Mailing Address 5359 Doe Run Rd

City: Roanoke | State: VA | Zip Code: 24018-8732

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consultants of Virginia, In
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2015

Transaction ID : C3105388

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Jeremy, B., , M.D.

Mailing Address 525 Boulder Lake Way

City: Vestavia | State: AL | Zip Code: 35242-2105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southern Anesthesia Management
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106467

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1275.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Joshua, E., , M.D.

Mailing Address 505 Lansdowne Pl

City: Vestavia | State: AL | Zip Code: 35226-3264

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): uab
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108087

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Phillip, J., , 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 (for Individual): Unifour Anesthesia Associates
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099301

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Richard, A., , M.D.

Mailing Address N62W34233 S Bayview Rd

City: Oconomowoc | State: WI | Zip Code: 53066-5136

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AAW
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103312

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1291.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, William, T., , M.D.

Mailing Address 699 Beach Ave

City: Atlantic Beach | State: FL | Zip Code: 32233-5325

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104111

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smullen, Daniel, M., , M.D.

Mailing Address W322N7422 Reddelien Rd

City: Hartland | State: WI | Zip Code: 53029-8513

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Milwaukee Anesthesia Consultants
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099241

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smythe, Paul, R., , M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City: Ann Arbor | State: MI | Zip Code: 48109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan Medical School
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3092984

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sontag, Mark, T., , M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anesthesiologists
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3101893

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sorah, Shannon, M., , 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 (for Individual): MMC Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 575.03

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2015

Transaction ID : C3093485

Amount of Each Receipt this Period: 3.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sorah, Shannon, M., , 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 (for Individual): MMC Anesthesia Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 575.03

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108709

Amount of Each Receipt this Period: 76.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 579.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sorbin, Kortnee, L., , 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 (for Individual): AAKC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3106434

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Soto, Roy, G., , M.D.

Mailing Address 3250 Chestnut Run Drive

City: Bloomfield Hills | State: MI | Zip Code: 48302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mednax
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090496

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Souter, Michael, J., , M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724
Box 359724

City: Seattle | State: WA | Zip Code: 98104-2499

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Washington
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3090497

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spanakis, Spiro, G., , D.O.

Mailing Address 48 Old Mill Road

City: Shrewsbury | State: MA | Zip Code: 01545

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMASS Memorial Medical Group
Occupation (for Individual): Doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091944

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spence, Brian, C., , M.D.

Mailing Address 1 Medical Center Dr
DHMC - Anesthesiology

City: Lebanon | State: NH | Zip Code: 03756

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Dartmouth-Hitchcock Medical Center
Occupation (for Individual): Anesthesiologist MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 426.69

Date of Receipt: M M 09 / D D 03 / Y Y Y Y 2015

Transaction ID : C3085942

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spence, Brian, C., , M.D.

Mailing Address 1 Medical Center Dr
DHMC - Anesthesiology

City: Lebanon | State: NH | Zip Code: 03756

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Dartmouth-Hitchcock Medical Center
Occupation (for Individual): Anesthesiologist MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 426.69

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2015

Transaction ID : C3099302

Amount of Each Receipt this Period: 15.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 98.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Springer, Andrew, N., , 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 (for Individual): The Ohio State University
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2015

Transaction ID : C3099223

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staack, Jeffrey, B, , M.D.

Mailing Address 6818 Lion Heart Ln

City: Knoxville | State: TN | Zip Code: 37919-9148

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Anesthesiologists, PLLC
Occupation (for Individual): Anethesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090404

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stack, Kathryn, E., , M.D.

Mailing Address 6200 Mountain Brook Ln NW

City: Sandy Springs | State: GA | Zip Code: 30328-3605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory University School of Medicine De
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085445

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1125.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stamos, Thomas, S., , M.D.

Mailing Address 1441 Schoettler Rd.

City: Chesterfield | State: MO | Zip Code: 63017-5534

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Western Anesthesiologists Associates I

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2015

Transaction ID : C3099189

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Standlee, Timothy, E., , M.D.

Mailing Address 20375 W 151st St Ste 406

City: Olathe | State: KS | Zip Code: 66061-7209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnson County Anesthesiologists

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3108576

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stangl, James, , , 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 (for Individual): Tacoma Anesthesia Associates, P.S.

Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090498

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1383.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stein, Erica, , , 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 (for Individual): Ohio State University
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 13 / 2015
Transaction ID : C3092069

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stein, Steven, P., , M.D.

Mailing Address 18 Harbor Hill Dr

City: Lloyd Harbor | State: NY | Zip Code: 11743-1031

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3093509

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stenbakken, Gelerie, D., , M.D.

Mailing Address 6700 W 21st Street Road

City: Greeley | State: CO | Zip Code: 80634-7932

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ncap
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3104961

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stene, Rebecca, A., , M.D.

Mailing Address 813 Dunbarton Cir

City: Sacramento | State: CA | Zip Code: 95825-6872

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CASE Med Group, Inc

Occupation (for Individual): pediatric anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107277

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stephens, Raj, K., , M.D.

Mailing Address 7230 Duckhorn Drive

City: Germantown | State: TN | Zip Code: 38138

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : C3105844

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stephenson, John, H., , M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City: Atlanta | State: GA | Zip Code: 30342

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists in Anesthesia, P

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 916.72

Date of Receipt: 09 / 04 / 2015

Transaction ID : C3086929

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stephenson, John, H., , M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City: Atlanta | State: GA | Zip Code: 30342

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Specialists in Anesthesia, P

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 916.72

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3093492

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson, Matthew, S., , 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 (for Individual): North Florida Anesthesia Consultants

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2015

Transaction ID : C3104109

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stiegler, Marjorie, , , M.D.

Mailing Address 10817 Round Brook Cir

City: Raleigh | State: NC | Zip Code: 27617-7759

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UNC Chapel Hill

Occupation (for Individual): Assoc Prof Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092070

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stilz, Richard, J., , M.D.

Mailing Address 1354 Herschel Ave

City: Cincinnati | State: OH | Zip Code: 45208-2511

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): anesthesia assoc of cinti

Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090499

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stine, Todd, A., , M.D.

Mailing Address 1626 Lookout Landing Cir

City: Winter Park | State: FL | Zip Code: 32789-5941

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 06 / 2015

Transaction ID : C3087715

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stoltzfus, Luke, D., , M.D.

Mailing Address 915 E 1st St
Anesthesiology Department

City: Duluth | State: MN | Zip Code: 55805-2107

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St. Luke's

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 433.34

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107789

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stone, Kenneth, R., , 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 (for Individual): Bridgeport Anesthesia Assoc

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085044

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stormo, Major James, E., , 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 (for Individual): Mike OCallaghan Federal Hospital

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2015

Transaction ID : C3085446

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stovall, Jill, D., , M.D.

Mailing Address PO Box 280328

City: Lakewood | State: CO | Zip Code: 80228-6107

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Anesthesia Services, P.C.

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103308

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1166.68

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Jeffrey, , , M.D.

Mailing Address 3445 Maguire Rd

City: Windermere | State: FL | Zip Code: 34786-7851

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): JLR Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3107033

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, Erin, A, , M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City: Pittsburgh | State: PA | Zip Code: 15213-2536

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UPMC
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 850.06

Date of Receipt: M M 09 / D D 09 / Y Y Y Y 2015

Transaction ID : C3089084

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, George, , , D.O.

Mailing Address 2321 Butler Bay Dr. N.

City: Windermere | State: FL | Zip Code: 34786-6109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): JLR Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 04 / Y Y Y Y 2015

Transaction ID : C3086930

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutherland, Laurie, A., , M.D.

Mailing Address 2 Golden Rod Ln.

City: Falmouth | State: ME | Zip Code: 04105-3823

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Spectrum Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104021

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutlive, Benjamin, J., , M.D.

Mailing Address 8 Montevallo Terrace

City: Birmingham | State: AL | Zip Code: 35213

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAB
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105925

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swain, Robert, B., , M.D.

Mailing Address 1435 Winding Ridge Ter

City: Colorado Springs | State: CO | Zip Code: 80919-1061

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Pikes Peak Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107777

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swasey, Drew, N., , M.D.

Mailing Address 8216 Sawmill Falls St

City: N Las Vegas | State: NV | Zip Code: 89085-4439

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): VASN
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2015

Transaction ID : C3103295

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sween, Steven, L., , M.D.

Mailing Address 240 Marchand Ct NW

City: Atlanta | State: GA | Zip Code: 30328-2055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PSA
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.46

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015

Transaction ID : C3085126

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sween, Steven, L., , M.D.

Mailing Address 240 Marchand Ct NW

City: Atlanta | State: GA | Zip Code: 30328-2055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PSA
Occupation (for Individual): Physician Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1333.46

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105767

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 666.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Syfu, Joselito, L., , M.D.

Mailing Address 6709 W Dovewood Ln

City: Fresno | State: CA | Zip Code: 93723-8130

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Madera COmmunity Hospital

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090604

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sykes, Steven, H., , M.D.

Mailing Address 1118 Ross Clark Circle,Suite 700

City: Dothan | State: AL | Zip Code: 36301

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ACMG

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 10 / 2015

Transaction ID : C3090298

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Talbot, John, C., , M.D.

Mailing Address 1601 Suther Road

City: Concord | State: NC | Zip Code: 28025

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northeast Anesthesia and Pain

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3107050

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Talsma, Samuel, E., , M.D.

Mailing Address 2110 Dorset Rd

City: Ann Arbor | State: MI | Zip Code: 48104-2604

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Michigan Society of Anesthesiologists
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 28 / 2015
Transaction ID : C3105927

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Taylor, Cheryl, M., , M.D.

Mailing Address 24 Farringdon Dr

City: Greenville | State: SC | Zip Code: 29615-4238

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Foothills Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099142

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Teetor, Travis, J., , M.D.

Mailing Address 19309 Briggs St

City: Omaha | State: NE | Zip Code: 68130

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Boys Town National Research Hospital
Occupation (for Individual): Staff Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 02 / 2015
Transaction ID : C3085313

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 433.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tesoriero, Eric, , ,

Mailing Address 4 Longfellow Place
Apartment 902

City: Boston | State: MA | Zip Code: 2114

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Beth Israel Deaconess Medical Center
Occupation (for Individual): Fellow in Critical Care Medicine

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092713

Amount of Each Receipt this Period: 240.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tewfik, Sherif, H., , M.D.

Mailing Address 7365 NW 107th St

City: Grimes | State: IA | Zip Code: 50111-1078

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists, P.C.
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092143

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thompson, Paul, D., , M.D.

Mailing Address 2101 Snow Rd

City: Orlando | State: FL | Zip Code: 32814-6556

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): USAP-JLR
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108567

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 823.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thompson, Robert, F., , JR

Mailing Address PO Box 3294

City: Tupelo | State: MS | Zip Code: 38803-3294

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TUPELO ANESTHESIA GROUP, P.A.

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 10 / 2015

Transaction ID : C3090421

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomson, Sydney, I., , 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 (for Individual): Coast Anesthesia

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 833.39

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3090500

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tolpin, Daniel, A., , M.D.

Mailing Address 4904 Florence St

City: Bellaire | State: TX | Zip Code: 77401-5022

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SLMG

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3099099

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tomajian, Samir, Abdou, , M.D.

Mailing Address 11513 Carondelet St

City: Gulfport | State: MS | Zip Code: 39503-3106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gulfport memorial
Occupation (for Individual): Pain physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3103285

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tompa, David, , , D.O.

Mailing Address 6131 N Lake Dr

City: Whitefish Bay | State: WI | Zip Code: 53217-4320

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Medical Group
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099243

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tongson, Sebastian, E., , 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 (for Individual): US Anesthesia Partners / JLR Medical G
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 22 / 2015
Transaction ID : C3100428

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Totten, James, A., , M.D.

Mailing Address 3073 OBrien Dr

City: Tallahassee | State: FL | Zip Code: 32309-2752

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106410

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tountas, Melissa, A., , M.D.

Mailing Address 9219 Cromwell Woods Sq.

City: Orlando | State: FL | Zip Code: 32827

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): JLR/USAP

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085434

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Troianos, Christopher, A., , M.D.

Mailing Address 2 Haskell Drive

City: Bratenahl | State: OH | Zip Code: 44108

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cleveland Clinic

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 01 / 2015

Transaction ID : C3085045

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Truxillo, Terrence, Mike, , M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City: New Orleans | State: LA | Zip Code: 70121-2429

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Ochsner Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3107977

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuck, Benjamin, C., , M.D.

Mailing Address 2865 Balmoral Rd

City: Mountain Brook | State: AL | Zip Code: 35223-1236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Alabama at Birmingham
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107753

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tunstill, Stephen, L., , M.D.

Mailing Address 6978 Almours Dr

City: Jacksonville | State: FL | Zip Code: 32217

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3104050

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 841.67

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Turner, Christopher, , , 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 (for Individual): UW Health
Occupation (for Individual): Anesthesiology Faculty

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3105928

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Turner, Judi, A., , M.D., Ph.D

Mailing Address 1002 Franklin Street
UCLA

City: Santa Monica | State: CA | Zip Code: 90403

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UCLA
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091945

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Turner, Katja, R., , 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 (for Individual): the ohio state university
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2015

Transaction ID : C3092071

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.35

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tzeng, Gary, F., , 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 (for Individual): DVA
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091946

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ueunten, David, Y., , M.D.

Mailing Address 2132 Hakanu St

City: Honolulu | State: HI | Zip Code: 96821-2602

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): HPMG
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2015

Transaction ID : C3099143

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulatowski, Tami, L., , M.D.

Mailing Address W268N7212 Thousand Oaks Dr

City: Sussex | State: WI | Zip Code: 53089-1854

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Aurora Health Care
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091952

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 833.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbdenstock, Renee, B., , M.D.

Mailing Address 674 Nuvola Vista Ct

City: Richland | State: WA | Zip Code: 99835

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kadlec Regional Medical Center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : C3105706

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Unruh, Jeffrey, K., , M.D.

Mailing Address 7630 S.W. Indian Woods Pl.

City: Topeka | State: KS | Zip Code: 66615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Team Health
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108172

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Van Tassel, Karen, M., , M.D.

Mailing Address 106 Seabreeze Ct

City: Emerald Isle | State: NC | Zip Code: 28594-2283

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lighthouse Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3105308

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vance, Jennifer, , , M.D.

Mailing Address 1500 E Medical Center Dr Spc 5014

City: Ann Arbor | State: MI | Zip Code: 48109-5014

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan Dept of Anesthe

Occupation (for Individual): Cardiothoracic Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 13 / 2015

Transaction ID : C3092072

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vance, Matthew, B., , M.D.

Mailing Address PO Box 51947

City: Knoxville | State: TN | Zip Code: 37950-1947

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): university anesthesiologists

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104057

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vandenberg, Jeremy, B., , M.D.

Mailing Address 4970 Meadow Springs Trl SE

City: Ada | State: MI | Zip Code: 49301-8154

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Practice Consultants

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : C3105402

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vander Vliet, Jon, D., , M.D.

Mailing Address 503 W Jefferson

City: Ann Arbor | State: MI | Zip Code: 48103

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associate of Ann Arbor

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106469

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vansickle, Tamitha, R., , M.D.

Mailing Address 4504 Trailside Loop

City: Castle Rock | State: CO | Zip Code: 80109-8701

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Information Requested

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2015

Transaction ID : C3092985

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Varady, Adam, E., , M.D.

Mailing Address Brevard Physician Associates
1775 W. Hibiscus Blvd.

City: Melbourne | State: FL | Zip Code: 32901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Brevard Physician Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108688

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Varlotta, David, , , D.O.

Mailing Address 1303 Bayshore Blvd.

City: Tampa | State: FL | Zip Code: 33606-2911

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.02

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099515

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vassar, Chadron, J., ,

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 (for Individual): Geisinger
Occupation (for Individual): Geisinger Medical Center Anesthesiolo

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 16 / 2015
Transaction ID : C3093568

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Villani, Juan, P., , M.D.

Mailing Address 160 Green Glades

City: Ridgeland | State: MS | Zip Code: 39157

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univ of Mississippe Medical Center
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092144

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vitale, Salvatore, G., , 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 (for Individual): Mount Sinai
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085046

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vizena, Annette, , , 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 (for Individual): NCAP
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093542

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vizena, Annette, , , 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 (for Individual): NCAP
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093543

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vogelhut, Mark, M., , M.D.

Mailing Address 3603 Hennessy Pl

City: Charlotte | State: NC | Zip Code: 28210

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Providence anesthesiology associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015
Transaction ID : C3106437

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Volker, Cassie, , , M.D.

Mailing Address 16320 Barton St.

City: Overland Park | State: KS | Zip Code: 66221

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of Kansas City
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2015
Transaction ID : C3085047

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vollers, James, Michael, , M.D.

Mailing Address 750 NE 13th St
Suite 200

City: Oklahoma City | State: OK | Zip Code: 73126-0901

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oklahoma University Medical Science Ce
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015
Transaction ID : C3090191

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vosicher, Oleg, , , 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 (for Individual): BVAMG
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : C3105814

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wages, Theo, D., , III

Mailing Address PO Box 627

City: Auburn | State: AL | Zip Code: 36831

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associates of East Alabama
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3105343

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walford, Andrew, J., , M.B.

Mailing Address 400 Beach Dr NE Unit 2103

City: Saint Petersburg | State: FL | Zip Code: 33701-3063

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Pediatric Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 09 / 2015
Transaction ID : C3089520

Amount of Each Receipt this Period: 250.00

☐ Memo Item

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 Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walker, James, L., , M.D.

Mailing Address 1549 N Rocky Creek Ct

City: Wichita | State: KS | Zip Code: 67230-1716

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Consulting Services, PA

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3105366

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walker, Wayne, T, , M.D.

Mailing Address 1200 B. Gale Wilson Blvd.

City: Fairfield | State: CA | Zip Code: 94533

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108433

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wallace, Brian, E., , M.D.

Mailing Address 400 E Pioneer Ste 204

City: Puyallup | State: WA | Zip Code: 98372-3257

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Rainier Anesthesia Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : C3093499

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, James, J., , 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 (for Individual): NAPA
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 06 / 2015
Transaction ID : C3087712

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, John, T., , M.D.

Mailing Address 10834 Monterey Woods Cv

City: Eads | State: TN | Zip Code: 38028-9750

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): AATN
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3092768

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warner, Travis, A., , M.D.

Mailing Address 6220 E. Tanuri Valley Pl
Unit 5101

City: Tucson | State: AZ | Zip Code: 85750

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Old Pueblo Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099494

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Washington, Erikka, L., , M.D.

Mailing Address 6431 FANNIN
msb 5.020

City: HOUSTON | State: TX | Zip Code: 77030

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UTHSC-Houston Dept of Anesthesiology
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 19 / 2015
Transaction ID : C3099178

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Washnock, Mark, A., , M.D.

Mailing Address 230 E Ridge St

City: Marquette | State: MI | Zip Code: 49855-4211

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): A of M
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099130

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Waskell, Lucy, A., , M.D., Ph.D

Mailing Address 2204 Devonshire Road

City: Ann Arbor | State: MI | Zip Code: 48104-2702

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Research Service 11R
Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085415

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Waters, Gregory, J., , M.D.

Mailing Address 42 Bullseye Pl

City: Bozeman | State: MT | Zip Code: 59718-9658

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Practice Consultants

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 541.70

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2015

Transaction ID : C3093569

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weatherall, Jeffrey, S., , M.D.

Mailing Address 11 Spring Creek Wynd

City: Kingsport | State: TN | Zip Code: 37664-6517

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology Group of Tn

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106025

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weatherall, Jeffrey, S., , M.D.

Mailing Address 11 Spring Creek Wynd

City: Kingsport | State: TN | Zip Code: 37664-6517

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): American Anesthesiology Group of Tn

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 09 / D D 28 / Y Y Y Y 2015

Transaction ID : C3106026

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2083.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Mary, B., , M.D.

Mailing Address P.O. Box 50546

City: Casper | State: WY | Zip Code: 82605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): gasdoc pc
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3100385

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wedeven, Christopher, L., , M.D.

Mailing Address 3464 Jeffrey Spur

City: Hamilton | State: MI | Zip Code: 49419-8574

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Macatawa Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015
Transaction ID : C3107230

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weingarten, Toby, , , 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 (for Individual): Mayo Clinic
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.03

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3095931

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 791.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weiss, Alan, , , M.D.

Mailing Address 960 Royal Arms Dr

City: Girard | State: OH | Zip Code: 44420-1652

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Belpark Anesthesia Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2015

Transaction ID : C3090192

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weissman, Steve, , , M.D.

Mailing Address 155 Baltic Circle

City: Tampa | State: FL | Zip Code: 33606

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan GFA

Occupation (for Individual): Anesthsiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2015

Transaction ID : C3090501

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weitzel, Nathaen, S., , M.D.

Mailing Address 12401 E 17th Ave Ste B113
Leprino Office Bldg

City: Aurora | State: CO | Zip Code: 80045-2548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univeristy of Colorado Denver Anesthe

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : C3107978

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 166.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wells, Lynda, , , M.D.

Mailing Address 4098 Wood Ln

City: Keswick | State: VA | Zip Code: 22947-2900

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Virginia Health System

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 12 / 2015

Transaction ID : C3091947

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Werth, Heather, J., , D.O.

Mailing Address 831 Coronado Center Drive
UNIT 10205

City: Henderson | State: NV | Zip Code: 89052

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UAMS

Occupation (for Individual): Resident

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt: 09 / 20 / 2015

Transaction ID : C3099226

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wetzel, Ezekiel, J., , M.D.

Mailing Address 2201 MARIE PLACE

City: Monroe | State: LA | Zip Code: 71201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Parish Anesthesia of Monroe

Occupation (for Individual): Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087642

Amount of Each Receipt this Period: 100.00

☐ Memo Item

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)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitaker, Gregory, L., , D.O.

Mailing Address 1850 N Central Ave
Suite 1600

City: Phoenix | State: AZ | Zip Code: 85004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley Anesthesiology Consultants, LTD
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : C3105737

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Brad, , , D.O.

Mailing Address 6009 W Charleston St

City: Broken Arrow | State: OK | Zip Code: 74011-1483

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St John medical center
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099116

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitney, Susan, J., , M.D.

Mailing Address 2402 W 69th Ter

City: Mission Hills | State: KS | Zip Code: 66208-2711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesia Associated of Kansas City
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 03 / 2015
Transaction ID : C3085896

Amount of Each Receipt this Period: 83.34

☐ Memo Item

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 Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilder, Nicole, S., , M.D.

Mailing Address 5596 N Dixboro Rd

City: Ann Arbor | State: MI | Zip Code: 48105-9415

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan Health System S

Occupation (for Individual): Pediatric Cardiac Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.68

Date of Receipt: 09 / 02 / 2015

Transaction ID : C3085314

Amount of Each Receipt this Period: 41.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wildt, David, J., , M.D.

Mailing Address 3021 Berkshire

City: Cleveland Hts | State: OH | Zip Code: 44118-2756

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Michigan

Occupation (for Individual): Fellow Critical Care

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt: 09 / 05 / 2015

Transaction ID : C3087678

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Bradley, G., , M.D.

Mailing Address 14621 Marsh View Dr.

City: Jacksonville | State: FL | Zip Code: 32250

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NFAC

Occupation (for Individual): ANESTHESIOLOGIST

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3104565

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Dana, , , M.D.

Mailing Address 1725 Pine St

City: Montgomery | State: AL | Zip Code: 36106-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Montgomery Anesthesia Associates
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085326

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Landirs, S., , M.D.

Mailing Address 920 Church St N

City: Concord | State: NC | Zip Code: 28025-2927

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northeast Anesthesia and Pain Manageme
Occupation (for Individual): Anesthesiologist/Pain Specialist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2015
Transaction ID : C3108620

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Michael, Jon, , M.D.

Mailing Address 725 Kings Hwy

City: Moorestown | State: NJ | Zip Code: 08057-2621

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University
Occupation (for Individual): Assistant Professor of Anesthesia

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 11 / 2015
Transaction ID : C3091915

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Michael, Jon, , M.D.

Mailing Address 725 Kings Hwy

City: Moorestown | State: NJ | Zip Code: 08057-2621

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Thomas Jefferson University

Occupation (for Individual): Assistant Professor of Anesthesia

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108515

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirth, Johnny, J, , M.D.

Mailing Address 2855 Pinecreek Dr
APT D428

City: Costa Mesa | State: CA | Zip Code: 92626

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self employed

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 09 / 23 / 2015

Transaction ID : C3103339

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wolfe, Lee, , , M.D.

Mailing Address 19205 Sixpenny Ln

City: Monument | State: CO | Zip Code: 80132-2852

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): PPAA

Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 208.35

Date of Receipt: 09 / 16 / 2015

Transaction ID : C3093570

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Womack, Bradley, G., , M.D.

Mailing Address PO Box 3294

City: Tupelo | State: MS | Zip Code: 38803-3294

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TAG, P.A.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : C3093524

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, William, J., , M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists Ltd.

City: Eau Claire | State: WI | Zip Code: 54701-6161

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eau Claire Anesthesiologists Ltd.
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : C3101164

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Work, Byron, B., , M.D.

Mailing Address 3749 Lynnfield Dr

City: Virginia Beach | State: VA | Zip Code: 23452-4721

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Anesthesia
Occupation (for Individual): Anesthesiology

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 09 / 20 / 2015
Transaction ID : C3099510

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1083.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Workman, Jason, , , M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City: Las Vegas | State: NV | Zip Code: 89128-4333

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Consultants, Inc
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.02

Date of Receipt: 09 / 08 / 2015
Transaction ID : C3093479

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Crystal, C., , 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 (for Individual): Baylor College of Medicine
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: 09 / 12 / 2015
Transaction ID : C3091948

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wunnava, Manoj, B., , M.D.

Mailing Address 109 Bennington Parkway

City: Durham | State: NC | Zip Code: 27713

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Department of Anesthsiology
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3095932

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 191.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyble, Stephen, S., , M.D.

Mailing Address PO Box 1299

City: Opelousas | State: LA | Zip Code: 70571-1299

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): IPS,LLC
Occupation (for Individual): MD

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : C3105362

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yeich, Stephen, , , M.D.

Mailing Address 3048 SW 89th St Ste A

City: Oklahoma City | State: OK | Zip Code: 73159-6359

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): self
Occupation (for Individual): physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : C3099122

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yoakum-Pyle, Margaret Ann, , , M.D.

Mailing Address 6354 Locust St

City: Shawnee Mission | State: KS | Zip Code: 66218-9065

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Anesthesiology Chartered
Occupation (for Individual): anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 08 / 2015
Transaction ID : C3089087

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
York, James, K., , 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 (for Individual): Anesthesia Consultants Medical Group

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.06

Date of Receipt: 09 / 19 / 2015

Transaction ID : C3099179

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yosuico, Arnold, D., , M.D.

Mailing Address 222-A Angel Terrace Dr

City: Charleston | State: WV | Zip Code: 25314

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): General Anesthesia Services, Inc.

Occupation (for Individual): doctor

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2015

Transaction ID : C3108442

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Christopher, J., , M.D.

Mailing Address 36 Rio Vista

City: St. Louis | State: MO | Zip Code: 63124

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Western Anesthesiology Associates

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 18 / 2015

Transaction ID : C3099102

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, David, S., , M.D.

Mailing Address 6839 S. Canton

City: Tulsa | State: OK | Zip Code: 74136

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Associated Anesthesiologists, Inc

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : C3104975

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Karlon, K., , M.D.

Mailing Address 227 Knoxview Ln

City: Mooresville | State: NC | Zip Code: 28117-9689

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): NorthEast Anesthesia and Pain Speciali

Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 29 / 2015

Transaction ID : C3106472

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yun, Elizabeth, S., , M.D.

Mailing Address 4543 Shooting Star Ave.

City: Middleton | State: WI | Zip Code: 53562-5318

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Wisconsin

Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 07 / 2015

Transaction ID : C3087752

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zaffer, Rashid, U., , M.B.,B.S.

Mailing Address 1790 Porter Ct

City: Lombard | State: IL | Zip Code: 60148-4909

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2015

Transaction ID : C3105786

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zeleznik, Matthew, W., , 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 (for Individual): Physician Specialists in Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2015

Transaction ID : C3091949

Amount of Each Receipt this Period: 41.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zeleznik, Matthew, W., , 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 (for Individual): Physician Specialists in Anesthesia
Occupation (for Individual): Anesthesiologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2015

Transaction ID : C3106438

Amount of Each Receipt this Period: 41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zurick, Andrew, M., , M.D.
Mailing Address: 8621 Witney Ave NW
City: North Canton | State: OH | Zip Code: 44720-9559
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): retired
Occupation (for Individual): retired
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 09 / 01 / 2015
Transaction ID : C3085410
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zvara, David, A., , M.D.
Mailing Address: Campus Box 7010 - N2201 UNC Hospit
City: Chapel Hill | State: NC | Zip Code: 27599-7010
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University of North Carolina School of
Occupation (for Individual): Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 750.06
Date of Receipt: 09 / 14 / 2015
Transaction ID : C3092146
Amount of Each Receipt this Period: 83.34
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶ 257569.17

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A.
Full Name (Last, First, Middle Initial): First Data
Mailing Address: P.O. Box 6600
City: Hagerstown | State: MD | Zip Code: 21741
Purpose of Disbursement: Credit Card Merchant Fees
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C
Transaction ID : D168515
Amount of Each Disbursement this Period: 1685.52
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1685.52

TOTAL This Period (last page this line number only) ▶ 1685.52

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): COMMON VALUES PAC
Mailing Address: 901 N WASHINGTON ST, SUITE 102
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: Void of 8/11 Check
Candidate Name: Barrasso, , , ,
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ Void of 8/11 Check
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00442368
Transaction ID : D168239
Amount of Each Disbursement this Period: -5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE
Mailing Address: 430 SOUTH CAPITOL STREET, SE, 2ND FLOOR
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2015 Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) 2015 Contribution
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C C00000935
Transaction ID : D168126
Amount of Each Disbursement this Period: 45000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): RAJA FOR CONGRESS
Mailing Address: P.O. BOX 681202
City: Schaumburg | State: IL | Zip Code: 60193
Purpose of Disbursement: Void 8/5 Check
Candidate Name: Krishnamoorthi, Raja, , Mr.,
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 09 / 14 / 2015
FEC Identification Number: C C00575092
Transaction ID : D168272
Amount of Each Disbursement this Period: -5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 35000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): RAJA FOR CONGRESS
Mailing Address: P.O. BOX 681202
City: Schaumburg | State: IL | Zip Code: 60193
Purpose of Disbursement: 2016 Primary Election
Category/Type: 011
Candidate Name: Krishnamoorthi, Raja, , Mr.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00575092
Transaction ID : D168273
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): LEADERSHIP OF TODAY AND TOMORROW
Mailing Address: 607 14TH STREET NW SUITE 800
City: WASHINGTON | State: DC | Zip Code: 20005
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) 2015 Contribution
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00299149
Transaction ID : D168457
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Lobo PAC
Mailing Address: PO Box 492
City: Albuquerque | State: NM | Zip Code: 87103
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) 2015 Contribution
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00497073
Transaction ID : D168458
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): LONE STAR LEADERSHIP PAC
Mailing Address: 4905 Del Ray Ave, Ste 401
City: Bethesda | State: MD | Zip Code: 20814-2557
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ 2015 Contribution
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00415208
Transaction ID : D168468
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Maple PAC
Mailing Address: PO Box 5564
City: Burlington | State: VT | Zip Code: 05402-5564
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name: Welch, Peter, , ,
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) 2015 Contribution
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00542621
Transaction ID : D168255
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): National Republican Senatorial Committee
Mailing Address: 425 Second St. NE
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement: Void of 4/2014 Check
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) ▼ Void of 4/2014 Check
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00027466
Transaction ID : D168535
Amount of Each Disbursement this Period: -10000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ -3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): ORRINPAC
Mailing Address: 175 S. WEST TEMPLE SUITE 650
City: SALT LAKE CITY | State: UT | Zip Code: 84101
Purpose of Disbursement: 2015 Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ 2015 Contribution
Date of Disbursement: M M 09 / D D 22 / Y Y Y Y 2015
FEC Identification Number: C C00235572
Transaction ID : D168467
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): BILL JOHNSON FOR CONGRESS COMMITTEE
Mailing Address: 3755 HUNTERS HILL
City: POLAND | State: OH | Zip Code: 44514
Purpose of Disbursement: Void of 9/10/2014 Check
Candidate Name: Johnson, Bill, , Rep.,
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 06
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 09 / D D 21 / Y Y Y Y 2015
FEC Identification Number: C C00476820
Transaction ID : D168305
Amount of Each Disbursement this Period: -1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): BILLY LONG FOR CONGRESS
Mailing Address: 1675-F E SEMINOLE
City: SPRINGFIELD | State: MO | Zip Code: 65804
Purpose of Disbursement: 2016 General Contribution
Candidate Name: Long, Billy, , Rep.,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 07
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: M M 09 / D D 22 / Y Y Y Y 2015
FEC Identification Number: C C00460063
Transaction ID : D168471
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A.
Full Name (Last, First, Middle Initial): BILLY LONG FOR CONGRESS
Mailing Address: 1675-F E SEMINOLE
City: SPRINGFIELD | State: MO | Zip Code: 65804
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Long, Billy, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00460063
Transaction ID : D168260
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): CITIZENS FOR RUSH
Mailing Address: P. O. Box 7292
City: CHICAGO | State: IL | Zip Code: 60680
Purpose of Disbursement: 2016 General Contribution
Category/Type: 011
Candidate Name: Rush, Bobby, L., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00257121
Transaction ID : D168463
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): CITIZENS FOR RUSH
Mailing Address: P. O. Box 7292
City: CHICAGO | State: IL | Zip Code: 60680
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Rush, Bobby, L., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00257121
Transaction ID : D168453
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): BYRNE FOR CONGRESS INC
Mailing Address: PO BOX 2743
City: MOBILE | State: AL | Zip Code: 36652
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Byrne, Bradley, R, Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C C00545673
Transaction ID : D168125
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): DR BRIAN BABIN FOR CONGRESS
Mailing Address: PO BOX 159
City: WOODVILLE | State: TX | Zip Code: 75979
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Babin, Brian, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 36
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00553859
Transaction ID : D168267
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): FRIENDS OF CORRINE BROWN
Mailing Address: PO BOX 40087
City: JACKSONVILLE | State: FL | Zip Code: 32203
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Brown, Corrine, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00272732
Transaction ID : D168461
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): FRIENDS OF CORRINE BROWN
Mailing Address: PO BOX 40087
City: JACKSONVILLE | State: FL | Zip Code: 32203
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Brown, Corrine, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00272732
Transaction ID : D168473
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CRESENT HARDY FOR CONGRESS
Mailing Address: PO BOX 753941
City: LAS VEGAS | State: NV | Zip Code: 89136
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Hardy, Cresent, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: NV District: 04
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00550608
Transaction ID : D168474
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): LUMMIS FOR CONGRESS
Mailing Address: 2015 CENTRAL AVE. SUITE 200
City: CHEYENNE | State: WY | Zip Code: 82001
Purpose of Disbursement: Void of 12/11/2013 Check
Category/Type:
Candidate Name: Lummis, Cynthia, M., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: WY District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2015
FEC Identification Number: C C00443580
Transaction ID : D168302
Amount of Each Disbursement this Period: -1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): DAVID ROUZER FOR CONGRESS
Mailing Address: PO BOX 2267
City: SMITHFIELD | State: NC | Zip Code: 27577
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Rouzer, David, Cheston, Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C C00501643
Transaction ID : D168124
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): FRIENDS OF DON BEYER
Mailing Address: 1751 POTOMAC GREENS DRIVE
City: ALEXANDRIA | State: VA | Zip Code: 22314
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Beyer, Don, , Rep., Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00555888
Transaction ID : D168475
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): BLUMENAUER FOR CONGRESS
Mailing Address: 830 NE Holladay, #105
City: Portland | State: OR | Zip Code: 97232
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Blumenauer, Earl, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C C00307314
Transaction ID : D168127
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): EDDIE BERNICE JOHNSON FOR CONGRESS
Mailing Address: 3102 Maple Avenue, Suite 605
City: Dallas | State: TX | Zip Code: 75201
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Johnson, Eddie Bernice, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 30
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00254573
Transaction ID : D168469
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CLEAVER FOR CONGRESS
Mailing Address: 4801 Main Street, Stuite 1000
City: Kansas City | State: MO | Zip Code: 64112
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Cleaver, Emanuel, , Rep., II
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00395848
Transaction ID : D168266
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): SWALWELL FOR CONGRESS
Mailing Address: P.O. BOX 2847
City: DUBLIN | State: CA | Zip Code: 94568
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Swalwell, Eric, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 15
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00502294
Transaction ID : D168459
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): GEORGE HOLDING FOR CONGRESS
Mailing Address: PO BOX 97187
City: RALEIGH State: NC Zip Code: 27624
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Holding, George, E.B., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 13
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C C00499236
Transaction ID : D168122
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): BILIRAKIS FOR CONGRESS
Mailing Address: PO Box 606
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement: 2016 General Contribution
Category/Type: 011
Candidate Name: Bilirakis, Gus, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 12
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00408534
Transaction ID : D168454
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): FRIENDS OF JOE PITTS
Mailing Address: PO BOX 775
City: Unionville State: PA Zip Code: 19375
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Pitts, Joe, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00310136
Transaction ID : D168464
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): JOHN CARTER FOR CONGRESS
Mailing Address: 1717 NORTH IH-35
City: ROUND ROCK | State: TX | Zip Code: 78664
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Carter, John, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 31
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00371203
Transaction ID : D168452
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): JULIA BROWNLEY FOR CONGRESS
Mailing Address: PO BOX 2018
City: THOUSAND OAKS | State: CA | Zip Code: 91358
Purpose of Disbursement: 2016 General Contribution
Category/Type: 011
Candidate Name: Brownley, Julia, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 26
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00513077
Transaction ID : D168460
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): CASTOR FOR CONGRESS
Mailing Address: 301 W. Platt Street #385
City: Tampa | State: FL | Zip Code: 33606
Purpose of Disbursement: Void of 8/6/2014 Check
Category/Type:
Candidate Name: Castor, Kathy, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2015
FEC Identification Number: C C00410761
Transaction ID : D168304
Amount of Each Disbursement this Period: -1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): YODER FOR CONGRESS
Mailing Address: P.O. Box 26742
City: Overland Park | State: KS | Zip Code: 66225
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Yoder, Kevin, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00472365
Transaction ID : D168271
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): BUCSHON FOR CONGRESS
Mailing Address: PO Box 250
City: Newburgh | State: IN | Zip Code: 47629
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Bucshon, Larry, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00468256
Transaction ID : D168456
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): COMMITTEE TO RE-ELECT LINDA SANCHEZ
Mailing Address: 410 1ST ST SE SUITE 310
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Sanchez, Linda, T., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 38
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C C00384057
Transaction ID : D168123
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City: ROCHESTER | State: NY | Zip Code: 14607

Purpose of Disbursement: 2016 Primary Contribution

Category/Type: 011

Candidate Name: Slaughter, Louise, M., Rep.,

Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 25

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00213611

Transaction ID : D168268

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City: Topeka | State: KS | Zip Code: 66601

Purpose of Disbursement: 2016 General Contribution

Category/Type: 011

Candidate Name: Jenkins, Lynn, , Rep.,

Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 02

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 09 / 30 / 2015

FEC Identification Number: C C00433730

Transaction ID : D168451

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City: PEARL CITY | State: HI | Zip Code: 96782

Purpose of Disbursement: 2016 Primary Contribution

Category/Type: 011

Candidate Name: Takai, Mark, , Rep.,

Office Sought: ☒ House ☐ Senate ☐ President
State: HI District: 01

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00548131

Transaction ID : D168257

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): MIKE ROGERS FOR CONGRESS
Mailing Address: 123 EAST 13TH STREET
City: Anniston | State: AL | Zip Code: 36201
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Rogers, Mike, D., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C C00367862
Transaction ID : D168121
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): PAUL GOSAR FOR CONGRESS
Mailing Address: 2222 E. Cedar Ave.
City: Flagstaff | State: AZ | Zip Code: 86004
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Gosar, Paul, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: AZ District: 04
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00461806
Transaction ID : D168470
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): PAUL TONKO FOR CONGRESS
Mailing Address: 911 Central Avenue
City: Albany | State: NY | Zip Code: 12206
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Tonko, Paul, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00450049
Transaction ID : D168256
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): OLSON FOR CONGRESS COMMITTEE
Mailing Address: PO Box 16381
City: Sugar Land | State: TX | Zip Code: 77496
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Olson, Pete, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 22
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00437913
Transaction ID : D168455
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): ROSKAM FOR CONGRESS COMMITTEE
Mailing Address: P. O. Box 713
City: Wheaton | State: IL | Zip Code: 60187
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Roskam, Peter, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00410969
Transaction ID : D168259
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): RALPH ABRAHAM FOR CONGRESS
Mailing Address: P.O. BOX 270
City: ARCHIBALD | State: LA | Zip Code: 71218
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Abraham, Ralph, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00563940
Transaction ID : D168269
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 717

City: Saint Charles | State: IL | Zip Code: 60174

Purpose of Disbursement: 2016 Primary Contribution

Category/Type: 011

Candidate Name: Hultgren, Randy, , Rep.,

Office Sought: ☒ House ☐ Senate ☐ President

State: IL District: 14

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00467522

Transaction ID : D168263

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City: CONCORD | State: NC | Zip Code: 28027

Purpose of Disbursement: 2016 Primary Contribution

Category/Type: 011

Candidate Name: Hudson, Richard, , Rep.,

Office Sought: ☒ House ☐ Senate ☐ President

State: NC District: 08

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00504522

Transaction ID : D168264

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
ROBERT HURT FOR CONGRESS

Mailing Address PO BOX 8

City: CHATHAM | State: VA | Zip Code: 24531

Purpose of Disbursement: 2016 Primary Contribution

Category/Type: 011

Candidate Name: Hurt, Robert, , Rep.,

Office Sought: ☒ House ☐ Senate ☐ President

State: VA District: 05

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00468405

Transaction ID : D168262

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): DOLD FOR CONGRESS
Mailing Address: PO BOX 6312
City: LIBERTYVILLE | State: IL | Zip Code: 60048
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Dold, Robert, J., Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 10
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00465971
Transaction ID : D168265
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): FRIENDS OF FARR
Mailing Address: 555 Capitol Mall, Suite 1425
City: Sacramento | State: CA | Zip Code: 95814
Purpose of Disbursement: Void of 5/28/2014 Check
Category/Type:
Candidate Name: Farr, Sam, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 20
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2015
FEC Identification Number: C C00290429
Transaction ID : D168303
Amount of Each Disbursement this Period: -1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): MOULTON FOR CONGRESS
Mailing Address: PO BOX 2013
City: Salem | State: MA | Zip Code: 01970
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Moulton, Seth, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00547240
Transaction ID : D168270
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): STIVERS FOR CONGRESS
Mailing Address: 4679 Winterset Drive
City: Columbus | State: OH | Zip Code: 43220
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Stivers, Steve, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 15
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00441352
Transaction ID : D168258
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): TED LIEU FOR CONGRESS
Mailing Address: 16633 VENTURA BLVD # 1008
City: Encino | State: CA | Zip Code: 91436
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Lieu, Ted, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 33
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C C00556506
Transaction ID : D168129
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. Box 425
City: Roswell | State: GA | Zip Code: 30077
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Price, Tom, , Rep.,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00386755
Transaction ID : D168465
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): FRIENDS OF TREY RADEL
Mailing Address: PO BOX 1329
City: FORT MYERS | State: FL | Zip Code: 33902
Purpose of Disbursement: Void of 10/9/2013 Check
Candidate Name: Radel, Trey, , Rep.,
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 19
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2015
FEC Identification Number: C C00510768
Transaction ID : D168301
Amount of Each Disbursement this Period: -2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CLAY JR. FOR CONGRESS
Mailing Address: P.O. BOX 4544
City: ST. LOUIS | State: MO | Zip Code: 63108
Purpose of Disbursement: 2016 Primary Contribution
Candidate Name: Clay, William Lacy, , Rep.,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00346080
Transaction ID : D168466
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: POST OFFICE BOX 250116
City: ATLANTA | State: GA | Zip Code: 30325
Purpose of Disbursement: 2016 General Contribution
Candidate Name: Isakson, Johnny, , Sen.,
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00384693
Transaction ID : D168476
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: POST OFFICE BOX 250116
City: ATLANTA State: GA Zip Code: 30325
Purpose of Disbursement: 2016 Primary Contribution
Category/Type: 011
Candidate Name: Isakson, Johnny, , Sen.,
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2015
FEC Identification Number: C C00384693
Transaction ID : D168477
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: POST OFFICE BOX 250116
City: ATLANTA State: GA Zip Code: 30325
Purpose of Disbursement: 2016 General Contribution
Category/Type: 011
Candidate Name: Isakson, Johnny, , Sen.,
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C C00384693
Transaction ID : D168462
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): KIRK FOR SENATE
Mailing Address: P.O. BOX 8
City: WINNETKA State: IL Zip Code: 60093
Purpose of Disbursement: 2016 General Contribution
Category/Type: 011
Candidate Name: Kirk, Mark, S., Sen.,
Office Sought: ☐ House ☒ Senate ☐ President
State: IL District: 00
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2015
FEC Identification Number: C C00350785
Transaction ID : D168261
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
VICTORY BY INVESTING BUILDING AND EMPOWERING (VIBE) PAC

Mailing Address ONE PARK ROW 5TH FLOOR, PROVIDEN

City: Providence | State: RI | Zip Code: 02903

Purpose of Disbursement: 2015 Contribution

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ 2015 Contribution

Date of Disbursement: 09 / 16 / 2015

FEC Identification Number: C C00570101

Transaction ID : D168274

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
YOPAC

Mailing Address 5631 ABERDEEN RD

City: Fairway | State: KS | Zip Code: 66205

Purpose of Disbursement: 2015 Contribution

Candidate Name:

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) 2015 Contribution

Date of Disbursement: 09 / 02 / 2015

FEC Identification Number: C C00497305

Transaction ID : D168128

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 126000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): Chow, Harrison, , , M.D.
Mailing Address: 718 University Ave, Suite 211
City: Los Gatos | State: CA | Zip Code: 95032
Purpose of Disbursement: Refund of 9/25/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 25 / 2015
FEC Identification Number: C
Transaction ID : D176872
Amount of Each Disbursement this Period: 100.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Ellis, Jay, S., DR, JR
Mailing Address: 3211 Elys Path
City: San Antonio | State: TX | Zip Code: 78230-2886
Purpose of Disbursement: Refund of 8/7/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) Refund of 8/7/2015
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C
Transaction ID : D168086
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Karr, Bradley, P., , M.D.
Mailing Address: 10708 226th St., S.W.
City: Woodway | State: WA | Zip Code: 98020-6164
Purpose of Disbursement: Refund of 9/11/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2015
FEC Identification Number: C
Transaction ID : D176871
Amount of Each Disbursement this Period: 100.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): Mathy, Michelle, , ,
Mailing Address: 1501 M St NW Ste 300 #309
City: Washington | State: DC | Zip Code: 20005-1736
Purpose of Disbursement: Refund of 9/2/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C
Transaction ID : D176905
Amount of Each Disbursement this Period: 20.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Meeks, Rachel, K, ,
Mailing Address: 3950 Ohio St Unit 209
City: San Diego | State: CA | Zip Code: 92104
Purpose of Disbursement: Refund of 9/2/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify)
Date of Disbursement: 09 / 02 / 2015
FEC Identification Number: C
Transaction ID : D168015
Amount of Each Disbursement this Period: 20.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Oelschlaeger, Martha, E., ,
Mailing Address: 3601 W 13 Mile Rd Dept of Anes
City: Royal Oak | State: MI | Zip Code: 48073-6712
Purpose of Disbursement: Refund of 9/30/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2015
FEC Identification Number: C
Transaction ID : D176874
Amount of Each Disbursement this Period: 20.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 60.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Parks, David, Scott, , M.D.

Mailing Address 140 E. Glenwood Avenue
Unit 113

City: Knoxville | State: TN | Zip Code: 37917

Purpose of Disbursement: Refund of 9/02/2015

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

Date of Disbursement: 09 / 02 / 2015

FEC Identification Number: C

Transaction ID : D168016

Amount of Each Disbursement this Period: 20.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Roessler, Friedrich, C., , M.D.

Mailing Address 12131 Ahern Ct

City: Tustin | State: CA | Zip Code: 92782-5108

Purpose of Disbursement: Refund of 8/20/2015

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify)
Refund of 8/20/2015

Date of Disbursement: 09 / 01 / 2015

FEC Identification Number: C

Transaction ID : D167962

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Singer, Jonathan, E., , M.D.

Mailing Address 3 North Ct

City: Port Washington | State: NY | Zip Code: 11050-3401

Purpose of Disbursement: Refund of 9/25/2015

Candidate Name:

Category/Type: 010

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 09 / 25 / 2015

FEC Identification Number: C

Transaction ID : D176873

Amount of Each Disbursement this Period: 1.67

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1021.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [ ] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [x] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): Sween, Steven, L., , M.D.
Mailing Address: 240 Marchand Ct NW
City: Atlanta | State: GA | Zip Code: 30328-2055
Purpose of Disbursement: Refund of 9/9/2015
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C
Transaction ID : D176869
Amount of Each Disbursement this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Sween, Steven, L., , M.D.
Mailing Address: 240 Marchand Ct NW
City: Atlanta | State: GA | Zip Code: 30328-2055
Purpose of Disbursement: Refund of 9/10/2015
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 10 / 2015
FEC Identification Number: C
Transaction ID : D176870
Amount of Each Disbursement this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Tainsh, Robert, E., , JR
Mailing Address: 323 Trismen Ter.
City: Winter Park | State: FL | Zip Code: 32789-3949
Purpose of Disbursement: Refund of 8/20/2015
Candidate Name:
Category/Type: 010
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2015 [ ] Primary [ ] General [x] Other (specify) Refund of 8/20/2015
Date of Disbursement: 09 / 01 / 2015
FEC Identification Number: C
Transaction ID : D168030
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 666.66

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Full Name (Last, First, Middle Initial): Taylor, Jefferson, B., DR, M.D.
Mailing Address: 3179 Green Valley Rd # 411
City: Vestavia | State: AL | Zip Code: 35243-5239
Purpose of Disbursement: Refund of 8/15/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Refund of 8/15/2015
Date of Disbursement: 09 / 09 / 2015
FEC Identification Number: C
Transaction ID : D168089
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Wingert, Theodora, E, , M.D.
Mailing Address: 3777 Mentone Ave Apt 113
City: Los Angeles | State: CA | Zip Code: 90034-6472
Purpose of Disbursement: Refund of 8/20/2015
Candidate Name:
Category/Type: 010
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) Refund of 8/20/2015
Date of Disbursement: 09 / 01 / 2015
FEC Identification Number: C
Transaction ID : D167963
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 4448.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A.
Full Name (Last, First, Middle Initial): Arizona Republican Party
Mailing Address: 3501 N 24th St
City: Phoenix | State: AZ | Zip Code: 85016
Purpose of Disbursement: 2015 Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ 2015 Contribution
Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2015
FEC Identification Number: C
Transaction ID : D168481
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): TEXANS FOR GREG ABBOTT
Mailing Address: PO Box 308
City: Austin | State: TX | Zip Code: 78767-0308
Purpose of Disbursement: Non-Federal Contribution
Candidate Name: Abbott, Greg, , ,
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: TX District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) Non-Federal Contribu
Date of Disbursement: M M 09 / D D 22 / Y Y Y Y 2015
FEC Identification Number: C
Transaction ID : D168472
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 7500.00